



# ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES AGENCY EMT Certification Application

**Name:** \_\_\_\_\_  
 Last First MI

**Address:** \_\_\_\_\_  
 Street City State Zip County

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **CA Driver's License #:** \_\_\_\_\_

Yes	No	ELIGIBILITY REQUIREMENTS
		Are you at least 18 years old?
		Have you ever had a certification, license, 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, and any corrective action and/or remediation as a result of the action.
		Are you currently under investigation or have you ever been arrested and convicted of an infraction, misdemeanor, or felony 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) or records sealed. If you checked "Yes", refer to the instructions in the <b>Background Check Information</b> section on the back of this form.
		Have you completed a <b>ONE TIME</b> Department of Justice and FBI Live Scan background check for Alameda County EMS? Your Live Scan also provides the EMS office with ongoing information of any subsequent arrests.
		Have you passed the NREMT written exam?

**Training Program:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Street City State Zip County

**Instructor:** \_\_\_\_\_ **Course completion date:** \_\_\_\_\_

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 this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Did you...**
- ✓ **Complete, sign, and date the application?**
  - ✓ **Attach a copy of your NREMT card AND your NREMT certificate?**
  - ✓ **Attach a copy of a photo ID: current driver's license, ID card, or valid military ID card?**
  - ✓ **Attach a copy of your EMT training program course completion certificate?**
  - ✓ **Complete a Department of Justice and FBI Live Scan background check and attach a copy of the form?**
  - ✓ **Enclose the \$140.00 non-refundable application fee?** Payment may be made by credit card online; or with a money order, cashier's check, or municipal purchase order **payable to: Alameda County EMS Agency.** We do not except personal checks or cash.
  - ✓ **Mail or take the complete package to Alameda County EMS, 1000 San Leandro Blvd, Suite 200, San Leandro, CA 94577**

**Processing Time:** EMT applications are processed once per week. Allow a **minimum** of two weeks to receive your new card, dependent on your Live Scan through the Department of Justice and FBI. Incomplete applications will be held until the required information is received and if not completed in 90 days, will be considered abandoned.

Continued on the other side...

**NREMT Certification:** National Registry Emergency Medical Technician (NREMT) certification is required for EMT certification. Both the NREMT card and certificate must be submitted with your application.

**Expiration Date:** The expiration date of your Alameda County EMS EMT card will be a maximum of two years from the date of your passing the NREMT exam. For applicants coming into California and possessing a valid NREMT card, the expiration date will be the same as your NREMT card.

**Failure to Disclose:** Failure to disclose your involvement in a current investigation or any arrest and convicted of an infraction, misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, including any conviction which has been expunged (set aside) under Penal Code is considered fraud in the procurement of a certificate. This may result in disciplinary action and denial of your certificate.

**Background Check Information:** If you are currently under investigation or have ever been arrested and convicted of an infraction, misdemeanor, or felony 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) or records sealed, you must disclose this action(s). Because this is for certification, even convictions which have been expunged or sealed must be disclosed. **Please 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 Alameda County EMS Policy #3203, Health and Safety Code section 1798.200, and the state's Emergency Medical Services Authority. Failure to include this documentation will delay the processing of your application. Your Live Scan also provides the EMS office with ongoing information of any subsequent arrests.

**For Further Information:** Go to <http://www.acphd.org/ems.aspx>

- A link to view our *EMT Certification Policy*.
- A link to view instructions to complete your Live Scan application from the *Background Check Information Packet*.
- A link to fill out and print copies of the *Live Scan Application*. Print two copies, one for the agency doing the Live Scan and one for EMS.
- A link to view a list of locations where you can get your Live Scan done.
- A link to view our *Background Check Policy*.
- A link to view a list of *Frequently Asked Questions*.
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**Who can take the Challenge Exam?** Only a currently licensed physician, registered nurse, physician assistant, vocational nurse, current EMT-P, or an individual with documented evidence of successfully completing an EMT training program of the Armed Forces as defined in Title 22, Division 9, Chapter 2, section 100078 is eligible to take a challenge exam. Contact the EMS office if you are a challenge candidate.

FOR ALCO EMS AGENCY USE	
Application received: _____	ATI Number: _____
Application approved date: _____	Application approved by: _____
Date mailed: _____	Payment received: _____
Central Registry Number: _____	Effective date: _____ Expiration date: _____