



APPLICATION FOR EMERGENCY MEDICAL DISPATCHER (EMD) CERTIFICATION / RE-CERTIFICATION

NAME: 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:

CURRENT EMD EMPLOYER:

EMD PRIOR CERTIFICATION #: DATE ISSUED: EXPIRATION DATE:

RACE & ETHNICITY: AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN HISPANIC OR LATINO NATIVE HAWAIIAN OR PACIFIC ISLANDER WHITE CHOOSE NOT TO IDENTIFY

GENDER: MALE FEMALE CHOOSE NOT TO IDENTIFY

INITIAL EMD CERTIFICATION REQUIREMENTS:

- Completed Napa County Application
Copy of current CPR Card
Copy of Photo ID showing applicant to be at least 18 Years of age at the time of the application
Course Completion Certificate
Copy of Personnel Change Form

EMD RE-CERTIFICATION REQUIREMENTS:

- Completed Napa County Application
Copy of current CPR Card
Copy of Photo ID
Proof of 24 hrs. Approved California EMS CE's (showing EMS CE Provider or number and taken within current certification period).

DUPLICATE CARD

**You 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 Emergency Medical Dispatcher 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 Emergency Medical Dispatcher 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. I also authorize the Napa County EMS Agency to send periodic communications to my email address.

Signature of Applicant: \_\_\_\_\_

Signed in (city/state): \_\_\_\_\_ Date: \_\_\_\_\_