



APPLICATION FOR PARAMEDIC ACCREDITATION

NAME: Last First M.I. Date of Birth

RESIDENCE ADDRESS:

CITY: STATE: ZIP CODE:

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE #: WORK PHONE #:

HOME PHONE #: OTHER PHONE #:

EMAIL ADDRESS:

SOCIAL SECURITY #: DRIVER'S LICENSE #: STATE:

CURRENT EMS EMPLOYER:

CA. PARAMEDIC LICENSE #: DATE ISSUED: EXPIRATION DATE:

COUNTY ACCREDITATION(S) CURRENT/PRIOR:

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 PARAMEDIC ACCREDITATION: Signed "Personnel Change Form" 2009 F1 from ALS Provider as a letter of intent to employ. Copy of Photo ID showing applicant to be at least 18 Years of age at the time of the application. Completed Napa County Application. Copy of current ACLS card. Copy of current and valid CA Paramedic license. Copy of current PALS card. Dispatch and Base Hospital orientation. Copy of current ITLS / BTLS / PHTLS card. Out-of-County based ALS providers: Field orientation "5-Call". Copy of ICS 100 & 200. Application Fee payable by cashier's check, money order or credit card to: "Napa County EMS Agency" (fees are non-refundable). Copy of NIMS 700. DUPLICATE CARD

By receipt of my Napa County paramedic accreditation card, I attest, under penalty of fraud in obtaining a paramedic accreditation, to the following:

- 1. I will meet or exceed all Napa County and state of California EMS training, continuing education, and quality improvement requirements now and in the future.
2. I will complete all training programs provided by the LEMSA and review all skills and scenarios with my Training Officer
3. I will demonstrate proficiency in the performance of ALS skills by meeting and/or exceeding written performance standards.
4. I will maintain my state paramedic license in full standing.
5. I will immediately notify the Napa County EMS office if one or more of these requirements are not met.

Applicant's Signature Date

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 paramedic accreditation in Napa County. 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: _____