

Emergency Medical Technician (EMT) 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 fee for Imperial County EMS Agency process fee. Do not mail cash. **Please make checks payable to: Imperial County Public Health Department.**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------|--|
| 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 _____ | | | 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 _____ | | |
| <p>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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | | | |
| <p>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.</p> | | | | | |
| <p>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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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.</p> | | | | | |
| <p>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 EMT 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 EMT in California.</p> | | | | | |
| 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

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

**STATEMENT OF CONTINUING EDUCATION
MINIMUM OF 24 HOURS REQUIRED**

Instructor Based CE

At least 24 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 |
|---------------------------|--------------|------------------------------------------|--------------------------------------------------|-----------------------|
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| 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 |
|---------------------------|--------------|------------------------------------------|--------------------------------------------------|-----------------------|
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