



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: _____
1st \$ _____ Type _____ R# _____
2nd \$ _____ Type _____ R# _____
☐ Scanned ☐ QC

**STATE OF CALIFORNIA
INITIAL OUT-OF-STATE PARAMEDIC LICENSE APPLICATION**

This application is for applicants whose paramedic training was outside the state of California or who are currently licensed as a paramedic outside the state of California.

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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OUT-OF-STATE LICENSES/CERTIFICATES

STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE (MM/DD/YYYY):
ADDITIONAL LICENSES/CERTIFICATES (State of Issue, #, and Expiration Date):		

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)


PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	REGISTRATION CARD NUMBER (attach copy):
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FINGERPRINT CARD or LIVE SCAN (See Instructions for details)

FINGERPRINT CARD, CA 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, **enclose a detailed statement** describing the accusation, charge(s)/conviction(s), case numbers, dates, location, court, sentence served, parole, probation status. Refer to instructions for further 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 _____

Initial Out-of-State Paramedic License Application

✓	INSTRUCTIONS
	Complete the Initial Out-of-State Paramedic License Application. Do not leave any section blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Attach a copy of one of the following official identification documents: <ul style="list-style-type: none"> - Valid California Dept. of Motor Vehicles Real ID, Driver's License, or ID card - 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 - Birth Certificate: Certified U.S. or U.S. Territory - Government Issued Military ID with Date of Birth - U.S. Lawful Permanent Resident card - U.S. Lawful Resident Alien card
	Attach copy of paramedic course completion certificate or documentation showing proof paramedic training comparable to the 2009 DOT NHTSA National EMS Education curriculum.
	Attach a copy of either a current National EMT- P Registry (NREMT) card <u>or</u> proof of passing the NREMT paramedic level national certification (or Assessment) written exam and the practical exam 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 NREMT national certification written (cognitive) exam or State approval to take the Assessment written exam, contact the State in which you were licensed or received training to provide the letter. As a last resort, the CA EMS Authority may be able to assist upon reviewing your received license application, payment, and fingerprint record results.</p>
	Attach documentation of 40 ALS patient contacts experienced during field internship or employment. If submitting employment experience, a letter on official letterhead by an applicant's employer, training program director, or medical director is required.
	If residing or visiting in 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). 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, attach a detailed statement describing the charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status <u>or</u> an applicable EMSA case number.
	Include payment in the amount of \$350.00 with your application. This non-refundable application fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to <u>EMS PERSONNEL FUND.</u>
	Mail the application, payment, and required documents to the following address: <div style="text-align: center;"> California Emergency Medical Services Authority Paramedic Licensure Unit 11120 International Drive, 2nd floor Rancho Cordova, CA 95670 </div>

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.

**EMERGENCY MEDICAL SERVICES
AUTHORITY**

11120 International Drive, 2nd floor

Rancho Cordova, CA, 95670

PHONE: (916) 322-4336 FAX: (916) 324-2875

**Instructions for Completing Fingerprint Card**

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is \$32. There is an additional fee of \$17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of \$49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice
P. O. Box 903417
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

IMPORTANT: FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34.

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 International Drive, 2nd floor
Rancho Cordova, CA. 95670
PHONE: (916) 322-4336 FAX: (916) 324-2875



INSTRUCTIONS

DO NOT FOLD CARD. Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted** Place your signature here.
2. **Residence of Person Fingerprinted**
Place your address here.
3. **Date**
Date fingerprints taken.
4. **Signature of Official Taking Fingerprints**
The official taking the fingerprints should sign.
5. **Employer and Address**
EMS Authority
11120 International Drive, 2nd floor
Rancho Cordova, CA. 95670
6. **Reason Fingerprinted**
License - Paramedic
7. **Name (NAM)**
Indicate complete name.
8. **Aliases (AKA)**
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).
9. **Date of Birth (DOB)**
Indicate month-day-year of birth.
10. **Sex**
Indicate sex code abbreviation.
M=Male F=Female
11. **Height (HGT)**
Indicate height in feet and inches.
12. **Weight (WGT)**
Indicate weight in pounds.
13. **Eyes**
Indicate eye color abbreviation.

BLK = Black GRY = Gray
BLU = Blue GRN = Green
BRO = Brown HAZ = Hazel
14. **Hair**
Indicate hair code abbreviation.

BAL = Bald BRO = Brown SDY = Sandy
BLK = Black GRY = Gray WHI = White
BLN = Blond RED = Red
15. **Place of Birth (POB)**
Indicate the state or country of birth.
16. **FBI No.**
Should be furnished if known.
17. **Social Security No. (SOC)**
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
		LAT NAME		F RS NAME		MIDDLE NAME	
SIGNATURE *If PERSON f NGERPRINTED		ALIAS> 8_M		CA0349400			
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				SACRAMENTO, CA			
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				WGT		Mo- Joy Ye Jr	
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Emergency Medical Services Authority		FBI NO FBI		HAR		LEAVE BLANK	
11120 International Drive, 2nd floor		ARMED FORCES NO MNU		OF IR			
Rancho Cordova CA 95670		SOC IAO SE TR IV **S.		RES			
ORI CODE: A0536		ISCELLANEOUS NO MNU					
MAIL CODE: 02531							
LICENSE: EMT/PARMED/MOB INT NURSE							
R H MB		R I **CEX		3 F MIDDLE			
6 L THUMB		7 R INDEX		8 L MIDDLE		9 L RING	
						10 L UTTER	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	



APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

California Penal Code sections 11120 through 11127, afford a person an opportunity to obtain a copy of his or her record, if any, contained in the files of the California Department of Justice's (DOJ) Bureau of Criminal Information and Analysis (BCIA) and refute any erroneous or inaccurate information contained therein. Pursuant to California Penal Code section 11124, the purpose of a record review is to provide an individual or designee indicated on the background check request with a copy of the individual's record or notice of a No Record existence.

The applicant may use the information received to answer questions regarding past criminal history, or to complete an application or questionnaire. Pursuant to California Penal Code sections 11125, 11142, and 11143, this process is not to be used to obtain a copy of criminal history information to furnish to a person or agency for purposes such as certification, employment, licensing, immigration, or visa. A violation of these sections is a misdemeanor.

The DOJ will only mail a response to the applicant and to the designee as identified by the applicant on the BCIA 8705 form.

A standard 10-print fingerprint card (FD-258) with the applicant's fingerprint impressions containing the name, descriptive data, mailing address of the applicant, and the \$25.00 Record Review background check fee in the form of a personal check drawn on a U.S. bank, money order, certified check, or cashier's check, made payable to the California Department of Justice, **must accompany this application.**

The following information is necessary to ensure the processing of your request. Failure to follow the procedures may result in a delay in processing or rejection of your application.

TYPE OR PRINT:

Name (Last, First, Middle)

Alias (if applicable)

Maiden Name (if applicable)

Home Address (Number and Street)

APT #

City, State, ZIP Code

Date of Birth

Sex



Social Security Number

Driver's License/ID Number

Designee's Name (if any, do **not** include employer) (Last, First, Middle)

Address (Number and Street)

APT #

City, State, ZIP Code

REASON FOR
APPLICATION:

Signature of Applicant

Date

MAIL COMPLETED FORM TO:

California Department of Justice
Bureau of Criminal Identification and Analysis
Record Review & Challenge Section
P.O. Box 160207
Sacramento, CA 95816-0207

If you have questions regarding completion of this form, or inquiries regarding the status of your record review request, contact the Record Review & Challenge Section at (916) 227-3835.



APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

CALIFORNIA PENAL CODE

Article 5. Examination of Records

11120. As used in this Article, "record" with respect to any person means the state summary criminal history information as defined in subdivision (a) of Section 11105, maintained under such person's name by the Department of Justice.

11121. It is the function and intent of this article to afford persons concerning whom a record is maintained in the files of the bureau an opportunity to obtain a copy of the record compiled from such files, and to refute any erroneous or inaccurate information contained therein,

11122. Any person desiring a copy of the record relating to himself shall obtain an application form furnished by the department which shall require his fingerprints in addition to such other information as the department shall specify. Applications may be obtained from police departments, sheriff departments, or the Department of Justice. The fingerprinting agency may fix a reasonable fee for affixing the applicant's fingerprints to the form, and shall retain such fee.

11123. The applicant shall submit the completed application directly to the department. The application shall be accompanied by a fee not to exceed twenty-five dollars (\$25) that the department determines equals the cost of processing the application and providing a copy of the record to the applicant. All fees received by the department under this section are hereby appropriated without regard to fiscal years for the support of the Department of Justice in addition to such other funds as may be appropriated therefor by the Legislature. Any request for waiver of fee shall accompany the original request for the record and shall include a claim and proof of indigency.

11124. When an application is received by the department, the department shall determine whether a record pertaining to the applicant is maintained. If such record is maintained, the department shall furnish a copy of the record to the applicant or to an individual designated by the applicant. If no such record is maintained, the department shall so notify the applicant or an individual designated by the applicant. Delivery of the copy of the record, or notice of no record, may be by mail or other appropriate means agreed to by the applicant and the department.

11125. No person or agency shall require or request another person to furnish a copy of a record or notification that a record exists or does not exist, as provided in Section 11124. A violation of this section is a misdemeanor.

11126. (a) If the applicant desires to question the accuracy or completeness of any material matter contained in the record, he or she may submit a written request to the department in a form established by it. The request shall include a statement of the alleged inaccuracy or incompleteness in the record, and its materiality, and shall specify any proof or corroboration available. Upon receipt of the request, the department shall review the record to determine if the information correctly reflects the source documents, and if it does not, the department shall make the necessary corrections and shall provide the applicant with a corrected copy of the record. If the accuracy of the source documents is questioned, the department shall forward it to the person or agency which furnished the questioned information. This person or agency shall, within 30 days of receipt of the written request for clarification, review its information and forward to the department the results of the review.

(b) If the agency concurs in the allegations of inaccuracy or incompleteness of the record, and finds that the error is material, it shall correct its record and shall so inform the department, which shall correct the record accordingly. The department shall inform the applicant of its correction of the record under this subdivision within 30 days. The department and the agency shall notify all persons and agencies to which they have disseminated the incorrect record in the past 90 days of the correction of the record, and the applicant shall be informed that the notification has been given. The department and the agency shall also notify those persons or agencies to which the incorrect record has been disseminated which have been specifically requested by the applicant to receive notification of the correction of the record, and the applicant shall be informed that the notification has been given.

(c) If the department or the agency denies the allegations of inaccuracy or incompleteness in the record, the matter shall be referred for administrative adjudication in accordance with Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code for determination of whether material inaccuracy or incompleteness exists in the record. The department shall be the respondent in the hearing. If a material inaccuracy or incompleteness is found in any record, the department and the agency in charge of that record shall be directed to correct it accordingly. The department and the agency shall notify all persons and agencies to which they have disseminated the incorrect record in the past 90 days of the correction of the record, and the applicant shall be informed that notification has been given. The department and the agency shall also notify those persons or agencies to which the incorrect record has been disseminated which have been specifically requested by the applicant to receive notification of the correction of the record, and the applicant shall be informed that the notification has been given. Judicial review of the decision shall be governed by Section 11523 of the Government Code. The applicant shall be informed of the decision within 30 days of its issuance in accordance with Section 11518 of the Government Code.

11127. The department shall adopt all regulations necessary to carry out the provisions of this article.



APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

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 Penal Code sections 11120 through 11127. The CJIS Division uses this information to afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the DOJ, Bureau of Criminal Information & Analysis (BCIA), and refute any erroneous or inaccurate information contained therein. 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.

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 afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the DOJ and BCIA, and refute any erroneous or inaccurate information, we may need to share the information you give us with other government 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 Record Review Section manager by e-mail at recordreview@doj.ca.gov, by phone at (916) 227-3835, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review & Challenge Section
P.O. Box 160207
Sacramento, CA 95816-0207



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

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.

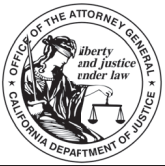
Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information 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, or by mail at:

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



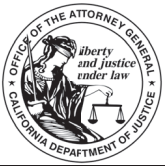
REQUEST FOR LIVE SCAN SERVICE

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 notification¹ 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.²
- 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.³

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.⁴

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>.

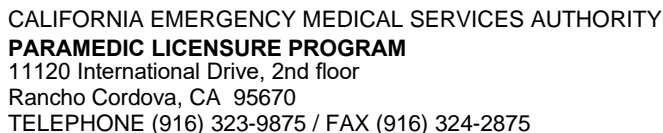
If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to 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>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ 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)



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

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Street Number/Name) (City) (State) (Zip)

Street Address: _____
(If different than mailing address)

Certification/License Number: _____ State: _____

Expiration Date: _____ Social Security Number: _____

- 1. Is the above certificate/license valid** ☐ Yes ☐ No

If “no”, please provide an explanation:
- 2. Has the above certificate/license ever been suspended or revoked** ☐ Yes ☐ No

If “yes”, please provide an explanation:
- 3. Has the above person ever been convicted of a felony or misdemeanor** ☐ Yes ☐ No

If “yes”, please provide date(s) and location(s):
- 4. Do you know of any reason licensure in California should be denied** ☐ Yes ☐ No

If “yes”, please provide an explanation:

Verifying Agency Representative Signature:_____

Page 1 of 2

**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



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
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.**