



## CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

## PARAMEDIC LICENSURE PROGRAM

11120 International Drive, 2nd floor, Rancho Cordova, CA 95670

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

## STATE USE ONLY

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

1<sup>st</sup> \$ \_\_\_\_\_ Type \_\_\_\_\_ R# \_\_\_\_\_2<sup>nd</sup> \$ \_\_\_\_\_ Type \_\_\_\_\_ R# \_\_\_\_\_☐ Scanned ☐ QCSTATE 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:		<input type="checkbox"/> 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:
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## 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):
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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):
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## 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 <input type="radio"/> NO <input type="radio"/>
2. Are any criminal charges currently pending against you?	YES <input type="radio"/> NO <input type="radio"/>
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 <input type="radio"/> NO <input type="radio"/>



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.
	<b>Complete the Initial Challenge Paramedic License application. Do not leave any section blank. Incomplete applications will be returned.</b>
	<b>Sign and date the application. Only original signatures are accepted.</b>
	<b>Attach a copy of qualifying medical license.</b>
	<b>Attach a copy of one of the following official identification documents:</b> <ul style="list-style-type: none"> <li>- Valid California Dept. of Motor Vehicles Real ID, Driver's License, or ID card</li> <li>- 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</li> <li>- Birth Certificate: Certified U.S. or U.S. Territory</li> <li>- Government Issued Military ID with Date of Birth</li> <li>- U.S. Lawful Permanent Resident card or U.S. Lawful Resident Alien card</li> </ul>
	<b>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:</b> <ul style="list-style-type: none"> <li><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> <li>- or -</li> <li><input type="checkbox"/> Provide proof of passing the <b>alternative NREMT written exam</b>, the <i>Paramedic Level "Assessment"</i> exam and the NREMT <u>Psychomotor</u> 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 <u>Paramedic Level- "Assessment"</u> exam. If necessary, additional education records may be requested.</li> </ul> <p>For more information, contact NREMT at (614) 888-4484 or by viewing their website at <a href="https://www.nremt.org">https://www.nremt.org</a>.</p>
	<b>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.</b> The documentation provided must identify both the required hours and the number of patients contacted.
	<b>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).</b> A list of Live Scan locations is available on the DOJ website at <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a> .
	<b>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.</b> 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.
	<b>If you answered YES to any Questionnaire section questions, include a detailed statement describing the charge(s)/conviction(s), case #, date, location, court, sentencing, &amp; parole or probation status.</b>
	<b>Include payment in the amount of \$350.00 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>Mail your application, fee and required documents to the following address:</b> California Emergency Medical Services Authority Paramedic Licensure Unit 11120 International Drive 2nd floor Rancho Cordova, CA 95670

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](mailto:paramedic@emsa.ca.gov).



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0536 EMT/PARAMEDIC/MOB INT NURSE  
ORI (Code assigned by DOJ) Authorized Applicant Type

### PARAMEDIC

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Emergency Medical Services Authority 02531  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
11120 International Drive, 2nd floor  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Rancho Cordova CA 95670  
City State ZIP Code Contact Telephone Number

### Applicant Information:

Last Name First Name Middle Initial Suffix  
Other Name: (AKA or Alias)  
Last Name First Name Suffix  
Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified Driver's License Number  
Height Weight Eye Color Hair Color Billing Number  
(Agency Billing Number)  
Place of Birth (State or Country) Social Security Number Misc. Number  
(Other Identification Number)  
Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

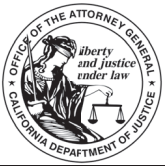
If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name  
Street Address or P.O. Box Telephone Number (optional)  
City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator Date  
Transmitting Agency LSID ATI Number Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

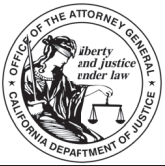
**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)





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TELEPHONE (916) 323-9875 / FAX (916) 324-2875  
paramedic@emsa.ca.gov

**STATE USE ONLY**

**Receipt Number:**

\_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

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

**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:

\_\_\_\_\_

**Card Type:**

Visa ☐

Mastercard ☐

Debit ☐

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