

Imperial County Public Health Department
EMS Agency
MICN Application Form

For EMS Agency Use Only	
Certification Number: __ __ - __ __ __ __	
Issue date: __ __ / __ __ / __ __	Expiration date: __ __ / __ __ / __ __

Please Print

Personal Data	
Social Security Number: __ __ __ - __ __ - __ __ __ __	
Last Name: _____	
First Name: _____	Middle Initial: _____
Address: _____	
P.O. Box: _____	
City: _____	State: _____ Zip Code: _____
Home phone number: () _____	
Service Provider Affiliation: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Work phone number: () _____	
Fax phone number: () _____	

Statement Of Certification/ Accreditation Eligibility	
As required by Section 1798.200 of the Health and Safety Code and Section 1101 (a) (b) (c) of Title XIII. California Administration Code; all accreditation candidates must read and sign the following:	
I _____ certify that none of the following statements are true regarding myself, except as noted after my signature:	
<ol style="list-style-type: none">1. Committed fraud in the procurement of any required certificate.2. Required under Section 290 of the Penal Code to register as a sex offender for any offence involving force, duress, threat or intimidation.3. Habitually or excessively uses or is addicted to narcotics or dangerous drugs, or has been convicted during the preceding seven years of any offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs.4. Habitually and excessively uses intoxicating beverages.5. Has been convicted during the proceeding seven years of any offense punishable as a felony and involving force, violence, of any degree during that period. Is on parole or probation for such offenses or crimes involving force, violence, threat, or intimidation.6. Has committed any act involving moral turpitude, including fraud or intentional dishonesty for personal gain within the preceding seven years.7. Has demonstrated irrational behavior or incurred a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that his/her ability to perform the duties normally expected of an EMT-P, EMT-II, or EMT-I may be impaired.8. Commission or conviction of any fraudulent, dishonest or corrupt act, which is substantially related to the qualification, functions, and duties of pre-hospital personnel.9. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provisional of this part or the regulation promulgated by the authority pertaining to pre-hospital personnel.	
Signed _____	Dated _____
Exceptions: _____	
