



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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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.**

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 _____

