



**Registration Information for Persons Interested
in the California Medical Assistance Team
(CAL-MAT) Program
Phase I**

Persons interested in participating in the California Medical Assistance Team (CAL-MAT) Program should follow the following steps:

1. Meet Eligibility Requirements:

- 18 Years of age and over
- Member of or affiliation with a federal Disaster Medical Assistance Team (DMAT) in California
- Eligible to work in the United States
- No felony background
- Valid California License for clinical practice.
- No negative license/certification actions (for licensed/certified professionals)

2. Register in the Disaster Healthcare Volunteer (DHV) Program

Registration in DHV is required. Specific instructions for CAL-MAT are found here:

[http://www.emsa.ca.gov/Media/Default/CALMAT/DHV Registration for CAL-MAT Program Phase I \(DMAT\).pdf](http://www.emsa.ca.gov/Media/Default/CALMAT/DHV%20Registration%20for%20CAL-MAT%20Program%20Phase%20I%20(DMAT).pdf)

3. Complete and Submit Necessary State Hiring Application and Related Forms

Complete, print and sign in **BLUE INK** the following documents:

a. State Standard Employment Application (Form 678): <https://jobs.ca.gov/pdf/std678.pdf>

One form is used for all positions you may be interested in filling on a CAL-MAT. Make sure that you adequately document work experience and education to justify all positions applied for.

DO NOT include complete Social Security Number on the application.

Include hardcopy of all licenses/certifications. **INCLUDE DMAT AFFILIATION IN EMPLOYMENT HISTORY**

b. Eligibility to Work I – 9 Form:

http://www.emsa.ca.gov/Media/Default/CALMAT/Employment_Eligibility_Verification%20I-9.pdf

Complete Section 1 only.

Submit adequate documentation for eligibility verification (see page 3).

c. Oath of Allegiance:

<http://www.emsa.ca.gov/Media/Default/CALMAT/Oath%20of%20Allegiance.pdf>

State Department: EMSA

Division: DMS

d. Military Service Declaration (create hyperlink)

<http://www.emsa.ca.gov//Media/Default/CALMAT/Military%20Service%20Declaration.pdf>

e. State Employee Race/Ethnicity Questionnaire:

<http://www.emsa.ca.gov/Media/Default/CALMAT/State%20Employee%20Race%20-%20Ethnicity%20Questionnaire.pdf>

f. Employer Authorization:

<http://www.emsa.ca.gov/Media/Default/CALMAT/Information%20for%20Employers.pdf>

Mail completed and signed documents, along with verification of education, licenses, work eligibility, etc., in an envelope marked CONFIDENTIAL to:

California Emergency Medical Services Authority
10901 Gold Center Dr. 4th Floor
Rancho Cordova, Ca. 95670
Attention: Human Resources