Emergency Medical Services Authority
Paramedic Enforcement Unit
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073
Quarterly Declaration

1. Quarterly Reporting Period: ❒ 1/1 to 3/31 Due Apr 15th ❒ 4/1 to 6/30 Due Jul 15th ❒ 7/1 to 9/30 Due Oct 15th ❒ 10/1 to 12/31 Due Jan 15th

2. Personal Information to be completed each quarter

Paramedic License No. _____

Name _____ **Cell Phone:** _____

Residence Address _____

City/State/Zip Code: _____

Change of address? ❒ **Yes** ❒ **No** **E-mail Address** _____

3. Employment information to be completed each quarter

1st Employer Name: _____ **Telephone** _____

Address _____

City/State/Zip Code _____

2nd Employer Name _____ **Telephone** _____

Address _____

City/State/Zip Code _____

4. Attach verification/reports for any of the following that apply to you:

❒ **Coursework/CE** ❒ **Ethics Course** ❒ **Stress/Anger Mgmt.** ❒ **Medical Treatment**
❒ **Psychotherapy** ❒ **AA Attendance** ❒ **Drug Detox/Diversion** ❒ **Other** _____

5. Since the last Quarterly Declaration have you been arrested, charged, or convicted of any Federal or State offense, or any county or city laws, rules or regulations? (Exclude parking tickets)

❒ **Yes** ❒ **No** (If "Yes" explain answer on a separate sheet of paper and attach to this form)

6. During this reporting period have you complied with each and every term and condition of probation?

❒ **Yes** ❒ **No** (If "No" explain answer on a separate sheet of paper and attach to this form)

7 If you did not practice all or part of the period covered by this report, include date you ceased practice

_____ **and date you resumed practice** _____

Executed on _____ **, at** _____ **,** _____ **California.**
(Date) (City) (County)

By signing here, I acknowledge that the above is true and correct.

_____
Probationer Signature

Mail this form to EMSA at the above-listed address.)
Probationer: Retain a copy of this form for your records **(Revised 04/2011)**