



## PARAMEDIC LICENSURE PROGRAM

11120 International Drive, Ste. 200, Rancho Cordova, CA

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

## STATE USE ONLY

P.M.: \_\_\_\_\_ Rec: \_\_\_\_\_ By: \_\_\_\_\_

1st \$ \_\_\_\_\_ Type: \_\_\_\_\_ R#: \_\_\_\_\_

2nd \$ \_\_\_\_\_ Type: \_\_\_\_\_ R#: \_\_\_\_\_

☐ Audit ☐ Late ☐ Scanned ☐ QC

## STATE OF CALIFORNIA


**AUDIT RENEWAL PARAMEDIC LICENSE APPLICATION**

Please type or print clearly. The non-refundable fee of \$250 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:
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## PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
DATE OF BIRTH (MM/DD/YYYY):	LAST FOUR (4) DIGITS OF SOCIAL SECURITY # or TIN #:	 Required, per Health & Safety Code 1797.172(c)
RESIDENTIAL ADDRESS:	CITY:	STATE: ZIP:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: <input type="checkbox"/> Do not send 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:
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## EMPLOYER INFORMATION:

EMPLOYER NAME:	EMPLOYER PHONE NUMBER:
EMPLOYER ADDRESS	ACCREDITING LEMSA:

## QUESTIONNAIRE

(Answers are required or your application will be returned.)

1. Have you 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 that you <u>have not previously disclosed</u> ?	<input type="radio"/> YES <input type="radio"/> NO
2. Are any criminal charges currently pending against you that <u>have not been previously disclosed</u> ?	<input type="radio"/> YES <input type="radio"/> 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> ?	<input type="radio"/> YES <input type="radio"/> 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

# Renewal Paramedic License Application

## STATEMENT OF CONTINUING EDUCATION (CE) MINIMUM OF 48 HOURS REQUIRED (Minimum of 50% of total hours submitted must be instructor based CE's)

### Instructor Based CE's

Approved courses that provide an available instructor to respond to student questions.

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

### Other Approved CE's

Courses to include performance as an instructor/teacher, preceptor and/or non-instructor based CE hours.

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

## **AUDIT Renewal Paramedic License Application**

✓	<b>INSTRUCTIONS</b>
	<i>Applications may be received as early as five (5) months prior to the expiration date of the license.</i>
	<b>*Complete the Audit Renewal Paramedic License application; including the Statement of Continuing Education. Incomplete applications will be returned.</b>
	<b>Sign and date the application. Only original signatures are accepted.</b>
	<b>Attach copies of your CE Certificates for all CE's listed on the application.</b> Please ensure the CE's provided are issued by an approved provider (Local EMS Agencies, accredited university or colleges of physical, social or behavioral science courses, CAPCE, EMSA, or other State approved EMS course/provider). Lists of approved providers can be found on EMSA's website at <a href="http://www.emsa.ca.gov">www.emsa.ca.gov</a> and at <a href="http://www.capce.org">www.capce.org</a> . For complete regulations related to CE requirements, please refer to the California Code of Regulations. The regulations can be found at <a href="http://www.emsa.ca.gov/legislation regulations">http://www.emsa.ca.gov/legislation regulations</a> .
	<b>Include payment in the amount of *\$250.00 with your application.</b> This <b>non-refundable</b> fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to <b>EMS PERSONNEL FUND</b> . <b>*Applications postmarked/hand delivered less than 30 days before the expiration date of the current license or result in a deficiency letter that postpones processing into the less than 30 day period, will be assessed an additional \$50 late fee and will not be processed until the fee is paid.</b>
	<b>If you answered YES to any questions in the Questionnaire section, attach a detailed statement describing the describing the charge(s)/conviction(s) case number, date, location, court, sentence served, parole or probation, etc. or an applicable EMSA case number. You may attach applicable certified court documents and police reports to help expedite the review of your application.</b>
	<b>Mail your application and payment to the following address:</b>  California Emergency Medical Services Authority Paramedic Licensure Unit 11120 International Drive, Ste. 200 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](mailto:paramedic@emsa.ca.gov) or
- Contact us by phone at (916) 323-9875



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
11120 International Drive Ste. 200, Rancho Cordova, CA 95670-6073  
TELEPHONE (916) 323-9875 / FAX (916) 324-2875  
paramedic@ems.ca.gov

**STATE USE ONLY**

**Receipt Number:**

\_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

**Applicant Name:** \_\_\_\_\_ **P-Number** \_\_\_\_\_  
(If applicable)

**Card Type:**

Visa

☐

Mastercard

☐

Debit

☐

**Name:** \_\_\_\_\_  
(As name appears on card)

**Credit Card Number:** \_\_\_\_\_  
\*Only Visa and Mastercard credit cards are accepted

**Expiration Date (MM/YY):** \_\_\_\_\_

**CVC2 Code (Security Code):** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

To receive a receipt of payment, please provide your email address:

\_\_\_\_\_

**Do not add application information to this form.  
It will be shredded.**