

**EMT-PARAMEDIC RE-ACCREDITATION FORM W/ Lapse less than 2 years**  
For accreditation that has lapsed there is a \$100 fee and the applicant must obtain the PCNC and PCMD Signatures.

**PLEASE PRINT**

Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last

Mailing Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Social Security #: \_\_\_\_\_ Home Phone # (      ) \_\_\_\_\_

**PRIMARY SPONSORSHIP**

Primary Provider Agency: \_\_\_\_\_

Primary Provider Signature: \_\_\_\_\_  
(owner, manager, EMS liaison, fire chief, or assistant fire chief only)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Base Hospital: \_\_\_\_\_

PCMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCNC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECONDARY SPONSORSHIP**

Secondary Provider Agency: \_\_\_\_\_

Secondary Provider Signature: \_\_\_\_\_  
(owner, manager, EMS liaison, fire chief, or assistant fire chief only)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**THIRD SPONSORSHIP**

Third Provider Agency: \_\_\_\_\_

Third Provider Signature: \_\_\_\_\_  
(owner, manager, EMS liaison, fire chief, or assistant fire chief only)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Accreditation #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ALL APPLICANTS MUST:

1. Document current California EMT-P license.
2. Submit an application for reaccreditation.
3. Applicant must pay a reaccreditation fee of \$100.

EMT-P REACCREDITATION REQUIREMENTS, EMT-P has expired less than 2 years.

1. If accreditation expiration is less than two (2) years, applicant must:
  - a. Applicant must submit application, which includes signatures of the base hospital Prehospital Care Medical Director (PCMD) and Prehospital Care Nurse Coordinator (PCNC) and all of the North Coast EMS approved EMT-P service providers where the applicant is employed as an EMT-P.
  - b. Applicant must document a minimum of six (6) hours of Field Care Audit (FCA) attendance at a North Coast EMS base hospital. FCA attendance must be within the last two (2) years prior to applying for reaccreditation. (Three (3) hours of the FCA must be obtained within the North Coast EMS region)
2. If accreditation expiration is more than two (2) years the applicant must follow the basic accreditation procedures.

**HEALTH AND SAFETY CODE, SECTION 1798.200 (January 1, 2000)**

- (a) The medical director of the local EMS agency may, in accordance with regulation adopted by the authority, deny, suspend or revoke any EMT -I, EMT -II, or MICN certificate issued under this division, or place any EMT -I, EMT -II, or MICN certificate holder on probation upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).
- (b) The authority may deny, suspend or revoke any EMT -P license issued under this division, or place any EMT -P license holder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).
- (c) Any of the following actions shall be considered evidence of a threat to 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 certified copy of the record shall be conclusive evidence of such 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) Addition 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 of 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.

**I verify that I am not precluded from certification for any of the reasons defined in the California Health and Safety Code, Section 1798.200, as defined above.**

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

**ALL APPLICANTS REQUESTING EMT-P RE-ACCREDITATION MUST ANSWER THE FOLLOWING:**

1. Have you ever applied for any prehospital certification in any county or state and been denied?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

---

---

---

2. Have you ever been the subject of a formal prehospital care certification disciplinary action or proceeding?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

---

---

---

3. Do you have any pending EMS fact-finding/certification review actions?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

---

---

---

4. If applicant has previously notified North Coast EMS about the actions mentioned above, was certified by North Coast EMS, and has not received any further violations since that date, please initial. \_\_\_\_\_  
If the certification issued from North Coast EMS was "Probationary", please initial. \_\_\_\_\_

**I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief, and I understand and agree that any falsification or omission of material fact may cause forfeiture on my part of all rights to EMT certification. I hereby authorize North Coast EMS to perform any and all necessary background checks in order to validate the information that I have provided.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_