



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY PARAMEDIC ACCREDITATION APPLICATION



APPLICATION AND FEE*

Initial Accreditation - \$150

Reaccreditation - \$50
(Lapse less than 6 months)

Continuous Accreditation - No Fee
(No lapse of Licensure or Accreditation)

Reaccreditation - \$150
(Lapse 6 months or more)

***A non-refundable fee in the amount indicated, payable by cash or check to "Los Angeles County DHS," must accompany this application. The County charge will be imposed on all checks returned for non-sufficient funds.**

PLEASE PRINT IN INK OR TYPE

Section 1	Legal Name _____ Birth Date ____/____/____ <small>(Last) (First) (M.I.)</small>
	Home Address _____ _____ <small>(City) (State) (Zip Code)</small>
	Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
	Social Security # _____ - _____ - _____ e-mail _____ <small>(only last 4 digits required for continuous accreditation)</small>

Section 2	LICENSURE/ACCREDITATION (attach copies)
	California Paramedic License No. P _____ Expiration Date ____/____/____
	Los Angeles County Accreditation No. P _____ Expiration Date ____/____/____
	PARAMEDIC EXPERIENCE Los Angeles County ____ years Outside Los Angeles County ____ years
EMPLOYED BY _____ <i>(continued on reverse side)</i>	

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

Accreditation Candidate	Accreditation Exam	Paramedic Internship	Accreditation
<input type="checkbox"/> Application <input type="checkbox"/> Paramedic License Copy <input type="checkbox"/> Proof of Sponsorship <input type="checkbox"/> EMS Update Completed <input type="checkbox"/> NBC/WMD Completed <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Confirmation Letter Exam Date ____/____/____ <div style="background-color: #cccccc; text-align: center; padding: 2px;">Accreditation Fee</div>	<input type="checkbox"/> Application <input type="checkbox"/> EMT Certification Copy <input type="checkbox"/> BLS Card Copy <input type="checkbox"/> School Letter <input type="checkbox"/> Provider letter <input type="checkbox"/> Contract <input type="checkbox"/> EMS Update Completed <input type="checkbox"/> NBC/WMD Completed <input type="checkbox"/> Entered into PEPSI	Exam Date ____/____/____ Exam: Pass Fail Accreditation # P _____ Eff. Date ____/____/____ Exp. Date ____/____/____ Issued by _____
Continuous Accreditation <input type="checkbox"/> Application <input type="checkbox"/> Paramedic License Copy <input type="checkbox"/> Entered into PEPSI	Date ____/____/____ Amount Received \$ _____ DR # _____ Received by _____	Application Received: Reviewed by: _____	

