

We Have Moved! Please Use New Address.

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
PARAMEDIC LICENSURE PROGRAM
11120 International Drive, Suite 200
Rancho Cordova, CA 95670



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY PARAMEDIC LICENSURE PROGRAM 11120 International Drive, Ste. 200

Rancho Cordova, CA 95670 TELEPHONE (916) 323-9875 / FAX (916) 324-2875

Paramedic Licensure Unit Request for Licensure/Certification Verification

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

SECTION 1:	APPLICA	ANT to COMPLETE			
Name:					
(Last)		(First)		(MI)	
Mailing Address: (Street Nu	mber/Name)	(City)	(State)	(Zip)	
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=:4)	(3.3.13)	(—1-)	
	•	t than mailing address)			
Certification/License Num	ber:	Si	tate:		
Expiration Date:		Social Security Num	ber:		
SECTION 2:	FRIEVING STAT	E AGENCY to COMPLETE			
		leted by State of Certific	cation/Licensure		
1. Is the above certification of the street	ate/license valid	?	_	∕es □ No	
2. Has the above certif		er been suspended or re	evoked?	Yes ☐ No	
3. Has the above personal of "yes", please provided in the second of the		nvicted of a felony or millocation(s):	isdemeanor? 🗌	Yes □ No	
4. Do you know of any If "yes", please prov		re in California should b ion:	e denied?	Yes ☐ No	
Date:Verifying Agency Re		ne & Title:			
Verifying Agency Info	ormation:	(Department State & Name)			
		(Department State & Name)		hone Number)	

(Continued On Back Page- Instructions)

Form # VL-01 03/2019

Paramedic Licensure Unit Request for Licensure/Certification Verification

Applicant Instructions

- 1) Complete the top portion of the Request for Licensure/Certification Verification form.
- 2) Send a copy of this form to each State in which you are, or were, certified/licensed.

State Agency Instructions

- 1) Complete the bottom portion of the Request for Licensure/Certification Verification form
- 2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

FOR ADDITIONAL INFORMATION:

- See 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