

Tuolumne County Emergency Medical Services Agency

20111 Cedar Road North, Sonora, CA 95370
Phone: (209) 533-7460 Fax: (209) 533-7406
Website: www.tuolumnecounty.ca.gov/ems

Application for Emergency Medical Technician (EMT) Certification

Fees subject to change after July 1, 2020

Initial Certification: \$194.75, Payable to TCHD (Includes TCEMS, CA EMSA & LiveScan Fees)

Re-Certification: \$83.00, Payable to TCHD, (Includes TCEMS & CA EMSA Fees)

Re-Certification from other Jurisdiction: \$194.75, To TCHD (Includes TCEMS, CA EMSA & LiveScan Fees)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SSN: _____ Driver's License #: _____ State of Issue: _____

Mailing Address _____ City _____

State _____ Zip Code _____ Home Phone # _____ Cell Phone # _____

E-mail _____ Current/previous certification # _____

Agency issuing previous certification? _____

Provider where this certification will/may be used? _____

Initial EMT applicant's must submit ethnicity & gender information required by the California EMS Authority (AB 2293)

What Gender do you identify as? Male Female Other Choose not to identify gender

What Race/Ethnicity do you identify as?

American Indian/Alaskan Native Asian Hispanic/Latino Native Hawaiian/Pacific Islander
 Black/African American White Other Choose not to identify race/ethnicity

AKAs (including maiden name) _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Place of Birth City _____ State _____

By signing this form the applicant swears/affirms that all the information provided is true and correct to the best of your knowledge. The application must be signed to be considered complete. No electronic signatures, photocopies or reproductions of signature allowed.

Signature _____

Date _____

For initial certification provide each of the following:

- Copy of National Registry EMT-B Card or Equivalent
- Copy of California Drivers License or California Identification Card or Military Identification Card
- Copy of Current Professional Rescuer or Health Care CPR card from AHA, Red Cross, NSC or equivalent
- Original Signed Affidavit (see reverse side of application)

For re-certification provide each of the following:

- Proof of Completing an EMT refresher course or 24 hrs of approved CE (At least 12 hrs must be instructor based)
- Original Signed EMT Skills Competency Verification Form EMSA-SCV
- Copy of California Drivers License or California Identification Card or Military Identification Card
- Copy of Current Professional Rescuer or Health Care CPR card from AHA, Red Cross, NSC or equivalent
- Copy of current or previous certification card
- Original Signed Affidavit (see reverse side of application)

Emergency Medical Technician Application Affidavit :**Yes No**

Are you now or have **ever** been the subject to any certification/licensure/accreditation disciplinary action:

- A) Against an EMT or Advanced EMT certificate, or any denial of certification by a LEMSA, including any active investigations;
- B) Against a Paramedic license, or any denial of licensure by the California EMS Authority, including any active investigations;
- C) Against any EMS-related certification or license of another state or other issuing entity, including denials and any active investigations; or
- D) Against any health-related license;

If yes, thoroughly explain on a separate piece of paper, including the name and address of the certifying authority involved.

Yes No

Are you now the subject of any pending or current criminal investigations? If yes, thoroughly explain on a separate piece of paper, including the name and address of the investigating agency.

Yes No

Are you now the subject of any pending charges? If yes, thoroughly explain on a separate piece of paper, including the name and address of the investigating agency.

Yes No

Do you have any criminal convictions? If yes, thoroughly explain on a separate piece of paper, including the jurisdiction.

List each certifying entity or LEMSA to which you have applied for certification/licensure/accreditation in the previous 12 months:

--	--

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. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
- (b) Gross negligence.
- (c) Repeated negligent acts.
- (d) Incompetence.
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- (f) Conviction of any crime which is substantially related to the qualifications, functions and duties of pre-hospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (g) Violation or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to pre-hospital personnel.
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (j) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (k) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

Signature

Date:

EMS Agency use only: Submitted to EMSA:

Certification # assigned: