

	<u>J</u>	<u> EMS Certi</u>	<u>fication</u>	Applic	<u>ation</u>								
This application is for:	application is for: EMT/AEMT Certification			fication Paramedic Accreditation				MICN Authorization					
	Initial Application		Renewal Application										
Applicant Information	l												
Last Name: First Nam				ne:					Middle Initial:				
Date of Birth: Social Security #:			Driver's License #:				DL State:						
Physical Address:			City:			Sta	te:	Zip Co	ode:				
Mailing Address:			City:		State:		Zip Code:						
Phone:			Worl	R Phone:									
Email Address:		CPI				PR Expiration Date:							
Current EMT/AEMT/Paramedic/RN Certification/License #			t: State			ate: Expiration		Date:					
Current NREMT #:							Expiration Date:						
American Indian or	Alaskan Native	Hispar	ic or Latino Other										
Asian Native Haw				Iawaiian or other Pacific Islander Decline to State									
Black or African American White													
Primary EMS Employer/County:				Employer	Phone:								
Please Read Carefully A. Have you ever been of place, including en has been expunged (s. B. Are there any criminal of this application. C. Have you ever had a revoked, or placed on D. Are you currently un	convicted of ANY featering a plea of note set aside) under Penal charges currently questions A or B at exerved, and probation certification, accreding probation?	elony or misdem o contendere or al Code Section pending against cove, PLEASE on or parole, if itation, or profe	neanor offe no contest 1203.4? t you? ATTACH any. Your	and, includ a detailed we must also at aling arts lice?	Fornia, or ing any contritten state tach any contributed the c	n any nvic emen ourt	y other state tion which at describing documents a	the cri	Yearne(s) ice re	es [es [), the eccord es [No No date, s to No No		
If you answered yes to corrective action, and/or I, the undersigned, hereby knowledge and belief, and rights to EMT-I/AEMT Capplication is subject to vemployer, agency, or any Imperial County, Californ	remediation as a re y certify under penal d I understand that a Certification/Paramed rerification, and I her other person for inf	ty of perjury that ny falsification lic Accreditation reby give my ex	n to this ap at all inform or omission on in Imper apress perm	plication. mation on the of material County, hission for the	nis applicat al facts ma California he Imperia	tion : y car . I ur ll Co	is true and c use forfeitur nderstand all unty EMS A	orrect t e upon l inforn	to the my paration to con	best part of n on t ntact	of my f all his any		
Signature of Applicant EMS Agency Use Only	7			Date									

NREMT

Reviewed

Fees

App Complete

Live Scan



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 or Accredited 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.

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

Printed Name of Applicant:	
Signature of Applicant:	Date: