



PARAMEDIC LICENSURE PROGRAM

10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073

TELEPHONE (916) 323-9875 / FAX (916) 324-2875

STATE USE ONLY

P.M.: _____ Rec: _____ By: _____

1st \$ _____ Type _____ R# _____

2nd \$ _____ Type _____ R# _____

Scanned QC

STATE OF CALIFORNIA INITIAL CHALLENGE PARAMEDIC LICENSE APPLICATION

This application is for applicants who are currently licensed as Physicians, Physician Assistant's, Registered Nurses, or Mobile Intensive Care Nurses

Please type or print clearly. The non-refundable fee in the amount of \$350 may be paid by credit card (complete credit card authorization form), check, or money order made payable to EMS PERSONNEL FUND.

PERSONAL INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
DATE OF BIRTH (MM/DD/YYYY):		SOCIAL SECURITY NUMBER (SSN) or TAXPAYER ID NUMBER (TIN):		Required, per Health Safety Code 1797.172(c)
RESIDENTIAL ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: Do not send EMSA correspondence via email.		
MAILING ADDRESS (EMSA will send official correspondence to this address)				
Same as residential. If not, complete the below:				
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
MEDICAL LICENSES/CERTIFICATES				
1. LICENSE/CERTIFICATION TYPE:	STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE:	
2. LICENSE/CERTIFICATION TYPE:	STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE:	
NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIAN (NREMT)				
(See instructions for details)				
PARAMEDIC WRITTEN EXAM DATE:	PRACTICAL EXAM DATE:	CURRENT REGISTRATION CARD # (attach copy):		
Request EMSA support of approval to take the NREMT Paramedic Level Assessment written exam in lieu of national certification.				
FINGERPRINT CARD or LIVE SCAN (See instructions for details)				
FINGERPRINT CARD DOJ SUBMISSION DATE:		LIVESCAN DATE: (attach copy of form):		
QUESTIONNAIRE (Answers are required or your application will be returned.)				
1. Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4?			YES	NO
2. Are any criminal charges currently pending against you?			YES	NO
3. Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, fined, placed on probation, or are you currently under investigation at this time?			YES	NO
	If you marked YES to any of these questions, you must enclose a detailed statement describing the accusation, charge(s)/conviction(s) case number, date, location, court, sentence served, parole or probation status.			
SIGNATURE				
I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.				
	SIGNATURE OF APPLICANT: _____		DATE: _____	

Initial Challenge Paramedic License Application

INSTRUCTIONS

✓	As a currently licensed medical professional, you have selected to apply for a California paramedic license using your current medical education and experience to replace the required didactic and clinical portions of a traditional paramedic training program. Although your education and experience partially satisfies the eligibility requirement to become licensed, you must complete 480 hours of an approved paramedic school internship with a minimum of 40 Advanced Life Support (ALS) patient contacts and successfully pass the National Registry of Emergency Technician (NREMT) paramedic level written and practical exams.
	Complete the Initial Challenge Paramedic License application. Do not leave any section blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Attach a copy of qualifying medical license.
	<p>Attach a copy of one of the following official identification documents:</p> <ul style="list-style-type: none"> - Valid California Dept. of Motor Vehicles Real ID, Driver's License, or ID card - Passport: U.S. or unexpired, valid foreign passport with valid U.S. visa and approved U.S. Department of Homeland Security Lawful Record of Admission - Birth Certificate: Certified U.S. or U.S. Territory - Government Issued Military ID with Date of Birth - U.S. Lawful Permanent Resident card or U.S. Lawful Resident Alien card
	<p>Attach a copy of either a current National EMT- P Registry (NREMT) card <u>or</u> proof of passing the NREMT written and practical exams within the last two (2) years by meeting one of the following NREMT paths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a current NREMT national registration certification or proof of passing the Paramedic level (NRP) NREMT <u>written</u> exam and the NREMT <u>psychomotor</u> exam; <li style="text-align: center;">- or - <input type="checkbox"/> Provide proof of passing the alternative NREMT written exam, the <i>Paramedic Level "Assessment"</i> exam and the NREMT <i>Psychomotor</i> exam in lieu of national registration and request EMSA state support to take the exam. NOTE: By selecting this path, NREMT will require EMSA approve your eligibility to take this exam. Please check the box in the NREMT section of this application to notify EMSA of your intention. The EMS Authority will review your received license application, payment, and fingerprint record results for consideration to take the NREMT <i>Paramedic Level- "Assessment"</i> exam. If necessary, additional education records may be requested. <p>For more information, contact NREMT at (614) 888-4484 or by viewing their website at https://www.nremt.org.</p>
	Attach documentation of a minimum of 480 hours attendance in a paramedic field internship program that includes a minimum of forty (40) ALS patient contacts. The documentation provided must identify both the required hours and the number of patients contacted.
	If residing or visiting California, attach a copy of a completed Live Scan Service, form #BCII 8016. All other applicants submit a completed Fingerprint Card, FD-258, to the California Department of Justice (DOJ). A list of Live Scan locations is available on the DOJ website at https://oag.ca.gov/fingerprints/locations .
	If currently licensed or certified in another state, complete the top portion of the <i>Request for Verification of License/Certification Status, Form #VL-01</i>, and send a copy to each state in which you are, or were, certified/licensed. Please ensure they complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority at the address on the bottom of the form.
	If you answered YES to any Questionnaire section questions, include a detailed statement describing the charge(s)/conviction(s), case #, date, location, court, sentencing, & parole or probation status.
	<p>Include payment in the amount of \$350.00 with your application.</p> <p>This non-refundable fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to EMS PERSONNEL FUND.</p>
	<p>Mail your application, fee and required documents to the following address:</p> <p style="text-align: center;">California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670</p>

For additional information, view our webpage at <http://www.emsa.ca.gov/Paramedic> or send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov.