

San Mateo County Emergency Medical Services 801 Gateway Blvd 2nd Floor South San Francisco, CA 94080 (650) 573-2564

For Office Use Only
Date Submitted
Initials
Certification
Recertification
DOJ/FBI Notify
Date
ATI#
Check # Cash
Nat'l Registry Exam
Date (new app)

APPLICATION FOR EMT

Our Agency accepts EMT applications in person on <u>Tuesdays and Thursdays</u> between the hours of 8 a.m. -10 a.m. and 2 p.m. -4 p.m. No appointment is necessary. For recertifications, materials can be submitted to our Agency via mail. Please see the instructions.

1. Name	Last	First	Middle			
2. Resident Ado	dress:	City	State	Zip Code		
3. Mailing Add	ress:	City	State	Zip Code		
4. Telephone _		(day) Email	Date	of Birth		
San Mateo C	County EMT Certification #	SSN	Employer (EMT)			
5. For new app	licants, please list the EMT S	chool that you attended including the date	of course completion:			
	School		Date of completion	on		
6. Yes No	Are you currently or have you been previously certified/licensed as an EMT, Advanced EMT or paramedic in California or another state? If yes, list your previous certifying entity, certification number, date of expiration, and type of certification:					
7. Yes No	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? If yes, please attach a written explanation that describes the action, any corrective action and/or remediation as a result of the action.					
8. Yes No	Since the age of 18, have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place (this would include all pleas of guilty, no contest and/or nolo contender), including any conviction which has been expunged (set aside) under Penal Code Section 1203.4? If yes, please list all convictions including offense date and place of conviction, sentence and date of release from custody and/or from probation/parole. You must also attach any applicable court documents and police reports.					
9. Yes No	Are there any criminal charges pending against you? If you answered yes to either of the above questions please attach any applicable court documents and police reports.					
I understand that of California. I u	any falsification or omission on the derivation of the derivation	I information on this application is true an of material facts may cause forfeiture on m this application is subject to verification, a y for information related to my role and fu	ny part of all rights to EM and I hereby give my expre	Γ certification in the state ess permission for this		
Signatur	re of Applicant		Date			

STATEMENT OF CONTINUING EDUCATION MINIMUM OF 24 HOURS REQUIRED

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.

COURSE TITLE	APPROVED EMS CE PROVIDER NAME	APPROVED EMS CE PROVIDER NUMBER	NUMBER OF CE HOURS	
Total				
	COURSE TITLE		COURSE TITLE APPROVED EMS CE PROVIDER NUMBER EMS CE PROVIDER NUMBER	

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 CE PROVIDER NUMBER	NUMBER OF CE HOURS
Total				