



Quarterly Declaration

1. Quarterly Reporting Period:	<input type="checkbox"/> 1/1 to 3/31 Due Apr 15th	<input type="checkbox"/> 4/1 to 6/30 Due Jul 15th	<input type="checkbox"/> 7/1 to 9/30 Due Oct 15th	<input type="checkbox"/> 10/1 to 12/31 Due Jan 15th
2. Personal Information to be completed each quarter				
EMT License No. _____				
Name _____			Cell Phone: _____	
Residence Address _____				
City/State/Zip Code: _____				
Change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Address _____				
3. Employment information to be completed each quarter				
1 st Employer Name: _____			Telephone _____	
Address _____				
City/State/Zip Code _____				
2 nd Employer Name _____			Telephone _____	
Address _____				
City/State/Zip Code _____				
4. Attach verification/reports for any of the following that apply to you:				
<input type="checkbox"/> Coursework/CE <input type="checkbox"/> Ethics Course <input type="checkbox"/> Stress/Anger Mgmt. <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Psychotherapy <input type="checkbox"/> AA Attendance <input type="checkbox"/> Drug Detox/Diversion <input type="checkbox"/> Other _____				
5. Since the last Quarterly Declaration have you been arrested, charged, or convicted of any Federal or State offense, or any county or city laws, rules or regulations? (Exclude parking tickets)				
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain answer on a separate sheet of paper and attach to this form)				
6. During this reporting period have you complied with each and every term and condition of probation?				
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain answer on a separate sheet of paper and attach to this form)				
7 If you did not practice all or part of the period covered by this report, include date you ceased practice				
_____ and date you resumed practice _____				

Executed on _____, at _____, _____ California.			
(Date)	(City)	(County)	
By signing here, I acknowledge that the above is true and correct.			
_____ Probationer Signature			

Mail this form to San Mateo County EMS Agency at the above-listed address.) Probationer: Retain a copy of this form for your records

(Revised 9/2016)