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

State Filing Use Only

STATE USE ONLY
PRWORA_____
BG Check-DOJ___FBI___
SID_____
NR Number_____
Exp. Date_____
Training_____
40 ALS_____
Verification_____
StateCert/Lic_____
Exp. Date_____
SLMS_____

STATE OF CALIFORNIA
PARAMEDIC LICENSE APPLICATION

INITIAL OUT OF STATE APPLICANT

Please Type or Print Clearly

Name

(Last) (First) (MI)

Address

(Street or PO Box)

(City) (State) (Zip Code)

***Social Security Number** **Date of Birth** **Driver's License Number** **State**

*SSN is mandatory as authorized by H&S Code, Division 2.5, Section 1797.172(c). It will only be used to establish the identity of applicant and to determine if applicant is subject to denial of licensure.

National Registry Number_____ **Expiration Date**_____

State(s) in which you are or were certified/licensed
(Put N/A if not licensed in another state)

_____

Effective and expiration dates of certificate(s)/license(s)_____
Date Applicant Fingerprint Cards (FD-258) mailed to the Department of Justice_____
(If Live Scan was used, attach the second copy of the Live Scan Applicant Submission Form.)

If known, list the name(s) and address(es) of any California EMS Provider(s) with whom you will be employed when licensed.

_____

_____

You must answer these questions or your application will be returned. **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_____** If yes, 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.

You must answer this question or your application will be returned. **3) Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, 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.

CONTINUED ON BACK

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 _____ **Cell (_____) _____ - _____**

Out of State Paramedic Instructions/Requirements

- ✓ 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.

- ✓ Provide documentation that National Registration is current (A copy of your National Registry Card will do.) **Or** If not currently registered through National Registry you must provide proof of passing the National Registry assessment and provide documentation of training hours that meet California requirements, which includes: Didactic 320 hours, Clinical 160 hours, and Field Internship 480 hours which includes 40 Advanced Life Support (ALS) field contacts. If training hours do not meet California requirements, provide evidence that the training program meets or exceeds the U. S. Department of Transportation (DOT) paramedic curriculum or the National EMS Education Standards.

- ✓ Provide documentation that 40 ALS field contacts were included as part of initial training or you may submit a letter from an employer, training program, or medical director verifying that you have successfully completed 40 ALS field contacts through employment or other training. An ALS contact is the performance of one or more ALS skills, except cardiac monitoring and basic CPR, on a patient.

- ✓ If you are or were certified/licensed in another state complete the top portion of the *Request for Verification of EMT-Paramedic Status* and send a copy to each state in which you are or were certified/licensed. Please have them complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority at the address on the bottom of the form.

- ✓ Submit pages 1 and 3 of the IS-01 form (Statement of Citizenship, Alienage, and Immigration Status) and submit it along with one piece of documentation as described on pages 4-8 of the IS-01 form (unless you were previously licensed in California and this documentation has already been submitted.) 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.

- ✓ Submit a completed Applicant Fingerprint Card (FD-258) for a state and federal criminal history check to the California Department of Justice (DOJ), or if you are already residing in California you may submit your fingerprints by using a Live Scan agency for submitting your fingerprints for the criminal background check.

- ✓ Pay all applicable fees by credit card (complete credit authorization form), check, money order, cashier's check, payable to the **EMS Personnel Fund**:

Initial Application Fee	$100
Licensure Fee	$195
State Licensing Match System (SLMS) Fee	$ 5
Total	$300

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: _____

Card Type

- ☐ Visa
- ☐ Mastercard
- ☐ Debit

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875

PARAMEDIC LICENSURE REQUIREMENT FOR DOCUMENTATION OF CITIZENSHIP STATUS

This is to advise you that paramedic license applicants are required to submit to the EMS Authority, one-time, documentation showing proof that the paramedic license applicant is either a citizen or national of the United States or is an alien who meets all eligibility requirements to receive paramedic licensure, which is considered a public benefit. This requirement is contained in State regulations *(Chapter 5, Division 9, Title 22,California Code of Regulations)* which were adopted to comply with *federal law.*

Every paramedic license applicant is required to complete the attached Form IS-01 and submit it, along with one piece of required documentation as specified on pages 4 through 8 of the attached form, to the EMS Authority with your Paramedic License application.

The required documentation submitted to the EMS Authority must be a certified copy (such as a certified copy of a birth certificate that you may obtain through the County Recorders Office in the county in which you were born), an original document, **or** a copy of the original with a statement signed by the paramedic applicant and notarized by a Notary Public, stating, "I (paramedic's name) certify that this is a true and correct copy of the original (document)."

If you submit an original document and want it returned, you must enclose a letter requesting that the document be returned to you. Please include the name and address in the letter to which you want the document 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.

If you have any questions regarding this requirement for paramedic licensure, please contact the staff of the Paramedic Program Unit of the EMS Authority by calling (916) 323-9875. In addition, the State regulations implementing this licensure requirement can be viewed on the EMS Authority's web page (http://www.emsa.ca.gov/).

**Section 411 of Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), effective August 22, 1996 as amended by Division C, the Immigration Reform and Immigrant Responsibility Act of 1996, of the Omnibus Consolidated Appropriations Act, 1997.*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR STATE PARAMEDIC LICENSE APPLICATION/RENEWAL Form IS-01 (08/11)

Print Name of Licensee or Applicant (the person who is applying for paramedic licensure)	Social Security Number
Address: Street or PO Box_____ City_____ State_____ Zip Code_____ Is this an address change? Yes_____ No_____	Current Licensees: Paramedic License No._____ Expiration Date_____ Initial Applicants: Name of Training Program _____
Print Name of Person Acting for Applicant, if any	Relationship to Applicant

STATE PUBLIC BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive paramedic licensure and must fill out Sections A and D.

Aliens who meet all eligibility requirements may also receive paramedic licensure and must complete SECTIONS A, B or C, and D of this form.

SECTION A: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes ☐ No ☐

   If the answer to question 1. is yes, where was he/she born? _____ (City/State)

2. To establish citizenship or nationality, please submit one of the documents on List A (attached hereto) which is legible and unaltered to establish proof.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, OR IF APPLICABLE, SECTION C.

SECTION B: ALIEN STATUS DECLARATION

IMPORTANT: Please indicate the applicant's alien status below, and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes ☐
   - X INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"; or
   - X Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

2. An alien who is granted asylum under section 208 of the INA ☐
Evidence includes:
- X INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- X INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- X INS Form I-766 (Employment Authorization Document) annotated "A5";
- X Grant letter from the Asylum Office of INS; or
- X Order of an immigration judge granting asylum.

3. A refugee admitted to the United States under section 207 of the INA. Evidence includes: ☐
- X INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
- X INS Form I-688B (Employment Authorization Card) annotated "274a12(a)(3)";
- X INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- X INS Form I-571 (Refugee Travel Document).

4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA Evidence includes: ☐
- X INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or section 241 (b)(3) of such Act (as amended by section 305 (a) division C of Public Law 104-208). Evidence includes: ☐
- X INS Form I-688B (Employment Authorization Card) annotated "274a12(a)(10)";
- X INS Form I-766 (Employment Authorization Document) annotated "A10"; or
- X Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.

6. An alien who is granted conditional entry under section 203 (a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes: ☐
- X INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
- X INS Form I-688B (Employment Authorization Card) annotated "274a12(a)(3)"; or
- X INS Form I-766 (Employment Authorization Document) annotated "A3."

7. An alien who is a Cuban or Haitian entrant (as defined in section 501 (e) of the Refugee Education Assistance Act of 1980). ☐

Evidence includes:

X INS Form I-551 (Alien Registration Receipt Card, commonly known as a □green card□) with the code CU6, CU7, or CH6;

X Unexpired temporary 1-551 (Alien Registration Receipt Card, commonly known as a □green card□) with the code CU6, CU7, or CH6;

X INS Form I-94 with stamp showing parole as □Cuba/Haitian Entrant□ under section 212(d)(5) of the INA.

8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.) ☐

9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.) ☐

SECTION C: DECLARATION FOR BATTERED ALIENS

IMPORTANT: Complete this section if the applicant or the applicant's child or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.

1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant's child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes one of the documents on List B (attached hereto). ☐

2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)? ☐

SECTION D:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature _____ Date: _____

Signature of Person Acting For Applicant _____ Date: _____

Mail completed form to: **Emergency Medical Services Authority**
Attention: Paramedic Program Unit
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA. 95670-6073

LIST A

A person who is a citizen or national of the United States.

A. Primary Evidence

X An original or certified copy of a birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen--see Paragraph C below.

X A current United States passport (except limited passports, which are issued for periods of less than five years);

X Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);

X Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;

X Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);

X Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual□s name has been changed);

X United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);

X Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

X Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, Fs-545 or DS-1350); or

X American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A above, the following may be relied upon to establish U.S. citizenship or nationality:

X Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

X Evidence of civil service employment by the U.S. government before June 1, 1976;

X Early school records (preferably from the first school) showing the date of admission to the school, the child□s date and place of birth, and the name(s) and place(s) of birth of the parent(s);

X Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;

X Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where or adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child□s name and place of birth in one of such jurisdictions (NOTE: the source of the information must be an original birth certificate and must be indicated in the state); or

X Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction).

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

X Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

X Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

X Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;

X The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or

X Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) formerly part of the Trust Territory of the Pacific Island (TTPI):

X Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or

X Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or

X Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a non-immigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

D. Derivative Citizenship

If the applicant cannot present one of the documents listed in A or B above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

X Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:

X Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain□s Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother:

X Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

X A birth certificate showing birth in the Canal zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was U.S. citizen at the time of the applicant's birth; or

X A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

X If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship;

X If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

E. Adoption of Foreign-Born Child by U.S. Citizen

X If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

X Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

F. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

A. Documentation Evidencing an Approved Petition or Application

X INS Form I-551 ("Resident Alien Card" or "Alien Registration Receipt Card", commonly known as "green card") with one of the following INS class of admission ("COA") codes printed on the front of a white card or the back of a pink card: AR1, AR6, C20 through C29, CF1, CF2, CR1, CR2, CR6, CR7, CX1 through CX3, CX6 through CX8, F20 through F29, FX1 through FX3, FX6 through FX8, IF1, IF2, IR1 through IR4, IR6 through IR9, IW1, IW2, IW6, IW7, MR6, MR7, P21 through P23, or P26 through P28.

If an alien claiming approved status presents a code different than those enumerated, or if you cannot determine the class of admission from the I-551 stamp, file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of a lawful permanent resident (LPR).

X INS Form I-551 with one of the following COA codes stamped on the lower left side of the back of a pink card: IB1 throught IB3, IB6 throught IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, or BX6 through BX8.

X INS Form I-551 with COA code Z13.

X Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94 with one of the COA codes specified in the Subsections (1)-(3), above.

X INS Form I-797 indicating approval of an INS I-130 petition (only I-130 petitions describing the following relationships may be accepted: husbands or wives of U.S. citizens or LPRs, unmarried children under 21 years old of U.S. citizens or LPRs, or unmarried children 21 or older of LPRs), or approval of an I-360 petition (only I-360 approvals based on status as a widow/widower of a U.S. citizen or as a self-petitioning spouse or child of an abusive U.S. citizen or LPR may be accepted).

X A final order of an Immigration judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

B. Documentation Demonstrating that the Applicant has Established a Prima Facie Case

X INS Form I-797 indicating that the applicant has established a prima facie case; or

X An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

C. Documentation Indicating that the Applicant has Filed a Petition or that a Petition has been Filed on the Applicant□s Behalf, as Applicable, but with no Evidence of Approval of the Petition or Establishment of a Prima Facie Case

The benefit provider shall determine from the documentation when the petition was filed and take the actions set forth below:

X Applicants with petitions filed before June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse (or child) of abusive U.S.C. or LPR," a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

X Applicants with petitions filed after June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition.

D. Documentation Indicating that the Applicant has filed a Petition or that a Petition was filed on His or Her Behalf, as Applicable

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. Citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

X For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130) (a sample copy of Form I-130 is attached to this Exhibit).

X For self-petitioning widows or widowers: a field-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

E. Documentation Indicating that the INS has Initiated Deportation or Removal Proceedings in which Relief may be Available

X an "Order to Show Cause";
X a "Notice to Appear"; or
X a "Notice of Hearing in Deportation Proceedings."

F. Minimal or no Documentation Regarding the Claimed Filing

If the applicant has some documentation, but it is insufficient to demonstrate filing, establishment of prima facie case or approval of a petition, fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant□s status. If the applicant has no documentation, but is certain that a petition has been filed by his or her spouse or parent, you should fax the INS Request Form to the INS Vermont Service Center.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875

Instructions for Completing Fingerprint Card

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is $32. There is an additional fee of $17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of $49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice
P. O. Box 903417
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

IMPORTANT: FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.3 .

INSTRUCTIONS

DO NOT FOLD CARD. Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted**
Place your signature here.

2. **Residence of Person Fingerprinted**
Place your address here.

3. **Date**
Date fingerprints taken.

. **Signature of Official Taking Fingerprints**
The official taking the fingerprints should sign.

5. **Employer and Address**
EMS Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

6. **Reason Fingerprinted**
License - Paramedic

7. **Name (NAM)**
Indicate complete name.

8. **Aliases (A A)**
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).

. **Date of Birth (DOB)**
Indicate month-day-year of birth.

10. **Sex**
Indicate sex code abbreviation.
M=Male F=Female

11. **Height (HGT)**
Indicate height in feet and inches.

12. **Weight (WGT)**
Indicate weight in pounds.

13. **Eyes**
Indicate eye color abbreviation.

BLK = Black	GRY = Gray	MAR = Maroon
BLU = Blue	GRN = Green	PNK = Pink
BRO = Brown	HAZ = Hazel	

1 . **Hair**
Indicate hair code abbreviation.

BAL = Bald	BRO = Brown	SDY = Sandy
BLK = Black	GRY = Gray	WHI = White
BLN = Blond	RED = Red	

15. **Place of Birth (POB)**
Indicate the state or country of birth.

16. **FBI No.**
Should be furnished if known.

17. **Social Security No. (SOC)**
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

LEAVE BLANK

APPLICANT

TYPE OR PRINT ALL INFORMATION IN BLACK

LAT NAME NAM F RS NAME MIDDL NAME

LEAVE BLANK

;IG ..ATURE 'If P!RSON f NGERPR N EC

ALIASE> 8_M

CA0349400
B.U OF ID & IN
SACRAMENTO, CA

RhiDL'<Ct)f PERSON fi'<Go RPRINTED

DATE BIRTH DOB

C IfNSH P111

RACE HGT. WGT. EYES HAIR PLACE OF IR'

DAT poGNA URE C"f)I AL AK>.IC f NGER••;NI >

YOUR NO OCA

IEAVE BIANK

Emergency Medical Services Authority
10901 Gold Center Drive 4th Floor
Rancho Cordova CA 95670-6073

FBI NO FBI

ARMED FORCES NO MNU

CLASS

ORI CODE: A0536
MAIL CODE: 02531
LICENSE: EMT/PARMED/MOB INT NURSE

SOC IAo SE URITY NO S.

REF

ISCELLANEOUS NO MNU

R H MB R I'"CEX 3 R M'DDNE

6 L THUMB 7 INDEX 8 M DOLE 9 I RING 10 L UTTIt

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R. IHUM8

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Sample

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at www.emsa.ca.gov/licensure_forms_and_applications. Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at http://ag.ca.gov/fingerprints/publications/contact.php.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is $49 ($32 for the state and $17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.34

INSTRUCTIONS

All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. ***TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

ORI
The ORI number for the EMS Authority is **A0536**.

Type of Application
License

Job Title or Type of License, Certification or Permit:
Paramedic

Agency Address Set Contributing Agency
Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Mail Code
The five digit mail code assigned by DOJ is **02531**.

Contact Telephone Number
(916) 323-9875

Name of Applicant
Indicate complete name. Last Name, First Name and Middle Initial.

Alias
Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Date of Birth
Indicate month-day-year of birth.

Sex
Check either Male or Female.

Height
Indicate your height in feet and inches.

Weight
Indicate your weight in pounds.

Eye Color
Indicate eye color.

Hair Color
Indicate hair color.

Place of Birth
Indicate the state or country of birth.

SOC
Indicate your Social Security Number.

Driver's License No.
Indicate your California Driver's License Number.

Level of Service
Check the FBI and DOJ boxes.

Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.

State of California | Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: **A0536** Type of Application: EMT/PARAMEDIC/MOB INT NURSE

Job Title or Type of License, Certification or Permit: **Paramedic**

Agency Address Set Contributing Agency:

Emergency Medical Services Authority
Agency authorized to receive criminal history information

02531
Mail Code (five-digit code assigned by DOJ

10901 Gold Center Drive, Ste.400
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Rancho Cordova, CA. 95670-6073
City State Zip Code

( )
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth _____ Sex: ☐ Male ☐ Female Misc No. BIL - _____

Height: _____ Weight: _____ Misc No. _____

Eye Color: _____ Hair Color: _____ Home Address:

Place of Birth: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ✔ DOJ ✔ FBI

Paramedic Licensee: YOU MUST have BOTH DOJ & FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant