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## EMERGENCY MEDICAL SERVICES DIVISION

### APPLICATION FOR PARAMEDIC ACCREDITATION REQUIREMENTS

- Schedule an appointment at 831-636-4168.

Bring the following **ORIGINAL DOCUMENTS** with you:

- Completed Application
- Current Photo ID (Driver License, State ID, Military ID or Passport)
- Valid California Paramedic License
- Current CPR Card for the Professional Rescuer or Healthcare Provider
- Current Advanced Cardiac Life Support (ACLS) card
- Current Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Personnel (PEPP)

#### In Addition:

- Pay established, nonrefundable, fee of **\$146** by cash, money order or cashier's check payable to 'San Benito County EMS'
- Once you have completed all accreditation requirements with a Field Training Officer, as specified in SBC P&P #3010, your employing agency will provide written documentation verifying all accreditation requirements have been successfully met.



**EMERGENCY MEDICAL SERVICES DIVISION**

**APPLICATION FOR PARAMEDIC ACCREDITATION**

Initial     Renewal

|  |  |
|--|--|
| <b>EMS Agency Use Only</b>   |  |
| License 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: |         | Driver's License Number & State of Issue: |       |
| Email Address:  |                   |         |   |       |
| Date of Birth:  |                   |         | Social Security Number:                   |       |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Height:           | Weight: | Hair:                                     | Eyes: |

|  |  |
|--|--|
| Are you employed by an EMS Provider Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you accredited by another Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency Name:   | Agency Name:   |
| Agency Address, City:  | Agency Address, City:  |

|  |  |
|--|--|
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a pre-hospital certificate or license placed on probation or suspended?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a pre-hospital certificate or license denied or revoked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to any of these questions, please submit a written explanation on page 5. Provide details including, but not limited to, dates, circumstances and disposition.</b>  |  |

*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

**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.*

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

\_\_\_\_\_  
Date

