



EMT RENEWAL APPLICATION

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



APPLICATION – PRINT IN INK OR TYPE

<input type="checkbox"/> Renewal - \$120* <input type="checkbox"/> Current with L.A. County EMS <input type="checkbox"/> Lapse < 12 months with L.A. County EMS	<input type="checkbox"/> Renewal - \$160* <input type="checkbox"/> Current Certification with other CA Certifying Entity <input type="checkbox"/> Lapse < 12 months with other CA Certifying Entity <input type="checkbox"/> Lapse ≥ 12 months with any CA Certification	Mail application and required documents to: Los Angeles County EMS Agency Office of Certification 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670
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* The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS"
 The County charge will be imposed on all checks returned for non-sufficient funds. Do Not Send Cash.

PERSONAL INFORMATION

Legal Name _____ SSN _____ - _____ - _____
 Last First M.I. Birth Date _____ - _____ - _____
 Address _____
 (Home) City _____ State _____ Zip Code _____
 Phone _____ - _____ - _____ e-mail _____

EMPLOYER

I am currently employed as an EMT Yes No If yes, complete company and contact information below
 Company _____ Contact _____ Phone _____ - _____ - _____

NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change

REQUIREMENTS - All documents must be current and applicant shall provide copies of all documents to include the back of the BLS Card

<input type="checkbox"/> California EMT Certification Card	E _____	Expiration Date _____ - _____ - _____
<input type="checkbox"/> Government Issued Identification	Driver License, Passport, or California I.D.	
<input type="checkbox"/> Skills Competency Verification (EMSA SCV Form)	Must be completed by an approved provider during current certification or within 1 year for a lapse ≥ 12 months	
<input type="checkbox"/> BLS for the Healthcare Provider Card	BLS must be valid for a minimum of 3 months after certification date. Online BLS programs are NOT accepted.	
<input type="checkbox"/> EMS Continuing Education (CE) Certificates	CE must be completed during current certification cycle or within 24 months of submitting application for a lapse. No more than 8 hours per day will be accepted and must issued from an approved EMS CE or CAPCE Provider.	
<input type="checkbox"/> 24 hours (current or lapse < 6 months)	<input type="checkbox"/> 36 hours (lapse ≥ 6 months and < 12 months)	<input type="checkbox"/> 48 hours (lapse of ≥ 12 months)
<input type="checkbox"/> Required Training	<input type="checkbox"/> Epinephrine Autoinjector	<input type="checkbox"/> Glucometer <input type="checkbox"/> Naloxone
Mandatory after July 1, 2019		

Additional Requirements – if applicable

Live Scan California Certification issued by another EMS Agency/Department or a lapse ≥ 12 months
 NREMT Card California Certification lapse ≥ 12 months

BACKGROUND DISCLOSURE

▶ **Have you ever been arrested or convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere (no contest) or any conviction which has been sealed or expunged (set aside) under Penal Code Section 1203.4?** Yes No

▶ **Are there any criminal charges pending against you?** Yes No
 If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s), date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports.

▶ **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?** Yes No
 If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action, and/or remediation as a result of the action.

I have previously submitted all required documentation for any question marked yes to the above questions to the Los Angeles County EMS Agency

▶ **Have you applied for EMT certification with another EMS Agency or Department in California within the previous 12 months? If yes, list location(s)** Yes No

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 Los Angeles County EMS Agency to contact any person or agency for information related to my application or role and function as an EMT in California.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

Application Documents	Application Fee	DOJ/FBI Report/Status	Certification Status
<input type="checkbox"/> Application Form Complete <input type="checkbox"/> California Cert <input type="checkbox"/> LA <input type="checkbox"/> OT <input type="checkbox"/> Government Photo ID <input type="checkbox"/> Skills Verification <input type="checkbox"/> BLS for HCP <input type="checkbox"/> CE: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 Mandatory Training July 1, 2019 <input type="checkbox"/> Epinephrine Auto-injector <input type="checkbox"/> Glucometer <input type="checkbox"/> Naloxone <input type="checkbox"/> Live Scan – if applicable <input type="checkbox"/> NREMT Card – if applicable	Type : <input type="checkbox"/> Cash <input type="checkbox"/> Check CH # _____ Date ____/____/____ Amount Paid \$ _____ DR # _____ Received by _____ Additional Fee Required _____	<input type="checkbox"/> DOJ Report Status <input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI <input type="checkbox"/> FBI Report Status <input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI <input type="checkbox"/> Written Statement <input type="checkbox"/> Background Documents <input type="checkbox"/> EMS Clearance by _____ Date ____/____/____	Application Status: <input type="checkbox"/> Approve <input type="checkbox"/> Revoke <input type="checkbox"/> Probation Date ____/____/____ by _____ CA Certification # _____ Effective Date ____/____/____ Expiration Date ____/____/____ Data Input: <input type="checkbox"/> PEPSI by _____ <input type="checkbox"/> Central Registry by _____ Certification Mailed ____/____/____