



County of Santa Cruz

HEALTH SERVICES AGENCY Public Health Division Emergency Medical Services

1800 Green Hills Road, Suite 240
Scotts Valley, CA 95066
Phone: (831) 454-4120 TDD/ TTY: Call 711
hsaems@santacruzcountyca.gov
santacruzhealth.org



APPLICATION FOR EMT CERTIFICATION/RECERTIFICATION

THIS SECTION TO BE COMPLETED BY EMS OFFICE	
Date Entered:	Live Scan Date:
EMT License:	Paid:
Effective Date:	Expiration Date:
Initial Certification:	Renewal/Reinstate:
Change Certifying Entity:	

First Name:	Last Name:
Phone Number:	Email Address:
DOB:	SSN:
Physical Address:	Mailing Address:
City:	City:
State/Zip:	State/Zip:

<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian or White	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Choose Not to Identify	<input type="checkbox"/>		<input type="checkbox"/>	

Are you currently employed by an EMS provider?	Yes	No
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Primary EMS Employer:	Secondary EMS Employer:
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PLEASE READ THE FOLLOW QUESTIONS CAREFULLY AND ANSWER TRUTHFULLY

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 as been expunged (set aside) under Penal Code Section 1203.4?	Yes	No
Are there any criminal charges currently pending against you?	Yes	No
If you answered YES to either of the above questions, please attach a detailed written statement describing the crime(S), the date. Location, court sentence served and probation or parole, if any. You must also attach all court documents and police reports.		
Have you ever had a certification, accreditation or professional healing arts license denied, suspended, revoked or placed on probation?	Yes	No
Are you currently under formal investigation or disciplinary action?	Yes	No
If you answered YES to any of these questions, please attach a written explanation that describes the action, any corrective action and/or remediation as a result of the action.		

ACKNOWLEDGEMENT

I hereby certify under penalty of perjury that all information on the application is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the County of Santa Cruz, California and potentially to EMT certification in all of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Santa Cruz County EMT Agency to contact any employer, agency or any other person for information related to my role and function as an EMT certified in Santa Cruz County California.
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Signature:	Date:
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**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 certification or Paramedic accreditation issued under this division, or may place any EMT or Paramedic license 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 Paramedic accreditation issued under this division, or may place any Paramedic license holder 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/accreditation or license issued under this division, or in the placement on probation of a certificate/accreditation or license holder under this division.

- (1) Fraud in the procurement of any certificate/accreditation 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 that 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/accreditation 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.

Please read carefully before signing:

I certify that all statements made in this application are true and complete. I understand this application will be used in determining my qualifications for accreditation. 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.

Signature of Applicant:	Date:
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