



# EMT RECERTIFICATION APPLICATION

## LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



### APPLICATION – PRINT IN INK OR TYPE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Recertification - \$120*</b><br><input type="checkbox"/> Current with L.A. County EMS<br><input type="checkbox"/> Lapse < 12 months with L.A. County EMS | <input type="checkbox"/> <b>Recertification - \$160*</b><br><input type="checkbox"/> Current Certification with other CA Certifying Entity<br><input type="checkbox"/> Lapse < 12 months with other CA Certifying Entity<br><input type="checkbox"/> Lapse ≥ 12 months with any CA Certification | <b>Mail application and required documents to:</b><br>Los Angeles County EMS Agency<br>Office of Certification<br>10100 Pioneer Blvd, Suite 200<br>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." Do not send cash. The County charge will be imposed on all checks returned for non-sufficient funds. [Online payment](#) available on the EMS Agency website. Submit receipt with application.

### PERSONAL INFORMATION

Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Last First M.I.  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Home) Apt/Unit #  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

### 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**

### RECERTIFICATION REQUIREMENTS – applicant shall provide front and back copies of all documents

- California EMT Certification Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - Government Issued Photograph Identification Driver License, Passport, or California I.D.
  - Skills Competency Verification (EMSA SCV Form) Must be completed by an approved provider within current certification cycle or within 1 year for a lapse
  - BLS for the Healthcare Provider BLS must be valid for a minimum of 3 months after certification date. Online BLS programs are NOT accepted.
  - EMS Continuing Education (CE) Certificates (CE must be completed during current certification cycle or within prior 24 months of submitting this application for a lapse)  
**Note:** EMS CE or CAPCE issued credit only. No more than 12 hours may be completed per day. Each course must be a minimum of 1 hour.  
 24 hours (current or lapse < 6 months)  36 hours (lapse ≥ 6 months and < 12 months)  48 hours (lapse of ≥ 12 months)
  - Required Training  Epinephrine Autoinjector  Glucometer  Naloxone Mandatory for expired certification or certification expiring after July 1, 2019
- Additional Requirements – if applicable
- Live Scan California Certification issued by another EMS Agency/Department or a lapse of ≥ 12 months
  - NREMT Card California Certification lapse of ≥ 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 in background disclosure to Los Angeles County EMS Agency
- ▶ **Have you applied for EMT certification with another Agency or Department in California within the previous 12 months? If yes, list organization (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 Complete <input type="checkbox"/> California Cert <input type="checkbox"/> LA <input type="checkbox"/> OT <input type="checkbox"/> Government Photo ID <input type="checkbox"/> Skills Competency 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 <input type="checkbox"/> Epinephrine Auto-Injector <input type="checkbox"/> Glucometer <input type="checkbox"/> Naloxone Additional Requirements <input type="checkbox"/> Live Scan – if applicable <input type="checkbox"/> NREMT Card – if applicable	Type: <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> Online CH # _____ Date ____/____/____ Amount Paid \$ _____ DR # _____ Received by _____ Add'l 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 ____/____/____