



EMT INITIAL CERTIFICATION APPLICATION

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



APPLICATION – PRINT IN INK OR TYPE

<p>Initial California Certification Fee - \$190*</p> <p><small>*The non-refundable fee must accompany this application - Do not send cash 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 Online payment available on the EMS Agency website. Submit receipt with application.</small></p>	<p>Mail application and required documents to: Los Angeles County EMS Agency Office of Certification 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670</p>
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PERSONAL INFORMATION

Legal Name _____ SSN _____ - _____ - _____
Last First M.I.

Address _____ Birth Date _____ - _____ - _____
(Home) Apt/Unit #

City _____ State _____ Zip Code _____

Phone _____ - _____ - _____ email _____

Gender Female Male Non-binary Decline to State

Race/Ethnicity American Indian or Alaska Native Asian Black or African American Decline to State
(check all that apply) Native Hawaiian or Other Pacific Islander White Hispanic or Latino

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

INITIAL CERTIFICATION REQUIREMENTS – applicant shall provide front and back copies of all documents

Course Completion Certificate NOTE: Required training identified below may be on your certificate

Required Training Epinephrine Autoinjector Glucometer Naloxone

NREMT Card

BLS for the Healthcare Provider BLS must be valid for a minimum of 3 months after certification date. Online BLS programs are NOT accepted.

Government Issued Identification Driver License, Passport, or California I.D.

Live Scan

Additional Requirement – Out of State Reciprocity

State Certification

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.

▶ **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 the 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"/> Course Completion <input type="checkbox"/> NREMT Card <input type="checkbox"/> BLS for HCP <input type="checkbox"/> Government Photo ID <input type="checkbox"/> Live Scan Mandatory Training <input type="checkbox"/> Epinephrine Auto-Injector <input type="checkbox"/> Glucometer <input type="checkbox"/> Naloxone Additional Requirement <input type="checkbox"/> Out of State Certification	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"/> Deny <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 ____/____/____