Reset Form Print

EMT INITIAL CERTIFICATION APPLICATION
LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY

APPLICATION – PRINT IN INK OR TYPE **Enclose a self-addressed, stamped envelope**

Certification Fee - **$125*** Check One:
- ☐ Initial Certification in CA
- ☐ Lapse ≥ 2 yrs of 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

*** 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.

Address (Home) _____ Birth Date _____ - _____ - _____

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 front and back copies of all documents

- ☐ Course Completion Certificate — Must have completed within the past 24 months at time of application
- ☐ NREMT Card
- ☐ BLS for the Healthcare Provider Card — BLS must be valid for a minimum of 3 months after certification date. Online programs are NOT accepted.
- ☐ LA County EMT Scope of Practice Certificate
- ☐ Government Issued Identification — Driver License, Passport, or California I.D.
- ☐ Live Scan

Additional Requirements – Out of State Reciprocity

- ☐ State Certification
- ☐ NREMT Written Exam Pass Letter

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 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
☐ Application Complete ☐ Course Completion ☐ NREMT Card ☐ BLS for HCP ☐ LA County EMT Scope ☐ Government Photo ID ☐ Live Scan If Applicable ☐ NREMT Exam Letter ☐ State Certification	Type : ☐ CA ☐ CH CH # _____ Date _____/_____/_____ Amount Received $ _____ DR # _____ Received by _____	☐ DOJ Report Status ☐ Clear ☐ Delay ☐ + CORI ☐ FBI Report Status ☐ Clear ☐ Delay ☐ + CORI ☐ Written Statement ☐ Background Documents ☐ EMS Clearance by _____ Date _____/_____/_____	Application Status: ☐ Approve ☐ Deny ☐ Probation Date _____/_____/_____ by _____ CA Certification # _____ Effective Date _____/_____/_____ Expiration Date _____/_____/_____ Data Input: ☐ PEPSI by _____ ☐ Central Registry by _____ Certification Mailed _____/_____/_____

Rev 1/28/14