

APPLICATION FOR EMT CERTIFICATION / RE-CERTIFICATION

NAME:		MI	Data of Divila	
Last	First	M.I.	Date of Birth	
RESIDENCE ADDRESS:				
CITY:	STATE:	ZIP CODE:		
MAILING ADDRESS:				
CITY:	STATE:	ZIP CODE:		
HOME PHONE # ()	WORK PHONE # ()_			
CELL PHONE # ()	EMAIL ADDRESS:			
SOCIAL SECURITY#	DRIVERS LICENSE #		STATE:	
ORIGINAL TRAINING INSTITUTION: (Initial Certification only	y)			
CURRENT EMS EMPLOYER:				
EMT PRIOR CERTIFICATION #	DATE ISSUED:	_ EXPIRATION DATE	:	
PRIOR CERT ISSUED BY:		St	ate:	
INITIAL EMT CERTIFICATION REQUIREMENTS:	EMT RE-CERTIFICATION F	REQUIREMENTS:		
Completed Napa County Application.		Completed Napa County Application.		
Copy of current CPR Card.	Copy of current CPR card.			
Copy of Photo ID showing applicant to be at least	Copy of Photo ID.			
18 Years of age at the time of the application.	Completed State Skills Verification Form (SCV).			
Copy of completed/dated Cori background.	Copy of current EMT card.	Copy of current EMT card.		
Copy of EMT Course Completion Certificate dated	Proof of 24 hrs Approved California EMS CE's (showing EMS CE Provider or CECBEMS			
no more than 24 months prior to application date.	number and taken within current certification period).			
National Registry EMT-Basic Certification Certificate	IF CARD HAS LAPSED 6 months or more but less than 12 months:			
Copies of both the letter with card and the certificate.	36 hrs CE required.			
Application Fee payable by cashier's check or money order to:	IF CARD HAS LAPSED 12 months or more but less than 24 months:			
"Napa County EMS Agency" (fees are non-refundable).	48 hrs CE and National Registry written and skills exam completion.			
	Copy of complete	ed / dated CORI backgrour	ıd.	
	IF CARD HAS LAPSED more	than 24 months:		
DUDUCATE CARD	Meet the requirements for initial certification.			
DUPLICATE CARD	Meet the require	ments for initial certification	on.	
<u>DOPLICATE CARD</u>	Meet the require			

Tou must answer these questions or your application will be returned
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? Yes No If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.
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 No
Are there any criminal charges currently pending against you? Yes No
If yes , attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.
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 EMT Certification 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 Napa County EMS Agency to contact any person or agency for information related to my role and function as an EMT in California.
I agree to report, submit documentation and cooperate with Napa County EMS Agency investigation for any probation, parole, fines (excluding minor traffic violations), convictions, and placement on a criminal diversion or given a suspended sentence in any court to the Napa County EMS Agency while I maintain accreditation / certification, within thirty days of occurrence.
I also understand I am responsible for and agree to notify Napa County EMS Agency of my proper and current information, as stated on the other side, and I shall notify the Napa County EMS Agency in writing within thirty (30) calendar days of any and all changes; by completing a "Personnel Change Form" 2009 F1. I also authorize the Napa County EMS Agency to send periodic communications to my email address.
Signature of Applicant:
Signed in (city/state): Date: