



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

Paramedic or Flight Nurse Accreditation

Initial Accreditation \$76.75

Re-Accreditation No Fee

Fees subject to change after July 1, 2020

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 _____

California Paramedic/Registered Nurse License Number _____

Provider where this certification will/may be used? _____

Attach each of the following (as appropriate):

- Copy of current State of California Paramedic or Registered Nurse License
- Copy of California Drivers License or California Identification Card or Military Identification Card
- Original Signed Affidavit (see reverse side of application)

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

Signature _____ Date _____

EMS Agency use only:
Notes:

Paramedic - Flight Nurse Application Affidavit :

Yes **No**

Have you ever applied for any pre-hospital certification in any county or state and been denied? If yes, thoroughly explain the action taken on a separate piece of paper including the name and address of the certifying authority Involved.

Yes **No**

Have you **ever** been the subject of a formal pre-hospital care certification disciplinary action or proceeding? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.

Yes **No**

Do you have any pending criminal actions, civil actions and/or EMS fact finding/certification review actions? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.

Yes **No**

Have you **ever** been convicted of a felony by any court or required to register as a sex offender by any County or State? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name the County and State where the conviction took place.

I hereby certify that all statements made in this application are true and complete. 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.

I understand that the information on this application will be used in determining my qualifications for accreditation and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the Tuolumne County EMS Agency process this application and authorize them to use this information in performing a background investigation.

Signature: _____

Date _____