



Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

APPLICATION FOR EMT CERTIFICATION

➔ This form will not be accepted without the required attachments:

CHECK ONE-

Initial Certification

- copy of a current driver's license or a government issued identification card
- copy of current National Registry Certification (NREMT card **AND** certificate)
- copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
- copy of your EMT training program course completion certificate **
Effective 7/1/2019 copy of Certificate of Training or CE Certificate for Naloxone, Epinephrine and Glucometer training **AND EMT skills competency verification form with #9 signed off (Naloxone & Epinephrine), **(if NOT included in EMT Training Program)**
- Submit the 4 MCI Field Operations Module CE Certificates (<http://www.mvemsa.org>), not dated earlier than 90 days prior to certification in compliance with Agency policy #853.00 Prehospital Standards
- complete a Department of Justice and FBI Live Scan background check and attach form
- payment of \$125.00 non-refundable application fee (\$50.00 MVEMSA fee + \$75.00 State EMSA fee) made payable to MVEMSA

Recertification

Current Certification issued by: Mountain Valley EMS Agency Other: _____

- copy of a current driver's license or a government issued identification card
- copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
- completed EMT skills competency verification form (**ALL** 10 skills must be signed off)
- **Effective 7/1/2019 copy of Certificate of Training or CE Certificate for Naloxone, Epinephrine and Glucometer training
- documentation of **twenty-four (24)* hours** of continuing education (MUST be CE Certificates), obtained during the current certification period, or an MVEMSA Approved Training Log signed by your employers training officer. If expired, CE must be dated within 24 months prior to applying for reinstatement.
- Submit the 4 MCI Field Operations Module CE Certificates (<http://www.mvemsa.org>), not dated earlier than 90 days prior to recertification in compliance with Agency policy #853.00 Prehospital Standards (***These CE Certificates (total of 4 hours) can be used as part of your CE requirements for this certification period.**)
- complete a Department of Justice and FBI Live Scan background check and attach form, ***if not previously on file with the agency***
- payment of \$87.00 non-refundable application fee (\$50.00 MVEMSA fee + \$37.00 State EMSA fee) made payable to MVEMSA
- payment of \$15.00 non-refundable late fee if certification is expired

SSN#: _____	
LAST NAME: _____	FIRST NAME: _____ MI _____
EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE #:() _____
CITY/STATE: _____	FAX #: () _____
HOME MAILING ADDRESS: _____	
CITY: _____	ZIP: _____
HOME TELEPHONE #:() _____	CELL PHONE #:() _____
EMAIL: _____	
DRIVERS LICENSE #: _____	DOB: ____/____/____

Age Range:	Gender:	Race/Ethnicity:	
<input type="checkbox"/> 18-20 <input type="checkbox"/> 41-45	<input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> 21-25 <input type="checkbox"/> 46-50	<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> 26-30 <input type="checkbox"/> 51-55		<input type="checkbox"/> Hispanic Latino	<input type="checkbox"/> Choose to not identify
<input type="checkbox"/> 31-35 <input type="checkbox"/> 56-60		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> 36-40 <input type="checkbox"/> Older			

INITIAL CERTIFICATION ONLY: COURSE LOCATION: _____

INSTRUCTOR: _____ **COURSE COMPLETION DATE:** _____

In what setting will you be using your certification? (please check one)

R1 Ambulance R2 Paid Firefighter R3 Volunteer Firefighter R4 Industrial Clinic

R5 General Info R6 Seeking Employment with Ambulance R7 Seeking Employment with Fire

R9 Other

CONTINUING EDUCATION:

Course Completion Certificates must be attached or application will not be accepted. 24 Hours of continuing education (MUST be CE Certificates, cannot be a list of courses/hours completed) is required for recertification applicants, and must be obtained during the current certification period. Additional requirements for lapsed certifications.

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 nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? Yes _____ No _____

Are there any criminal charges currently pending against you? Yes _____ No _____
(You must answer these questions or your application will be returned.) 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.

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? Yes _____ No _____
(You must answer this question or your application will be returned.) 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.

- The Medical Director shall deny or revoke an EMT certificate if any of the following apply to the applicant:**
- has committed any sexually related offense specified under Section 290 of the Penal Code
 - been convicted of murder, attempted murder, or murder for hire
 - been convicted of two or more felonies
 - is on parole or probation for any felony
 - been convicted and released from incarceration during the preceding fifteen years of the crime of manslaughter or involuntary manslaughter
 - been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
 - been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs
 - been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
 - been convicted within the preceding five years of any theft related misdemeanor
 - has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

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 the Mountain-Valley EMS Agency to contact any employer, agency, or any other person for information related to my role and function as an EMT in the state of California.

Signature of Applicant: _____

Print Name: _____ **Date:** _____

FOR OFFICE USE ONLY: CENTRAL REGISTRY #: _____ **CORI DATE:** _____

CO.: _____ **ISSUE DATE:** _____ **EFF. DATE:** _____ **EXP. DATE:** _____

Paid: _____ **Date:** _____ **Check#:** _____ **Cash** **Money Order** **PayPal** **Credit/Debit**

State Card: **Pickup** **Mailed:** _____ **ID Card:** **Pickup** **Mailed:** _____