



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES AGENCY Paramedic Accreditation Application

Name: _____
 Last First MI

Address: _____
 Street City State Zip County

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

D.O.B: _____ **SSN:** _____ **Driver's License #:** _____
 (MM/DD/YYYY)

Employer: _____

California Paramedic License #: _____ **Paramedic License Expiration Date:** _____
 (MM/DD/YYYY)

Total number of years of experience as a paramedic: _____

Number of years of experience as a paramedic in Alameda County: _____

List all counties where you have been accredited:

1. _____ 2. _____
 3. _____ 4. _____

Alameda County orientation attended Date: _____ (MM/DD/YYYY)

Expanded scope/local optional scope of practice training completed Date: _____ (MM/DD/YYYY)

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 accreditation in Alameda County. 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 a paramedic in Alameda County.

Sign here: _____ **Date:** _____ (MM/DD/YYYY)

This section to be completed by a designated representative of the provider agency.

This is to verify that this individual meets all requirements of Title 22, Chapter 4 and Alameda County EMS policies pertaining to accreditation. Supporting documentation is on file and available upon request.

Sign here: _____ **Date:** _____ (MM/DD/YYYY)

Print Name: _____ **Provider:** _____

- Did you...**
- ✓ **Complete the application?**
 - ✓ **Attach a copy of the front and back of your State Paramedic License?**
 - ✓ **Attach a copy of a photo I.D.**
 - ✓ **Enclose the \$100.00 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 accept personal checks or cash.
 - ✓ **Sign and date the application?**
 - ✓ **Email, mail, or take the complete package to Alameda County EMS, 1000 San Leandro Blvd. Suite 200, San Leandro, CA 94577**

For Further Information:

The Alameda County EMS web site is at <http://www.acphd.org/ems.aspx>

To view the Paramedic Local Accreditation Policy go to <http://www.acphd.org/emtpara/certification-and-accreditation/paraaccre.aspx>

To read a list of frequently asked questions about [paramedic accreditation](#)