Revised: 4/1/2019



SAN MATEO COUNTY

EMERGENCY MEDICAL SERVICES

801 GATEWAY BLVD., STE. 200

SOUTH SAN FRANCISCO, CA 94080

(650) 573-2564

| For Office Use Only        |  |  |  |
|----------------------------|--|--|--|
| Date Submitted             |  |  |  |
| Certification □ Renewal □  |  |  |  |
| DOJ/FBI Notify Date        |  |  |  |
| ATI#                       |  |  |  |
| Credit Card ☐ Check/M.O. ☐ |  |  |  |
| Ck. / M.O. #               |  |  |  |

## **APPLICATION FOR EMT CERTIFICATION**

| Our . | Agency accepts EMT applications in person on <u>Tuesdays and Thursdays</u> between the hours of <u>8:00 AM -10:00 AM</u> , | and 2:00 PM - | - 4:00 |
|-------|--|---------------|--------|
| PM.   | . For certification renewal, materials can be submitted to our Agency via mail to address shown above.                     |               |        |

| Name             | Last  |  | First   | Mid  | ldle  |
|------------------|---|--|---|--|---|
| Address:         |   |  | City  | State  | Zip Code  |
| Telephone        |   |  | Email   | Date o   | of Birth  |
| California EMT   | Certification # (Rer  | newals Only)   | SSN   | Employe  | er (EMT)  |
| For new applic   | ants, please list the   | EMT School that you atter  | nded including the date of cour   | rse completion:  |   |
|                  | School  |  |   | Date of comple   | etion   |
| Yes No           | •   | nother state? If yes, list ye  | viously certified/licensed as an I<br>our previous certifying entity, c   | · ·  |   |
| Yes No           | on probation,   | or are you under investiga   | ditation, or professional healing ation at this time? If yes, please mediation as a result of the act   | e attach a written explana   |   |
|                  |   |  |   |  |   |
| Yes No           | Since the age place (this wo expunged (set conviction, se   | of 18, have you ever been<br>uld include all pleas of guil<br>aside) under Penal Code S  | convicted of any felony or miso<br>lty, no contest and/or nolo con<br>Section 1203.4? If yes, please I<br>e from custody and/or from pi   | tender), including any con<br>list all convictions includin  | viction which has been<br>ng offense, date and place of   |
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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 this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.

| Signature of Applicant | Date |  |
|------------------------|------|--|
|                        |      |  |

## STATEMENT OF CONTINUING EDUCATION MINIMUM OF 24 HOURS REQUIRED (RENEWAL APPLICANTS ONLY)

## **Instructor Based CE**

(i.e., in a classroom setting or may include on-line CE courses if an instructor is available)
At least 12 hours of CE must be taken in this format and cover the topics listed in the US DOT National Standard Curriculum.

| DATE OR DATES MM/DD/YY | COURSE TITLE | APPROVED EMS CE PROVIDER NAME | APPROVED EMS<br>CE PROVIDER<br>NUMBER | NUMBER OF CE<br>HOURS |
|------------------------|--------------|-------------------------------|---------------------------------------|-----------------------|
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|                        |              |                               | Total                                 |                       |
|                        |              | New American Associated SC    |                                       |                       |

## **Other Approved Acceptable CE**

May include CE course, class or activity instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of an EMT but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.

| DATE OR DATES MM/DD/YY | COURSE TITLE | APPROVED EMS CE PROVIDER NAME | APPROVED EMS<br>CE PROVIDER<br>NUMBER | NUMBER OF CE<br>HOURS |
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|                        |              |                               | Total                                 |                       |