



Santa Cruz County Emergency Medical Services

1080 Emeline Ave., Santa Cruz, CA 95060
(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

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|----------------------------|-------|
| <u>EMS Office Use Only</u> | |
| Date Entered | _____ |
| Initial Cert. | _____ |
| Recert. | _____ |
| Paid | _____ |
| Live Scan | _____ |
| National Registry | _____ |

APPLICATION FOR EMT-I/EMT-D

**You must provide the following information or you will not be certified.
YOU MUST HAVE AN APPOINTMENT TO CERTIFY/RECERTIFY
CALL (831) 454-4120**

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| <u>TO CERTIFY YOU MUST BRING TO EMS</u> | <u>FEES</u> |
| <ul style="list-style-type: none"> ■ EMT-I course completion certificate ■ Driver's license or State Issued Photo ID ■ Application Fee (CASH ONLY) ■ Copy of current AHA or ARC CPR/AED card ■ National Registry Certificate & Card ■ Request for Live Scan Service (BCII 8016) | <p><u>INITIAL:</u> Call for current fee schedule. This fee may be paid in CASH or cashier's check payable to Health Services Agency</p> |
| <u>TO RECERTIFY YOU MUST BRING:</u> | <u>RECERTIFICATION:</u> |
| <ul style="list-style-type: none"> ■ Copy of refresher course completion record or copies of Continuing Education Certificates with CA CEU provider number totaling 24 hours ■ Copy of current AHA ARC CPR/AED card ■ Completed Skills Verification Form ■ Copy of current EMT card ■ Driver's License or State Issued Photo ID ■ Request for Live Scan Service (BCII 8016) UNLESS PREVIOUSLY SUBMITTED TO THIS COUNTY | <p>Call for current fee schedule. This fee may be paid in CASH or cashier's check payable to Health Services Agency</p> |

1. Name _____ Fire Agency/Employer _____
2. Address _____ City _____ State _____ Zip _____
3. Telephone () _____ Social Security Number _____
4. Santa Cruz County EMT-I certification # _____ Date of Birth _____

5. Yes No Are you currently or have you been previously certified/licensed as an EMT-I, EMT-II, or EMT-P in California or another state? If yes, list all certifying counties, dates of expiration, and types of certification:

6. Yes No Have you ever had an EMT-I certification, license or credential denied or revoked?

7. Yes No Are you currently on probation as a result of a certification, license or credential disciplinary action? If yes to 6 or 7 above, please explain on a separate sheet of paper.

8. Yes No Have you ever been arrested? **SEE #9**

9. F M Were you charged with a felony or misdemeanor? (This would include all pleas of guilty and/or nolo contendere.) On a separate sheet of paper, for all arrests and convictions, please list offense, date and place of conviction, sentence and date of release from custody and/or probation/parole.

PLEASE MAKE SURE TO SIGN THE BOTTOM PORTION OF THE BACK PAGE

**DECLARATION OF COMPLIANCE
WITH
HEALTH AND SAFETY CODE 2.5, CHAPTER 7. PENALTIES**

Section 1798.200. (a) The medical director of the local EMS agency may, in accordance with regulations adopted by the authority, deny, suspend or revoke any EMT-I or EMT II certificate issued under this division, or may place any EMT-I or EMT-I certificate holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).

(b) The authority may deny, suspend or revoke any EMT license issued under this division, or may place any EMT licenseholder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).

(c) Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or licenseholder under this division.

(1) Fraud in the procurement of any certificate or license under this division.

(2) Gross negligence.

(3) Repeated negligent acts.

(4) Incompetence.

(5) The commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.

(6) Conviction of any crime, which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the records shall be conclusive evidence of such conviction.

(7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.

(8) Violating or attempting to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs, or controlled substances.

(9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.

(10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.

(11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

READ CAREFULLY BEFORE SIGNING:

I declare, under penalty of perjury, that I have read the Declaration of Compliance and answered all questions truthfully and that all of the information I provided on this application is true and complete. I further understand that if I violate any on the items listed in the statement, my certification may be revoked or suspended, or that I may be placed on probation. I hereby state that I am not precluded from certification for any reason. I authorize investigation of all matters contained in this application and approve the release of information from other sources as needed to the County of Santa Cruz.

I understand incomplete applications will not be processed.

Signature of Applicant

Date