



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 _____
 Initials _____
 Invoice _____ Date: _____

APPLICATION FOR PARAMEDIC ACCREDITATION

Please submit with application:

- **COPY** of State of California Paramedic License
- One (1) Photo (face forward 1x2 inches)
- Proof of employment or intent to employ with a San Mateo County Paramedic Provider
- \$50 Application Fee (check or money order payable to County of San Mateo or billed to employer)

1. Name _____
Last First Middle

2. Resident Address: _____ City _____ State _____ Zip Code _____

3. Mailing Address: _____ City _____ State _____ Zip Code _____

4. Telephone _____(day) _____(eve) Email _____

5. CA EMT-P Certification/License # _____ Date of Birth _____ SSN _____

6. Yes No Are you currently or have you been previously certified/licensed as an EMT-P, Advanced EMT or EMT 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.**

I have read and understand Section 1798.200 of the Health & Safety Code (see back of this form).

I am not precluded from being accredited for any reason specified in Section 1798.200. I further certify that all information provided is true and correct to the best of my knowledge and belief. I understand that all information is subject to verification.

Signature of Applicant _____ Date _____

CHAPTER 7. PENALTIES

1798.200.

(a) The medical director of the local EMS agency may, in accordance with regulations adopted by the authority, deny, suspend or revoke any EMT-I or EMT-II certificate issued under this division, or may place any EMT-I or EMT-II certificate holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).

(b) The authority may deny, suspend or revoke any EMT-P license issued under this division, or may place any EMT-P license holder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).

(c) Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or license holder under this division:

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (7) Violating 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 adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) 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.
- (11) 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.

(d) This section shall be inoperative until January 1, 1995, and shall become operative on that date.



EMT-P PRE-ACCREDITATION FIELD EVALUATION

5 CALL EVALUATOR SUMMARY FORM

(to be completed by the FTO/Evaluator)

Candidate Name

Date

FTO/Evaluator Signature

FTO/Evaluator Name

*****ALS CONTACTS*****

Contact	General Assessment	Case Number(s)	ALS Skills Performed
1			
2			
3			
4			
5			
Extra			
Extra			

Comments:

Please submit this form to the EMS Clinical Services Manager (following JPA Supervisor review)