



APPLICATION FOR EMT 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:

ORIGINAL TRAINING INSTITUTION: (Initial Certification only)

CURRENT EMS EMPLOYER:

EMT PRIOR CERTIFICATION #: DATE ISSUED: EXPIRATION DATE:

PRIOR CERT ISSUED BY: State:

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 EMT Certification Requirements and EMT Re-Certification Requirements sections with checkboxes and lists of required documents.

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 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. I also authorize the Napa County EMS Agency to send periodic communications to my email address.

Signature of Applicant: _____

Signed in (city/state): _____ **Date:** _____