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## EMERGENCY MEDICAL SERVICES DIVISION

### APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN (EMT)

#### INITIAL CERTIFICATION REQUIREMENTS

- Schedule an appointment at 831-636-4168. Appointment hours are from 8:00 a.m. – 4:30 p.m. Monday-Friday.

You are REQUIRED to bring the following **ORIGINAL DOCUMENTS** with you:

- Completed Application (remember to sign all pages)
- Valid Photo ID (Driver License, State ID, Military ID or Passport)
- Current CPR Card for the Professional Rescuer or Healthcare Provider (online programs are NOT accepted)
- EMT Course Completion dated within last 2 years or a current out-of-state EMT Certificate
- National Registry of Emergency Medical Technicians (NREMT) Card **and** Exam Certificate
- Live Scan
  - All initial applicants, or when there is a lapse of EMT Certification greater than one year or when transferring Certification entity, must submit a criminal background check request to the California Department of Justice (DOJ) and FBI through Live Scan. The San Benito County EMS Agency must be listed as the Agency authorized (ORI A6758) to receive criminal history and subsequent information. Ensure you use Live Scan Application that is posted on our web page and that DOJ and FBI level of services are checked.
  - Complete two (2) Live Scan applications and submit them to the Live Scan service provider. The service provider will return one of the completed applications to you – submit with your application. You assume expenses for the DOJ/FBI Live scan process.
  - The requirement to complete the Live Scan process normally needs to be completed only once with the San Benito County EMS Agency. Previous submissions through the Live Scan process for other agencies will not satisfy this requirement.

#### In Addition:

- Pay established, nonrefundable, fee of **\$129** (\$75 state fee and \$54 county fee) by cash, money order or cashier's check payable to 'San Benito County EMS'
- As of July 1, 2010, you can only be certified by one EMT certifying entity; no multiple EMT certifications.
- While every effort will be made to process the application quickly, all documentation, including the results of the criminal background check through Live Scan, must be received by the San Benito County EMS Agency prior to processing the application. There is no interim certification issued pending receipt of the background checks.

## **RECERTIFICATION REQUIREMENTS**

EMT regulations changed July 1, 2010. Recertifying EMTs only need to complete the DOJ and FBI Live Scans if they are changing to a new certifying agency or have lapsed more than 12 months.

In other words, if you are not currently certified through San Benito County, you are considered an Initial Applicant and must complete a Live Scan, or if your certification expired greater than 12 months ago, you are an Initial/New Applicant and must complete a Live Scan. If you are currently certified through San Benito County you are Recertifying.

- Schedule an appointment at 831-636-4168. Appointment hours are from 8:00 a.m. – 4:30 p.m. Monday-Friday.

You are **REQUIRED** to bring the following **ORIGINAL DOCUMENTS** with you:

- Completed Application (remember to sign all pages)
- Valid Photo ID (Driver License, State ID, Military ID or Passport)
- Current CPR card (American Heart Association Guidelines at Healthcare Provider Level or equivalent. (Online programs are NOT accepted)
- Current and signed-off *EMT Skills Competency Verification Form*
- Certificates showing at least twenty-four (24) hours of CE from an approved CE provider, or successful completion of a twenty-four (24) hour refresher course from an approved EMT Training program. At least fifty percent (50%) of the required CE hours must be in a format that is instructor based [22 CCR §100391.1(a)(9)]

### In Addition:

- Pay established, nonrefundable, fee of **\$84** (\$37 state fee and \$47 county fee) by cash, money order or cashier's check payable to 'San Benito County EMS'
- As of July 1, 2010, you can only be certified by one EMT certifying entity; no multiple EMT certifications.
- While every effort will be made to process the application quickly, all documentation, including the results of the criminal background check through Live Scan, must be received by the San Benito County EMS Agency prior to processing the application. There is no interim certification issued pending receipt of the background checks.

### Lapsed EMT Certification:

1. If your card has expired **within the last 6 months**, you will need course completion records for 24 hours of EMT approved continuing education hours.
2. For lapses of more than **6 months but less than 12 months**, you will need course completion records for 36 hours (12 additional hours) of EMT approved continuing education hours.
3. For lapses of more than **12 months but less than 24 months** you will need course completion records for 48 hours (24 additional hours) of EMT approved continuing education hours, **plus** completion of the National Registry Exam **plus** new Live scan.
4. For lapses of **more than two years**, you will need to repeat the initial EMT course (160 hours), **plus plus** completion of the National Registry Exam **plus** new Live scan.



**EMERGENCY MEDICAL SERVICES DIVISION**

**APPLICATION FOR EMT ACCREDITATION**

Initial  Renewal

<b>EMS Use Only</b>
Certification No. _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____
Effective _____

Name: (Last, First, Middle)		
Home address, City, State & Zip Code:		
Phone Number:	Alternate Number:	Email Address:
Date of Birth:	California Driver's License #	Social Security #:

Are you employed as an EMT? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, employer's name & county
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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 No Contest, or had any conviction which has been expunged or record(s) sealed under Penal Code §1203.4? *If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole, if any. You must also attach any applicable court documents and police reports.*  Yes  No

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? *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.*  Yes  No

*I, the undersigned, 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 certification and/or accreditation. I understand all information on this application is subject to verification, and I hereby give my express permission for the County of San Benito EMS Division to contact any person or agency for information related to my certification and/or accreditation request.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>ATTACHMENTS</b>	
(All required items MUST be attached for processing. All information on this application is subject to verification.)	
<b>INITIAL CERTIFICATION</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Valid Photo ID</li> <li><input type="checkbox"/> Current CPR Card</li> <li><input type="checkbox"/> EMT Course Completion Card/Certificate</li> <li><input type="checkbox"/> National Registry of EMTs Card and Exam Certificate</li> <li><input type="checkbox"/> Second Copy of LiveScan form (after Live Scan is completed)</li> <li><input type="checkbox"/> \$129 (cash, money order or cashier's check)</li> </ul>	<b>RECERTIFICATION (RENEWAL)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Valid Photo ID</li> <li><input type="checkbox"/> Current CPR Card</li> <li><input type="checkbox"/> Skills Competency Verification Form</li> <li><input type="checkbox"/> 24 hours of CE</li> <li><input type="checkbox"/> \$129 (cash, money order or cashier's check)</li> </ul>



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## EMERGENCY MEDICAL SERVICES DIVISION

### DECLARATION OF COMPLIANCE CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, CHAPTER 7, PENALTIES

#### §1798.200(c)

Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or license holder under this division:

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- (12) Unprofessional conduct exhibited by any of the following:
  - (A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
  - (B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
  - (C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

*I have read the DECLARATION OF COMPLIANCE and hereby declare that I am in compliance with all its provisions.*

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Applicant Signature

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Date



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## EMERGENCY MEDICAL SERVICES DIVISION

TO WHOM IT MAY CONCERN:

1. As an Emergency Medical Technician (EMT) certified through the San Benito County Emergency Medical Services Division, I am requested to furnish information for use in determining my qualifications. I hereby authorize any representative of the San Benito County Emergency Medical Services Division bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged and/or derogatory in nature; including but not limited to personnel records of firefighters or peace officers (pursuant to Penal Code §832.7 and Evidence Code §1043), employment information, results of background investigations which pertain to me, results of drug tests, educational records/transcripts, polygraph and/or voice stress analysis examinations, and their results, local criminal history information and/or other information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which include those that have been "sealed" pursuant to any agreement and any Internal Affairs Investigations, current or closed, or any files deemed confidential to me.
2. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Benito County Emergency Medical Services Division.
3. I hereby release you from any and all liability for damage of whatever kind that may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with.
4. This release will expire thirty (30) months after the date it was signed, and is a complete, total and unequivocal waiver. A photocopy of this release is to be considered as valid as an original.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date