



General Information for EMT Applicants

San Mateo County EMS Agency (EMS) certifies and renews California EMT- I applicants in accordance with Division 2.5 of the Health and Safety Code and the [California Code of Regulations Title 22](#). EMT certification is recognized statewide.

For more information please visit www.smchealth.org/ems or contact us at (650) 573-2564.

Hours & Location

EMS accepts EMT applications **Tuesdays** and **Thursdays** between the hours of **8:00 AM – 10:00 AM** and **2:00 PM – 4:00 PM** at the EMS offices. No appointment is necessary. If you are unable to present during the hours listed, please call (650) 573-3782 to schedule an alternative time.

Address: 801 Gateway Blvd., 2nd Floor, South San Francisco, 94080. Upon arrival, applicants may proceed directly to the 2nd floor, and check in there.

Initial/first-time certification applicants **MUST** apply in person.

Those who have previously certified in San Mateo County may apply in person, or by mail at the following address:

San Mateo County EMS Agency
Attn: EMT Applications
801 Gateway Blvd., Ste. 200
South San Francisco, CA 94080



EMT Initial Certification Checklist – What You Will Need to Submit

Applicants **MUST** bring copies of **ALL** items listed. Incomplete application packets without copies of documents listed and/or do not include payment will **NOT** be accepted.

<input type="checkbox"/>	COMPLETED AND SIGNED San Mateo County EMT Application (Page 3)
<input type="checkbox"/>	COPY of a current government-issued photo ID (e.g. state driver license, state ID card, U.S. Passport)
<input type="checkbox"/>	<p>COPY of a pre-submitted DOJ/FBI Live Scan request using the San Mateo County Live Scan Request Form (Page 6)</p> <p>NOTE: Live Scan requests are performed by third-party Live Scan agencies. San Mateo County EMS does NOT perform Live Scan requests for applicants. A list of third-party providers can be found here: https://oag.ca.gov/fingerprints/locations. San Mateo County EMS does NOT accept live scans more than one-year old, or those conducted through other agencies and/or counties.</p>
<input type="checkbox"/>	<p>COPY/COPIES of one (1) of the following certificates/licenses (circle all that apply):</p> <ol style="list-style-type: none"> 1. Current and valid National Registry EMT registration certificate (NREMT card); or 2. Current and valid out-of-state or National Registry Advanced EMT (EMT-Intermediate) or Paramedic certificate; or 3. Current and valid California Advanced EMT or EMT-II certification or a current and valid California Paramedic license.
<input type="checkbox"/>	COPY of a current BLS for Healthcare Provider AED/CPR card
<input type="checkbox"/>	CREDIT/DEBIT CARD PAYMENT of \$125 (Discover and AMEX not accepted)



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 <input type="checkbox"/>	Renewal <input type="checkbox"/>
DOJ/FBI Notify Date	_____
ATI#	_____
Credit Card <input type="checkbox"/>	Check/M.O. <input type="checkbox"/>
Ck. / M.O. #	_____

APPLICATION FOR EMT CERTIFICATION

Our Agency accepts EMT applications in person on **Tuesdays and Thursdays** between the hours of **8:00 AM -10:00 AM, 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 Middle
- Address: _____ City _____ State _____ Zip Code _____
- Telephone _____ Email _____ Date of Birth _____
- California EMT Certification # **(Renewals Only)** _____ SSN _____ Employer (EMT) _____
- For new applicants, please list the EMT School that you attended including the date of course completion:

School	Date of completion
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- 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 issue, date of expiration, and type of certification:

- 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.**

- 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 contendere), 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.**

- 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.**

Section 1797.229 of the Health & Safety Code requires the following information:

Applicant Ethnicity	Applicant Race	Gender
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Female <input type="checkbox"/> Other
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Non-binary/third gender
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> White	
	<input type="checkbox"/> Other	

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 _____

Live Scan Background Check Information & Instructions

BACKGROUND

All applicants for San Mateo County EMS Agency EMT certification must submit fingerprints for a criminal history background check. This includes all initial/first-time EMT applicants and/or those whose last certification was through another county.

Live Scan background checks for EMT include California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Fingerprinting is done using "Live Scan" technology and uses computer images to send fingerprints immediately to the DOJ and FBI.

All initial/first-time certification applicants, and those whose most recent certification is through another county MUST complete a DOJ and FBI Live Scan background check using the San Mateo County Live Scan Request form (see attached for form).

Live Scans completed through the DMV for ambulance drivers license, or other agencies are **NOT** accepted.

GETTING THE LIVE SCAN FORM

Those applying through San Mateo County **MUST** use the San Mateo County form (attached). We recommend that applicants print three copies, one for the Live Scan agency, one to attach with your EMT application and one for your own records. The forms should be completed prior to arriving for your Live Scan appointment.

LIVE SCAN AGENCIES

Live Scan requests are performed by third-party Live Scan agencies. A list of third-party providers can be found here: <https://oag.ca.gov/fingerprints/locations>. The list includes hours of operation, cost, whether or not an appointment is necessary, and method of payment. San Mateo County EMS does **NOT** perform Live Scan requests.

PRIVACY GUARANTEE

Privacy and confidentiality of criminal history record information is the responsibility of the EMS Agency.

IF YOU HAVE A CONVICTION/CRIMINAL HISTORY

Conviction of a crime does not necessarily mean that an applicant will be denied certification. The appropriate EMS staff, along with the county legal department if appropriate, will review each case where the applicant has a criminal conviction. Decisions will be based on applicable state statutes and regulations, and a careful review of documentation. If an applicant is denied, he/she has the right to request a hearing. In addition, an EMT certificate may be suspended or revoked based on criminal history information. Applicants with a criminal conviction or who are involved in an active prosecution can expect a delay in the processing of their application. For us to process your application, you must submit a letter explaining the case and copies of the final court docket/disposition which will help us in the decision process.

Live Scan Background Check Information & Instructions

Complete the fields on the Live Scan request form as listed below. If you are using the form from our website, some of this information is already completed:

APPLICANT SUBMISSION SECTION

ORI:	A1274
Authorized Applicant Type:	Emergency Medical Technician License/Certification
Agency Authorized to Receive:	San Mateo County EMS Agency
Mail Code (five-digit code assigned by DOJ):	04360
Street No. Street or P.O. Box:	801 Gateway Blvd., Ste. 200
Contact Name:	N/A
City:	South San Francisco
State:	CA
Zip Code:	94080
Contact Telephone Number:	(650) 573-2564

APPLICANT INFORMATION SECTION

Name of Applicant:	Enter your last name, first name and middle initial
Other Name (AKA or Alias):	Enter any other names you've used
Date of Birth:	Enter your date of birth
Sex:	Check the appropriate box
Driver's License Number:	Enter your California Driver's License number
Height:	Enter your height (feet and inches)
Weight:	Enter you weight
Eye Color:	Enter your eye color
Hair Color:	Enter your hair color
Place of Birth:	Enter you place of birth
Social Security Number:	Enter your social security number
Home Address:	Enter your home street address, city, state and zip

EMPLOYER SECTION

Employer Name:	EMSA
Mail Code:	02531
Address:	10901 Gold Center Drive, Suite 400
City:	Rancho Cordova
State:	CA
Zip:	95670
Telephone Number:	(916) 322-4336

****DO NOT COMPLETE ANY OTHER FIELDS ON THE FORM****

(If the form is filled out incorrectly, DOJ may reject it, requiring the background check to be repeated, including additional fees.)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1274
ORI (Code assigned by DOJ)

Emergency Medical Technician License/Certification
Authorized Applicant Type

EMT-I Certified
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Mateo County EMS Agency
Agency Authorized to Receive Criminal Record Information

04360
Mail Code (five-digit code assigned by DOJ)

801 Gateway Blvd., Ste. 200
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

South San Francisco CA 94080
City State ZIP Code

(650) 573-2564
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number APPLICANT TO PAY
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Emergency Medical Services Authority
Employer Name

02531
Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Ste. 400
Street Address or P.O. Box

Rancho Cordova CA 95670
City State ZIP Code

+1 (911) 632-2433
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed