



CALIFORNIA EMS AUTHORITY
 PARAMEDIC LICENSURE PROGRAM
 10901 Gold Center Drive, Ste.400
 Rancho Cordova, CA 95670-6073
 TELEPHONE (916) 323-9875

STATE USE ONLY		
PRWORA	_____	
BG Check-DOJ	___FBI___	
SID	_____	
Verified State	_____	
License Type	_____	
Exp. Date	_____	
NREMT-P	_____	
NREMT Exam Results	_____	
Dates	W	P
_____	_____	_____
_____	_____	_____
SLMS	_____	
Processed By	_____	

STATE OF CALIFORNIA EMT-PARAMEDIC APPLICATION
LAPSED LICENSE REINSTATEMENT LAPSED ONE YEAR OR MORE

Name: _____ License: _____
 Address: _____ Effective: _____
 Expire: _____

Instructions

1. Complete the Required Information; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the reverse side of this form. **CE must be from an EMS approved CE provider.** Required to include copies of all CE course completion certificates for all CE's listed. **Over two years lapsed** must include copies cards for ACLS, PALS, PHTLS, CPR. **All incomplete applications will be returned.**
3. Documentation of passing the NREMT written and practical exams or a copy of current NREMT Paramedic card.
4. Submit a copy of Request for Live Scan Service Applicant Submission form after you have had your fingerprints done.
5. **If you are over two years lapsed we have purged your file.** Please include the following: IS-01 form, required documents on IS-01 form and copy of original Paramedic Course Completion certificate.
6. Please return a **\$250** check or money order made payable to **EMS PERSONNEL FUND** with this application. Write your Paramedic License Number on the check. **DO NOT SEND CASH.**

REQUIRED INFORMATION - PLEASE PRINT OR TYPE

Residence Address If Other Than Mailing Address Listed Above _____
 _____ Is this a change of your mailing address? Yes _____ No _____
 Date of Birth _____ Social Security Number _____
 County(ies) or region(s) in which you were previously accredited: _____
 If employed by an EMS provider(s), please list the name and address of each provider.

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 that has 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 these questions, attach a detailed statement describing the charge(s)/conviction(s), date, location, court, sentence served, parole or probation if any. You may attach applicable certified court documents and police reports to help expedite the review of your application.

Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked or placed on probation, or are you under investigation at this time? YES _____ NO _____
 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 employer, agency or any other person for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT _____ DATE _____
 PHONE NUMBER Home (_____) _____ - _____ Work (_____) _____ - _____
 E-MAIL ADDRESS _____ Cell (_____) _____ - _____

Please add my email address to the EMSA
 Email Newsletter

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