

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.)
- ✓ 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	<u>\$ 5</u>
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: _____

<u>Card Type</u>	
<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Debit