

Advanced Emergency Medical Technician Certificate Application

Instructions:

1. Complete at least the information in shaded areas; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the second page of this form
3. Pay established fees. A fee of \$85.00 for initial certification or \$47.00 for recertification is due to Imperial County Public Health Department. This fee includes \$75.00 for initial or \$37.00 for recertification to EMS Authority, and a \$10.00 already established process fee for Imperial County EMS Agency. Do not mail cash. **Please make checks payable to: Imperial County Public Health Department.**

Last Name: _____		First Name: _____		Middle Initial: _____	
Certificate Number: _____		Expiration Date: _____		Social Security Number: _____	
Date of Birth: _____		Previous Certificate Number (if applicable) _____		Previous Certificate Entity (if applicable) _____	
Mailing Address			Residence Address		
_____			_____		
_____			_____		
City: _____		State _____	Zip _____		
Is this a change of Address? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this a change of Address? Yes <input type="checkbox"/> No <input type="checkbox"/>		
E-mail (Mailing)			E-mail if different than Mailing E-mail		
_____			_____		
If employed by an EMS Provider(s) please list the name and address of each provider					
_____			_____		
_____			_____		
City: _____		State _____	Zip _____		
City: _____		State _____	Zip _____		
Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are they any criminal charges currently pending against you?					
If you answered yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable 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 <input type="checkbox"/> No <input type="checkbox"/>	
If yes, you must enclose with this application a written explanation that describes the 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 AEMT 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 this certifying entity to contact any person or agency for information related to my role and function as an AEMT in California.					
Signature of Applicant: _____			Date: _____		
Phone Number Home: _____			Work: _____		

Imperial County Public Health Department, Emergency Medical Service Agency
 935 Broadway, El Centro CA 92243
 Phone: (442) 265-1444 Fax: (442) 265-1478
www.icphd.org

Certifying Entity Use Only				
Live Scan _____	App Complete _____	Fees _____	NREMT _____	Reviewed _____

**STATEMENT OF CONTINUING EDUCATION
MINIMUM OF 36 HOURS REQUIRED**

Instructor Based CE

At least 36 hours of EMS approved Continuing Education Units (CEUs)(i.e., in a classroom setting or may include on-line CE courses if an instructor is available)

DATE OR DATES MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
Total				

Other Approved Acceptable CE

May include CE course, class or activity instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of an EMT but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.

DATE OR DATES MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
Total				

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