CALIFORNIA EMS AUTHORITY
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA 95670-6073
TELEPHONE (916) 323-9875

State Use Only
CE _____
CPD _____
PBGC _____
Reviewed By _____
Date _____

State of California EMT Paramedic License Renewal Application

Instructions:

1. **Fill out a complete application**; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education (CE) on the second page of this form. **CE must be from an approved EMS CE provider. All incomplete applications will be returned for completion and may be subject to item 4**.
3. Please return a payment of **$200** Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND**. **DO NOT SEND CASH.**
4. **Completed applications must be postmarked or hand delivered to the EMS Authority at least 30 days before the expiration date of current license**. Applications postmarked or hand delivered less than 30 days before the expiration date of the current license will be assessed a **$50 late fee** and will not be processed until the fee is paid. If you are submitting your application less than 30 days before the expiration date of your current license, please include payment amount of **$250** instead of $200.

Last Name	First Name	Middle Initial

Paramedic License Number	Effective Date	Expiration Date	Last 4 of SSN

Mailing Address			Residence Address		
Address			Address		
City	State	Zip	City	State	Zip

If employed by an EMS Provider(s) please list the name and address of each provider

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

1) 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) under Penal Code Section 1203.4? **Yes** ☐ **No** ☐

2) Are there any criminal charges currently pending against you? **Yes** ☐ **No** ☐

If you answered yes to either of the questions above, 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.

3) Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, placed on probation, or are you under investigation at this time? **Yes** ☐ **No** ☐

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.

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 employer, agency or any other person for information related to my role and function as a paramedic in California.

Home Phone:	**Cell Phone:**
Work Phone:	**Email Address:**
Signature of Applicant:	**Date:**

STATEMENT OF CONTINUING EDUCATION
MINIMUM OF 48 HOURS REQUIRED

Instructor Based CE

(i.e., classroom setting or may include on-line CE courses if an instructor is available) At least **50%** of the CE hours must be taken in this format and cover the topics listed in the US DOT National Standard Paramedic Curriculum.
Courses 20 hours or more are required to have beginning and ending dates.

DATE OR DATES MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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			--	
			Total	

Other Approved Acceptable CE

May include CE course, class or activity instructor; EMT, AEMT or paramedic program instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of a paramedic but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.

DATE OR DATES MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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			--	
			Total	

For the complete regulations related to continuing education, please refer to Title 22, Division 9, Chapter 11, EMS Continuing Education, Article 2, of the California Code of Regulations. The regulations can be found on the EMS Authority's website at http://www.emsa.ca.gov/Legislation_Regulation

A list of approved CE Providers can be found on the EMS Authority's website: http://www.cecbems.org or http://www2.emsa.ca.gov/ShowTraining/ContinuingEducation/GroupByContinuingEducationTable.aspx

CE courses taken in the last month of a licensure cycle may be applied to the subsequent licensure cycle if the CE course(s) was not applied to the licensure cycle during which the CE course was taken.

Check the status of your application at www.centralregistry.ca.gov.

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