

EMT-PARAMEDIC ACCREDITATION APPLICATION

Check One: New Accreditation: Reinstatement : (this is for a lapse of more than 2 years)

ENCLOSE A COPY OF YOUR CURRENT STATE CARD WITH THIS APPLICATION AND THE \$100 FEE.

PLEASE PRINT			
Name:	_____		
	First	Middle Initial	Last
Mailing Address:	_____		
	Street	City	State Zip
Social Security #:	_____	Home Phone #	() _____
Date of Birth:	_____	Driver's License	_____
		and State, if other than CA	

Are you currently completing the accreditation process in another California county? _____
If yes, which county(ies)? _____
Counties where currently accredited: _____
Proposed ALS Provider: _____

FEE FOR NEW ACCREDITATION AND REINSTATEMENT OF LICENSE EXP. MORE THAN 2 YEARS IS \$100.

EMS USE ONLY

Receipt #:	Amount:	Date Rec'd:	How Paid:	Accreditation #:
Current Accred.:	Accred. Date:	Class #:	Test Session #	Last Test Date:
Additional Info.:	Issue Date:	Exp. Date:		

ALL APPLICANTS MUST:

1. Document current California EMT-P license.
2. Submit an application for accreditation or reinstatement.
3. Pay accreditation or reinstatement fee of \$100.

EMT-P ACCREDITATION REQUIREMENTS:

1. After documentation has been reviewed and approved by North Coast EMS, applicant will receive permission, in writing, to begin the accreditation process. Applicant has thirty (30) days to successfully complete accreditation process, which consists of the following:
 - a. Applicant must submit Sponsorship form, which includes signatures of 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 applicant is employed as an EMT-P.
 - b. Applicant must document successful completion of the new personnel orientation.
 - c. Applicant must document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer (FTO).
2. If applicant does not complete accreditation process within thirty (30) days, (s)he must re-apply for accreditation by re-paying the accreditation fee. This second fee may be waived for just cause, as determined by the North Coast EMS Medical Director and/or Executive Director. Waiver request must be submitted in writing.

EMT-P REINSTATEMENT REQUIREMENTS (EMT-P has expired for more than two (2) years):

2. If accreditation expiration is more than two (2) years, applicant must pay accreditation fee, and
 - a. Applicant must submit Sponsorship form, which includes signatures of 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 applicant is employed as an EMT-P.
 - b. Applicant must document successful completion of the new personnel orientation.
 - c. Applicant must document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer (FTO).

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) Addiction 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 CERTIFICATION 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: _____