

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073
(916) 323-9875 FAX (916) 324-2875



DISCLOSURE STATEMENT

- **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 _____**
- **Are there any criminal charges currently pending against you? YES _____ NO _____**

***If answered yes on either question, you are **required** to provide the following: (please attach more sheets if necessary)
You must also attach any applicable court documents and arrest report/incident reports.

Date of Arrest/Incident: _____ Law Enforcement Report/Incident No.: _____
Arresting/Responding Law Enforcement Agency: _____
City: _____ State: _____ County: _____

Detailed statement regarding the arrest/incident:

Court Location: _____ Report/Case No.: _____
Date of Conviction: _____
Pending Charge(s)/Conviction(s): _____ (Circle one: Misdemeanor or Felony)
Sentence Served: (Jail/Prison Time, Fine(s), Probation/Parole ...etc) _____

- **Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? YES _____ NO _____**

***If answered, you are **required** to provide the following:

Explanation that describes the action, any corrective action, and/or remediation as a result of the action: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINT NAME: _____ **PARAMEDIC #:** _____