



APPLICATION FOR EMERGENCY MEDICAL RESPONDER CERTIFICATION

➡ **This form will not be accepted without the required attachments:**

CHECK ONE-

- Initial Certification (call MVEMSA at (209) 529-5085 to schedule exam)**
 - successfully pass MVEMSA EMR exam with a minimum score of 80%
 - 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
 - copy of your EMR training program course completion certificate, dated within 6 months of application date
 - 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
 - completed EMR skills competency verification form
 - payment of \$30.00 non-refundable application fee (payable to Mountain-Valley EMS Agency)

- Recertification**
 - 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
 - documentation of **sixteen (16)* hours** of California EMS CE (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 certification 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.**)
 - completed EMR skills competency verification form
 - payment of \$30.00 non-refundable application fee (payable to Mountain-Valley EMS Agency)
 - payment of \$15.00 non-refundable late fee if certification is expired

SSN#: _____	
LAST NAME: _____	FIRST NAME: _____ M.I. _____
EMPLOYER: _____ POSITION: _____	
ADDRESS: _____	PHONE #:() _____
CITY/STATE: _____	FAX #: () _____
HOME MAILING ADDRESS: _____	
CITY: _____	ZIP _____
HOME TELEPHONE #:() _____	CELL PHONE #:() _____
EMAIL: _____	
DRIVERS LICENSE #: _____	DOB: ____/____/____
CURRENT CERTIFICATION NUMBER: _____	EXPIRATION DATE: _____ (attach copy of card)
CERTIFYING AGENCY: _____	

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

16 Hours of continuing education (MUST be CE Certificates, cannot be a list of course/hours completed) is required for recertification applicants, and must be obtained during the current certification period. If expired, CE must be dated within 24 months prior to applying for reinstatement. Additional requirements for lapsed certifications.

Have you ever had any action taken against your certification, such as being suspended or revoked for any reason, or have you ever been denied certification?

Yes No **If yes, thoroughly explain on a separate piece of paper and attach to this application.**

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 EMR certificate if any of the following apply to the applicant:

- a. has committed any sexually related offense specified under Section 290 of the Penal Code
- b. been convicted of murder, attempted murder, or murder for hire
- c. been convicted of two or more felonies
- d. is on parole or probation for any felony
- e. been convicted and released from incarceration during the preceding fifteen years of the crime of manslaughter or involuntary manslaughter
- f. been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
- g. 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
- h. been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
- i. been convicted within the preceding five years of any theft related misdemeanor
- j. 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 EMR 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 EMR in the State of California.

Signature of Applicant: _____

Print Name: _____ Date: _____

FOR OFFICE USE ONLY: CERT #: _____ CO.: _____ card sent: _____ letter sent: _____

ISSUE DATE: _____ EFF. DATE: _____ EXP. DATE: _____

Signatures _____ Fee _____ Late fee _____ CPR _____ ID _____ CE _____ Skills Test _____

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