

### 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

STATE USE ONLY					
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# STATE OF CALIFORNIA RENEWAL PARAMEDIC LICENSE APPLICATION

<u>Please type or print clearly</u>. The non-refundable fee of <u>\$250</u> may be paid by credit card (complete credit card authorization form), check, or money order made payable to <u>EMS PERSONNEL FUND</u>.

Torrij, cricck, or moricy order me		iorm), check, or money order made payable to <u>EMS PERSONNEL FOND.</u>									
PARAMEDIC LICENSE NUMBER											
PARAMEDIC LICENSE NUMBER	EFFECTIVE DATE:	LICENSE EX	APIRATION I	JATE:							
	PERSONA	AL INFORMATION									
LAST NAME:		FIRST NAME:		MID	DLE INITIAL:						
DATE OF BIRTH (MM/DD/YYYY):	LAST FOLID (A) DI	L GITS OF SOCIAL SECURI	TV # or TINI #:								
BATE OF BIRTH (MINI/DB/11111).	LAST TOOK (4) BI	ON OUT SOUTH SECON		Required, per H Safety Code 17	lealth & 97 172(c)						
DECIDENTIAL ADDRESS	OIT) /	_	-								
RESIDENTIAL ADDRESS:		CITY:		STATE:	ZIP:						
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	Do not send corr	espondence	via email.						
	MAILI	NG ADDRESS (EMSA w	ill send official corresp	ondence to ti	his address)						
☐ Same as residential. If not,											
MAILING ADDRESS:	CITY:	CITY:		ZIP CODE:							
	EMBLOVED IN	IFORMATION IF KNOW	A/NI								
EMPLOYER NAME:	EMPLOTER II	IFORMATION, IF KNOW		E NILIMDED							
EWIPLOTER NAME.			EMPLOYER PHONE NUMBER:								
EMPLOYER ADDRESS:			NAME OF ACCREDITATION AGENCY:								
QUESTIONNAIRE (Answers are required or your application will be returned.)											
	QUE	STIONNAIRE (Answers ar	e required or vour appl	ication will b	e returned.)						
Have you been convicted of:					e returned.)						
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### **Renewal Paramedic License Application**

✓	INSTRUCTIONS  Applications may be received as early as five (5) months prior to the expiration date of the license.
	*Complete the Renewal Paramedic License application. Do not leave any section blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Include payment in the amount of \$250.00 with your application.  This non-refundable application fee may be paid by credit card (include a completed credit authorization form), check, or money order made payable to EMS PERSONNEL FUND.  *Applications postmarked/hand delivered less than 30 days before the expiration date of the current license or incomplete applications postponing the process of an application beyond the 30 days prior to the expiration date, will be assessed an additional \$50 late fee and will not be processed until the fee is paid.
	If you answered YES to any questions in the Questionnaire section, attach a detailed statement describing the charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status or an applicable EMSA case number. You may attach applicable certified court documents and police reports to help expedite the review of your application.
	Mail your application and a payment to the following address:  California Emergency Medical Services Authority
	Paramedic Licensure Unit 11120 International Drive, Suite 200 Rancho Cordova, CA 95670

### For additional information:

- View our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <a href="http://www.emsa.ca.gov/Paramedic">http://www.emsa.ca.gov/Paramedic</a> or
- > Send your inquiries to the Emergency Medical Services Authority at <a href="mailto:paramedic@emsa.ca.gov">paramedic@emsa.ca.gov</a> 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@emsa.ca.gov

#### **CREDIT CARD AUTHORIZATION FORM**

		<u>caru ryp</u>	<u>e.</u>
Applicant Name:	P-Number(If applicable)	Visa	
		Mastercard	
		Debit	
Name:(As name appears on card)			
(As name appears on card)			
Credit Card Number: *Only Visa and Mastercard credit	t 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 y	your email address:		
			_

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

Revised: 01/2024 Created: 04/14/16