



1) 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) or records sealed under Penal Code Section 1203.4? YES \_\_\_\_\_ NO \_\_\_\_\_

2) Are there any criminal charges currently pending against you? YES \_\_\_\_\_ NO \_\_\_\_\_ (You must answer these questions or your application will be returned.) If yes, 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. If you have any convictions or charges pending outside of California, you must submit to both a DOJ and FBI criminal history check.

3) Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, placed on probation, or are you under investigation at this time? YES \_\_\_\_\_ NO \_\_\_\_\_ (You must answer this question or your application will be returned.) 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.

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 paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER: Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### INSTRUCTIONS FOR SUBMITTING PARAMEDIC LICENSE APPLICATION

- Fill in all requested information on the front and back of this application and sign and date the application in ink. **All incomplete applications will be returned.**
- Attach a copy of your course completion certificate from your paramedic training program.
- Attach documentation of passing the NREMT written and practical paramedic exams. **The documentation must include the exam and scored date(s) for both the written and practical portions of the exam and your Social Security Number written on the results.** You can download your exam results from the NREMT website at [www.NREMT.org](http://www.NREMT.org).
- Attach the second copy (after you have had your fingerprints done) of the Request for Live Scan Service form (BCII 8016). A list of Live Scan locations can be accessed through the DOJ website at [www.ag.ca.gov/fingerprints](http://www.ag.ca.gov/fingerprints). Refer to the Instructions for Completing Live Scan Application Submission Form for completing of the form. The results of your criminal history check will be sent directly to the EMS Authority from DOJ.
- Fill in pages 1 and 3 of the Statement of Citizenship form (IS-01 Form) and submit it with one piece of required documentation as described on pages 4 through 8 of the IS-01 form. **(Note: documentation must be original or accompanied by a notarized statement as described in the cover letter for the IS-01 form. If you would like your original documentation returned, you must submit a written request, which includes your name and address, that it be returned.)** When submitting an original citizenship document, the EMS Authority will return the document via common carrier, such as, FedEx or the US Postal Service, however there is a risk the document can be lost in transit.
- Send your application, course completion certificate, copy of the Request for Live Scan Service form, IS-01 form with the required documentation, and NREMT exam results to the address listed on the front of this application.
- Once the EMS Authority has received and reviewed the documentation listed your paramedic license will be issued as soon as possible up to a maximum of 45 days.

Do not add application information to this form.  
It will be shredded.



### Credit Card Payment Authorization Form

California EMS Authority  
Paramedic Licensure Program  
10901 Gold Center Drive, STE 400  
Rancho Cordova, CA 95670-6073

Name: \_\_\_\_\_ License Number: P \_\_\_\_\_  
(As it appears on card)

Credit Card Number:

Expiration Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Zip Code: \_\_\_\_\_ CVC2 Code (security code) : \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

<u>Card Type</u>	
<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Debit