

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
(916) 322-4336 FAX (916) 324-2875



REQUEST FOR VERIFICATION OF EMT-PARAMEDIC STATUS

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.

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

Name _____
(Last) (First) (MI)

Mailing Address _____

Street Address _____
(If different than mailing address)

Certification/License Number _____ State _____

Expiration Date _____ Social Security Number _____

The section below to be completed by State of Certification/Licensure

Please verify that this individual is currently or has been certified/licensed and in good standing in your state, and return this form to the address below (you may attach additional pages, if necessary).

Is the above certificate/license valid? Yes _____ No _____
If no, why not? _____

Has the above certificate/license ever been suspended or revoked? Yes _____ No _____
If yes, please explain _____

Has the above individual ever been convicted of a felony or misdemeanor? Yes _____ No _____ Unk _____
If yes, year _____ Location _____

Do you know of any reason licensure in California should be denied? Yes _____ No _____
If yes, why? _____

Verifying Signature _____

Print Name _____ Title _____

Phone Number _____ Date _____

State and Agency _____

Emergency Medical Services Authority
Paramedic Licensure Program
10901 Gold Center Drive Ste 400
Rancho Cordova, CA 95670