



General Information for EMT Applicants

San Mateo County EMS Agency (EMS) certifies State of 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.

Please see the **EMT-I Initial Certification Checklist** (page 2) for a list of requirements for certification through San Mateo County.

How to Apply

UPDATED HOURS FOR IN-PERSON APPLICATION

The EMS Agency accepts applications for **initial/first time certification EMT applicants** in person, by appointment. See link for availability and schedule an in-person:
<https://outlook.office365.com/owa/calendar/SanMateoCountyEMSAgencyEMTIntake@smcgov.onmicrosoft.com/bookings/>. **NOTE: Initial/first-time certification applicants MUST apply in person.**

Those who have **previously certified** in San Mateo County must **apply by mail** or **email**. Applicants applying by mail should enclose a check or money order payable to San Mateo County EMS. Those applying by email may contact the EMS Agency to schedule payment over the phone.

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

Email: ems@smcgov.org
Subject: EMT Applications

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



EMT Renewal/Reinstatement Checklist(s) – What You Will Need to Submit

Please review the appropriate section based your current EMT license status. Applicants **MUST** bring copies of **ALL** items listed as part of the application packet. Incomplete packets will **NOT** be accepted.

SECTION 1. EMT RENEWAL: Applicants with a **current CA EMT license** or **lapse of less than 6 months**

<input type="checkbox"/>	COMPLETED AND SIGNED San Mateo County EMT Application (Page x)
<input type="checkbox"/>	COPY of a completed CA EMT Skills Verification Form . Form with instructions on pages x-x
<input type="checkbox"/>	<p>COPY/COPIES of approved prehospital continuing education certificate(s) (CE) of a minimum of twenty-four (24) hours, with at least 50% of total hours being instructor-based. CE must be completed no more than 24 months prior to application to count towards renewal or reinstatement.</p> <p>CE from the following are accepted:</p> <ul style="list-style-type: none"> • an approved California Prehospital Continuing Education Provider • an approved Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) provider • college courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology) – copy of official transcript required
<input type="checkbox"/>	COPY/COPIES of course completion certificates for use of Glucometer , administration of Naloxone , and Epinephrine (new requirement as of 7/1/2019). NOTE: a completed EMT Skills Verification form does NOT count towards this requirement.
<input type="checkbox"/>	COPY of a current and valid California EMT certificate/license
<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"/>	COPY of a current BLS for Healthcare Provider AED/CPR card from American Heart Assoc., Red Cross or Cal Fire
<input type="checkbox"/>	<p>Renewal applicants whose current/most recent EMT certification is through another county:</p> <p>COPY of a submitted DOJ/FBI Live Scan request using the San Mateo County Live Scan Request Form. Form and instructions can be found on page xx</p>
<input type="checkbox"/>	<p>Pay the appropriate fee:</p> <ul style="list-style-type: none"> • For applicants whose last certification was through San Mateo County - \$87.00; or • For applicants with a Live Scan Background Check, whose last certification was NOT through San Mateo County - \$125.00 <p><i>Applicants applying by mail should enclose a check or money order payable to San Mateo County EMS. Those applying by email may contact the EMS Agency to make payment over the phone.</i></p>

EMT Renewal/Reinstatement Checklist(s) – Cont.

SECTION 2. EMT REINSTATEMENT: Applicants with a lapsed CA EMT license **6 month or greater**, but **less than 12 months**

Complete the requirements in Section 1. (EMT Renewal) above, and complete and provide documentation of the following additional items:

<input type="checkbox"/>	<p>COPY/COPIES of an additional twelve (12) hours of approved prehospital continuing education certificate(s), for a total of thirty-six (36) hours.</p> <ul style="list-style-type: none">• At least 50% of total hours MUST be instructor-based• CE MUST be completed no more than 24 months prior to application to count towards renewal or reinstatement.
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SECTION 3. EMT REINSTATEMENT: Applicants with a lapsed CA EMT license **greater than 12 months**

Complete the requirements in Section 1. (EMT Renewal) above, and complete and provide documentation of the following additional items:

<input type="checkbox"/>	<p>COPY/COPIES of an additional twenty-four (24) hours of approved prehospital continuing education certificate(s), for a total of forty-eight (48) hours.</p> <ul style="list-style-type: none">• At least 50% of total hours MUST be instructor-based• CE MUST be completed no more than 24 months prior to application to count towards renewal or reinstatement.
<input type="checkbox"/>	<p>COPY/COPIES of one (1) of the following certificates/licenses (circle all that apply):</p> <ul style="list-style-type: none">• Current and valid National Registry EMT, Advanced EMT or Paramedic registration certificate (NREMT card); or• Current CA Paramedic License
<input type="checkbox"/>	<p>COPY of a submitted DOJ/FBI Live Scan request using the San Mateo County Live Scan Request Form. Form and instructions can be found on page xx</p>

For Office Use Only

Date Submitted _____
 Certification ☐ Renewal ☐
 DOJ/FBI Notify Date _____
 ATI# _____
 Credit Card ☐ Check/M.O. ☐
 Ck. / M.O. # _____

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.

1. Name _____
Last First Middle
2. Address: _____ City _____ State _____ Zip Code _____
3. Telephone _____ Email _____ Date of Birth _____
4. California EMT Certification # **(Renewals Only)** _____ SSN _____ Employer (EMT) _____
5. For new applicants, please list the EMT School that you attended including the date of course completion:

School

Date of completion

- | | | | |
|----|-----|----|--|
| 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 issue, 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 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. |
| 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. |

Applicant Race/Ethnicity

☐ Asian ☐ Hispanic or Latino ☐ White ☐ Choose not to identify

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African-American

Gender

☐ Female ☐ Other

☐ Male ☐ Prefer not to say

☐ Non-binary/third gender

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.

[illegible]

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.

[illegible]



INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.
4. **Verification of Competency**

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- a. Sign the EMT Skills Competency Verification Form for that skill.
 - b. Print their name on the EMT Skills Competency Verification Form for that skill.
 - c. Enter the date that the individual demonstrated the competency of the skill.
 - d. Provide the name of the organization that has approved them to verify skills.
 - e. Provide their certification or license type and number.
5. In order to be an **approved skills verifier** you must meet the following qualifications:
- a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
 - b. Be approved to verify by:
 - EMT training program, or
 - AEMT training program, or
 - Paramedic training program, or
 - Continuing education providers, or
 - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).



See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
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This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).

By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
1. Trauma Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
2. Medical Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
3. Bag-Valve-Mask Ventilation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
4. Oxygen Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
9. Epinephrine & Naloxone Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:

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		Emergency Medical Technician License/Certification
ORI (Code assigned by DOJ)		Authorized Applicant Type
EMT-I Certified		
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)		
Contributing Agency Information:		
San Mateo County EMS Agency		04360
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)
801 Gateway Blvd., Ste. 200		Contact Name (mandatory for all school submissions)
Street Address or P.O. Box		
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 <input type="checkbox"/> Male <input type="checkbox"/> 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)		Misc. Number		
		(Other Identification Number)		
Home Address		City		
Street Address or P.O. Box		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		02531
Employer Name		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