CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901Gold 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_____

Exp. Date _____

NREMT Exp. Results

Dates W P

_____ _____ _____

_____ _____ _____

SLMS_____

Processed By_____

STATE OF CALIFORNIA
PARAMEDIC LICENSE APPLICATION

PARAMEDIC CHALLENGE APPLICATION

Please Type or Print Clearly

Name

(Last) (First) (MI)

Address

(Street or PO Box)

(City) (State) (Zip Code)

***Social Security Number** **Date of Birth**

*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.

Challenge based on what license: MD ☐ RN ☐ PA ☐ MICN ☐ Effective Date_____

State(s) or Countries in which you are/were certified/licensed. Provide copy of current license if held,

_____

National Registry Number _____

Date Applicant Fingerprint Cards (FD-258) mailed to the Department of Justice_____

(If Live Scan was used, attach a copy of the Live Scan Applicant Submission Form.)

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_____ (You must answer these questions or your application will be returned.) 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.

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_____
(You must answer this question or your application will be returned.) 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 (_____) _____ - _____**

☐ **Please add my email address to the EMSA email Newsletter**

Paramedic Challenge 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 proof of passing NREMT (National Registry of Emergency Medical Technician) written and practical exams. (A copy of your National Registry Card will do.)
- ✓ Provide documentation of qualifying license (i.e. MD, RN, PA, or MICN).
- ✓ For applicants whose paramedic training occurred outside of the country, provide a copy of paramedic training program completion record. All documentation submitted in a language other than English shall be accompanied by a translation into English certified by a translator who is in the business of providing certified translations and who shall attest to the accuracy of such translation under penalty of perjury.
- ✓ Required to successfully complete field internship training. 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. (Not needed if you went to paramedic school in CA.)
- ✓ 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. **Both a fingerprint card and a Request for Live Scan Applicant Submission form are enclosed with instructions, please read them carefully.**
- ✓ Submit pages 1 and 3 of the enclosed 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.
- ✓ If applicable, 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 first page of the form.
- ✓ Pay all applicable fees by check, money order or cashier's check, payable to the **EMS Personnel Fund**:

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

Paramedic training program graduates are not eligible to apply for licensure until they are registered as a paramedic with the NREMT (National Registry of Emergency Medical Technician).

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