



EMERGENCY MEDICAL SERVICES DIVISION

EMERGENCY MEDICAL TECHNICIAN INITIAL CERTIFICATION PROCESS

- EMT certification is valid statewide. Applicants who do not possess a current or lapsed (within 12 months) EMT certification issued by San Benito County EMS Agency are required to complete the Initial Certification Process if they are requesting to be certified by our Agency.

- The following items are required for initial EMT Certification:
 - Schedule an appointment at 831-636-4168. Appointment hours are Monday – Friday between 8:30 a.m. – 4:00 p.m.

 - A completed Application for EMT Accreditation (remember to sign both pages)

 - A Live Scan criminal background check through the Department of Justice (DOJ) and FBI, completed no longer than 60 days prior to the date the certification application is submitted. The San Benito County EMS Agency EMT Live Scan form must be used, and a copy of the completed form (once the Live Scan has been performed and signed by the technician) must be provided to the San Benito County EMS Agency with the application.

 - Copies of the following documents:
 - EMT course completion record (if available).
 - Current NREMT EMT certification
 - 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)

 - Payment of the non-refundable initial EMT Certification fee of **\$129** (\$75 state fee and \$54 county fee) by cash, money order or cashier’s check payable to ‘San Benito County EMS’. If paying by cash, exact change is required.

- Certifications will be issued after review of the application, associated documentation, the results of the background check and receipt of the EMT certification fee. There is no interim certification issued pending the review.

EMERGENCY MEDICAL SERVICES DIVISION

EMERGENCY MEDICAL TECHNICIAN RE-CERTIFICATION PROCESS

- If you are currently certified through San Benito County EMS Agency you are Recertifying.
- The following items are required for recertification:
 - Schedule an appointment at 831-636-4168. Appointment hours are Monday-Friday between 8:30 a.m. – 4:00 p.m.
 - A completed Application for EMT Accreditation (remember to sign both pages)
 - Copies of the following documents:
 - 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)
 - Skills Verification Form
 - Twenty-four (24) hours of Continuing Education (CE) hours from an approved 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)]
 - You may not work as an EMT or represent yourself as an EMT with an expired certificate. There are no extensions. If your certificate has expired you need to complete the following:
 - ◆ For certification lapses of 6 months to less than 12 months an additional 12 hours of CE hours is required (36 total)
 - ◆ For certification lapses of 12 months to less than 24 months an additional 24 hours of CE is required (48 hours total) and the applicant must pass the NREMT written skills certification exam AND complete a new California Department of Justice and FBI background check
 - ◆ Certification lapses greater than 24 months are not eligible for recertification. You must retake an entire EMT course.
 - Payment of the nonrefundable initial EMT Certification fee of **\$84** (\$37 state fee and \$47 county fee) by cash, money order or cashier's check payable to 'San Benito County EMS'. If paying by cash, exact change is required.



EMS Agency Use Only	
Date:	_____
DOJ AT!#	_____
By:	_____
New Exp. Date:	_____
Paid:	_____

EMERGENCY MEDICAL SERVICES DIVISION

APPLICATION FOR EMT ACCREDITATION

Initial (\$129) Renewal (\$84)

Name: (Last, First, Middle)		
Mailing address, City, State & Zip Code:		
Phone Number:	Date of Birth:	Social Security #:
California Driver's License #:	Current Certification #:	Email:
Primary EMS Employer:		County of Primary EMS Employer:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you <u>ever</u> 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, any remediation as a result of the action.
<input type="checkbox"/>	<input type="checkbox"/>	Have you <u>ever</u> been convicted of any felony in California or in any other state or place, including entering a plea of nolo contendere (no contest), and including any conviction which has been expunged (set aside) <u>or</u> records sealed. If yes, you must attach copies of the final court disposition, and a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. For records sealed, please provide only the date and court name and name of the granting judge. These documents will help us determine whether you can be certified as an EMT under San Benito County EMS Policy 203, Health & Safety Code Section 1798.200, and the state's Emergency Medical Services Authority.
<input type="checkbox"/>	<input type="checkbox"/>	Are there any criminal charges currently pending against you? If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if nay. You must also attach any applicable court documents and police reports.
If the above items have been previously disclosed with no changes and are on file with the EMS Agency check here. <input type="checkbox"/>		

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS Agencies. I hereby request that San Benito County EMS Agency process this application and authorize them to use this information in performing a background investigation.

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 EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for San Benito County EMS Agency to contact any person or agency for information related to my role and function as an EMT in California.

Signature: _____

Date: _____

ELIGIBILITY STATEMENT
Submit with EMT Application

Health & Safety Code Section 1798.200, Division 2.5 states that the Medical Director may place a certificate on hold or probation, suspend, or revoke any certificate issued under the following provisions and in accordance with the California Emergency Medical Services Authority, upon the finding of the Medical Director of an imminent threat to the public health and safety as evidence by the occurrence of any of the following:

- Fraud in the procurement of professional certificate
- Gross negligence.
- Repeated workplace negligent acts.
- Incompetence in workplace performance
- The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- Conviction of any crime which is substantially related to the qualifications, functions, and duties of pre-hospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- 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 pre-hospital personnel.
- Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- 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.
- 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.
- Unprofessional conduct exhibited by any of the following: 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 affect a lawful arrest or detention.
- 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.
- The omission of any sexually related offense specified under Section 290 of the Penal Code.

I hereby certify that **under penalty of perjury** I have read and understand the Eligibility Statement. I have truthfully answered all of the information I provided on this application and it is true and correct to the best of my knowledge and belief. I further understand that if I violate any of the terms listed in the Eligibility Statement I must report that to the San Benito County EMS Agency within 48 hours of the event or my certification/accreditation may be revoked, suspended, or placed on probation. I hereby state that I am not precluded from certification for any of the reasons identified above. I also understand that California Regulations require me to notify San Benito County EMS Agency in writing within 30 calendar days of any change in my mailing address by completing a Form 917 "EMT Change of Address Form".

Printed Name: _____

Signature: _____ Date: _____

Did you...

Initial EMT Certification Requirements:

- ___ Complete the San Benito County Application
- ___ Attach a copy of current CPR Card
- ___ Attach a copy of Photo ID
- ___ Attach a copy of the completed/dated Live Scan form
- ___ Attach a copy of your National Registry EMT Certificate. Copies of both the letter with card and the certificate.
- ___ Application Fee payable by Cash or Money Order.

EMT Re-Certification Requirements:

- ___ Complete the San Benito County Application
- ___ Attach a copy of current CPR Card
- ___ Attach a copy of Photo ID
- ___ Attach the Completed Skills Verification Form
- ___ Attach a copy of current EMT card
- ___ Attach 24 hours of Approved California EMS CE's taken within current certification period.
- ___ Application Fee payable by Cash or Money Order.