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EMS Personnel Application

This application is for:	EMT/AEMT Initial Application (\$95)	PARAMED	<u>IC</u> pplication (\$20)	MICN Initial A	mulication (\$20)	
	Initial Application (\$85) Renewal Application (\$47)	=	pplication (\$20) Application (No Fee	=	pplication (\$20) l Application (No Fee)	
Applicant Information			11		11 (/	
Last Name:			First Name:		Middle Initial:	
Date of Birth: Social Security #:			Driver's License #:		DL State:	
Physical Address:	,		City:	State:	Zip Code:	
Mailing Address:			City:	State:	Zip Code:	
Phone: () -		Work Phone: ()	-			
Email Address:				CPR Expiration Date:		
Current EMT/AEMT/Paramedic/RN Certification/License #:			State:	Expiration Date:		
Ethnicity ☐ Asian ☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian /other Pacific Islander ☐ White ☐ American Indian /Alaskan Native ☐ Other ☐ Black or African American ☐ Decline to State			Gender ☐ Male ☐ Female ☐ Decline to State			
EMS Employer/County:			Employer Phone: () -		
Any false statement or om referred to the California Please Read Carefully A. Have you ever been corror place, including enterhas been expunged (set B. Are there any criminal If you answered YES to que location, court, sentence see	nission of information may be grown instance. EMS Authority for certification invicted of ANY felony or misdem ering a plea of nolo contendere or reaside) under Penal Code Section charges currently pending against uestions A or B above, PLEASE Agreed, and probation or parole, if a	eanor offense to contest and 1203.4? you?	in California, or in an, including any convictailed written statemen	y other state etion which	Yes No Yes No he crime(s), the date,	
this application.C. Have you ever had a certification, accreditation, or professional healing revoked, or placed on probation?D. Are you currently under formal investigation or disciplinary action?			g arts license denied, s	uspended,	Yes No	
If you answered yes to que	estions C or D above, PLEASE All emediation as a result of the action	ΓΤΑCH a deta		that describes		
knowledge and belief, and I rights to EMT-I/AEMT Cer application is subject to ver	rertify under penalty of perjury that understand that any falsification of tification/Paramedic Accreditation if it is and I hereby give my expected person for information related in	or omission of n in Imperial (press permissi	material facts may ca County, California. I u on for the Imperial Co	use forfeiture nderstand all i ounty EMS Ag	upon my part of all information on this gency to contact any	
Signature of Applicant		Dat	e			
EMS Agency Use Only						

NREMT

Reviewed

Fees



Health and Safety Code Section 1798.200, Division 2.5 states that the Medical Director may place a certificate holder on probation, suspend, or revoke any certificate issued under the following provisions and in accordance with the California Emergency Medical Services Authority, upon the finding of the Medical Director of an imminent risk to the public health and safety as evidenced by the occurrence of any of the following:

- Fraud in the procurement of a professional certificate
- Gross negligence
- Repeated workplace negligent acts
- Incompetent workplace performance
- The commission of any fraudulent, dishonest, or corrupt acts, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider
- Conviction of any crime, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider
- Violating or attempting to violate directly or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision promulgated by the California EMS Authority pertaining to prehospital care
- Violating or attempting to violate any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs, or controlled substances
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, accreditation, or licensure
- Demonstration of irrational behavior or occurrence of physical disability reasonable cause to believe that the ability to perform the duties normally expected may be impaired
- Unprofessional conduct exhibited by any of the following: The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or duties would use if confronted with similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I/AEMT or EMT-P from assisting a peace officer, or a peace officer that is acting in the dual capacity of a peace officer and EMT-I/AEMT or EMT-P from using that force that is reasonably necessary to affect a lawful arrest or detention
- The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the Civil Code.

It is the responsibility of the Certified EMT/AMET, PARAMEDIC, or MICN to notify the Imperial County EMS Agency within 72 hours of any arrest or change in their eligibility status as listed above.

hereby certify under penalty of perjury that I have read and understand the Eligibility Statement. I have
uthfully answered all of the information I provided on this application and it is true and correct to the best of
y knowledge and belief. I further understand that if I violate any of the items listed in this eligibility statemen
must report that to Imperial County EMS Agency within 72 hours of the event or my
ertification/accreditation may be revoked, suspended, or placed on probation. I hereby state that I am not
recluded from certification/accreditation for any of the reasons identified above.
rinted Name of Applicant:
ignature of Applicant: Date: