

Paramedic Accreditation Application

Full Name:

Last

First

Middle

Home Mailing Address:

Street

Apt. Number

City

State

ZIP

Home Phone Number: _____

Paramedic Service Provider Affiliation: _____

CA EMT-P License #: _____

Expiration Date: _____

Social Security Number: _____

Paramedic Training Program:

Name of program

Address

City

State

Date Course Completion

List all counties in which you have obtained current or previous accreditation:

Have you ever had a certification, license, or accreditation denied, suspended, revoked, or put on probation?

No

Yes

If yes, attach a separate sheet of paper describing each occurrence including date(s) and county(s) of occurrence.

I hereby affirm that all questions have been answered fully to the best of my knowledge. I realize that any errors or omissions would be grounds for denial or revocation of this application or of my accreditation.

Signature

Date

Attach copies of your current CA EMT-P license, CPR Card, CA driver's license, Statement of Certification, and Statement of Affiliation.

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