





CALIFORNIA EMERGENCY SERVICES AUTHORITY
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:
1 st \$	Type	R#
2 nd \$	Type	R#
<input type="checkbox"/> Scanned		<input type="checkbox"/> QC

STATE OF CALIFORNIA
REINSTATEMENT PARAMEDIC LICENSE APPLICATION
Lapsed 1 Year or More

Please type or print clearly. The **non-refundable** fee of **\$365** may be paid by credit card (complete credit card authorization form), check, or money order made payable to **EMS PERSONNEL FUND**.

PARAMEDIC LICENSE NUMBER			
PARAMEDIC LICENSE NUMBER:	LICENSE EFFECTIVE DATE:	LICENSE EXPIRATION DATE:	
PERSONAL INFORMATION			
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
RESIDENTIAL ADDRESS:		CITY:	STATE: ZIP CODE:
DATE OF BIRTH (MM/DD/YYYY):	LAST FOUR (4) DIGITS OF SOCIAL SECURITY # or TIN#:	Required, per Health & Safety Code 1797.172(c)	
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: Do not send EMSA correspondence via email.	
MAILING ADDRESS <i>(EMSA will send official correspondence to this address)</i>			
Same as residential. If not, complete the below:			
MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)			
PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	CURRENT REGISTRATION CARD # (attach copy):	
FINGERPRINT CARD or LIVE SCAN (See instructions for details)			
FINGERPRINT CARD DOJ SUBMISSION DATE:		LIVESCAN DATE: (attach copy of form):	
EMPLOYER INFORMATION, IF KNOWN			
EMPLOYER NAME:		EMPLOYER PHONE NUMBER:	
EMPLOYER ADDRESS:		NAME OF ACCREDITATION AGENCY:	
QUESTIONNAIRE <i>(Answers are required or your application will be returned.)</i>			
1. Have you been convicted of any felony or misdemeanor offense in California or any other state or country, including entering a plea of nolo contendere or no contest and any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4 that you <u>have not previously disclosed</u> ?			YES NO
2. Are any criminal charges currently pending against you that <u>have not been previously disclosed</u> ?			YES NO
3. Is your healthcare certification, accreditation, or license currently under investigation or have they been denied, suspended, revoked, fined, or placed on probation that you <u>have not previously disclosed</u> ?			YES NO
 If you marked YES to any of these questions and have not previously disclosed the details, attach a detailed statement describing the accusation, charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status, etc. or an applicable EMSA case number . Refer to instructions for more information.			
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 _____

CONTINUE NEXT PAGE (INSTRUCTION)

Form # RLL-01B Revised 03/2022

REINSTATEMENT PARAMEDIC LICENSE APPLICATION
Lapsed 1 Year or More

STATEMENT OF CONTINUING EDUCATION (CE)

Acceptable CE courses must have been issued within the last two (2) years from the date the application is received by the EMS Authority.

MINIMUM OF 72 HOURS REQUIRED

50% of total CE hours submitted must be instructor based.

(If lapsed 2 years or more, you must also provide proof of passing ACLS, PALS, ITLS/PTLS and CPR classes.)

INSTRUCTOR BASED CE'S

Courses that provide an available instructor to respond to student questions.
 Courses 20 hours or more must include the beginning and ending dates.

Date(s) of Course (mm/dd/yy)	Course Title	Approved Pre-hospital CE Provider Name	Approved Pre-hospital CE Provider Number	Total CE Hours
Total Instructor Based Hours=				

OTHER APPROVED CE'S

Courses that include instructor/teacher, preceptor, and non-instructor based CE hours.

Date(s) of Course	Course Title	Approved Pre-hospital CE Provider Name	Approved Pre-hospital CE Provider Number	Total Number of CE Hours
Total Other Approved CE Hours=				

REINSTATEMENT PARAMEDIC LICENSE APPLICATION

✓	INSTRUCTIONS
	Complete the Reinstatement Paramedic License Application; including the Statement of Continuing Education (CE). Please check that the CE's are provided by an approved provider. Lists of approved providers can be found on EMSA's website at www.emsa.ca.gov and at www.cecbems.org . Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Attach copies of your CE Certificates for all CE's taken from an approved CE provider that are listed on the application and meet the following: <ul style="list-style-type: none"> ➤ Reinstatements for those <u>lapsed 12 months or more, but less than 24 months</u>, submit a minimum of 72 CE hours. ➤ Reinstatements for those <u>lapsed 24 months or more</u>, submit a minimum of 72 CE hours that include completion of the following courses: <ol style="list-style-type: none"> (1) Advanced Cardiac Life Support, (2) Pediatric Advanced Life Support, (3) Prehospital Trauma Life Support or International Trauma Life Support, (4) CPR.
	Attach a copy of either your 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. Exam results are available on the NREMT website at www.NREMT.org . <u>Acceptable documents (other than NREMT card) are as follows:</u> <ul style="list-style-type: none"> • Copy of written and practical exam results. • NREMT website printout with your name & the NREMT registry number. <p>*If NREMT requires a Letter of Support to take the written (cognitive) NREMT exam, contact the State in which you were licensed to provide the letter. As a last resort, the CA EMS Authority may be able to provide the letter upon reviewing your received license application, payment, and fingerprint record results.</p>
	If a California resident, 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 you are or were <u>certified/licensed in another state</u>, complete the top portion of the Request for Verification of License/Certification Status, form #VL-01 <u>then</u> send a copy to each state in which you are, or were, certified/licensed with instructions for them to 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 <u>YES</u> to any questions in the Questionnaire section, include a detailed statement describing the charge(s)/conviction(s) case number, date, location, court, sentence served, parole or probation if any. You may attach applicable certified court documents and police reports to help expedite the review of your application.
	Include payment in the amount of \$365.00 with your application. 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 .
	Mail your application and a payment to the following address: California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670

For additional information:

- View our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <http://www.emsa.ca.gov/Paramedic> or
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov or
- Contact us by phone at (916) 323-9875