



**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: _____

**ALL APPLICANTS MUST:**

1. Be eighteen (18) years of age at the time of submitting request for EMT-II certification.
2. Submit an application for certification, including signatures of base hospital Prehospital Care Medical Director (PCMD) and Prehospital Care Nurse Coordinator (PCNC), and all of the North Coast EMS approved EMT-II service providers where applicant is employed or volunteers as an EMT-II, a copy of current CPR for Health Care Provider card, certification fee, and testing fee(s), if applicable.

**EMT-II CERTIFICATION REQUIREMENTS:**

1. Applicant must document successful completion of a California EMS approved EMT-II training program within no more than two (2) years prior to applying for EMT-II certification.
2. After documentation has been reviewed and approved by North Coast EMS, applicant will receive permission, in writing, to begin the "new personnel" orientation process, which includes:
  - a. Applicant must document successful completion of the new personnel orientation with a North Coast EMS approved EMT-II service provider.
  - b. Applicant must document a minimum of five (5) evaluated Limited Advanced Life Support (LALS) field patient contacts with an approved EMT-II service provider, evaluated by a North Coast EMS approved Field Training Officer (FTO).
  - c. Applicant must document a score of 80% or above on the North Coast EMS EMT-II written and skills certification examinations within two (2) years of successful completion of the EMT-II training course.
  - d. Applicant must document training in all North Coast EMS approved EMT-II expanded scope of practice.
  - e. Applicant must obtain training and be tested on all North Coast EMS approved EMT-II expanded scope of practice not previously trained and tested to utilize.

**EMT-II RECERTIFICATION REQUIREMENTS:**

1. Applicant should submit the recertification application, documentation, and fee up to six (6) months prior to current card expiration.
2. Applicant must document current California EMT-II certification.
3. Applicant must document a score of 80% or above on the North Coast EMS EMT-II written and skills examinations within two (2) years prior to applying for EMT-II recertification. These examinations must be provided by EMT-II's base hospital PCMD, PCNC, or his/her designee.
4. Applicant must document successful completion of certification maintenance requirements as stated in North Coast EMS policies and California state law. The CE credits must be within limitations set forth in the EMS Authority's CE Guidelines and/or California state laws and must be completed within two (2) years prior to application for recertification.
  - Attendance at no less than six (6) Field Care Audits (FCA's) per year.
  - Periodic training sessions in basic and/or limited advanced life support knowledge, when added with the FCA attendance equals no less than forty-eight (48) hours.
  - Monthly demonstration of selected skills.

**EMT-II REINSTATEMENT REQUIREMENTS (EMT-II has expired):**

1. If certification expiration is less than two (2) years, refer to Recertification Requirements above.
2. If certification expiration is more than two (2) years, applicant must:
  - a. Document expired North Coast EMS EMT-II certification.
  - b. Complete all requirements listed under Recertification Requirements, sections 3 and 4.
  - c. Successfully complete any additional training evaluation required by the North Coast EMS Medical Director.
  - d. After the above listed documentation has been reviewed and approved by North Coast EMS, applicant will receive permission, in writing, to begin the "new personnel" orientation process, which includes:
    - Applicant must document successful completion of the new personnel orientation with a North Coast EMS approved EMT-II service provider.
    - Applicant must document a minimum of five (5) evaluated Limited Advanced Life Support (LALS) field patient contacts with an approved EMT-II service provider evaluated by a North Coast EMS approved Field Training Officer (FTO).

**EMT-II CHALLENGE REQUIREMENTS:**

Eligibility to challenge the EMT-II certification level shall be determined by California state regulations.

**THE (RE)CERTIFICATION CARD WILL BE MAILED FROM NORTH COAST EMS WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION AND RELATED DOCUMENTATION.**

**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-II 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. Have you ever been convicted of any crime other than a minor traffic violation?

NO \_\_\_\_\_ YES \_\_\_\_\_

**IF YOU HAVE EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION, YOU MUST ENCLOSE A WRITTEN EXPLANATION WITH THIS APPLICATION THAT DESCRIBES THE VIOLATION, DATES, FINES, PROBATION, DIVERSION, AND/OR CONVICTION, ETC. IN DETAIL, AND INCLUDE A SELF-EVALUATION OF THE INCIDENT AND OUTCOME. ALSO, PLEASE INCLUDE COPIES OF VERIFYING DOCUMENTATION FROM THE COURT.**

4. Do you have any pending criminal actions, civil actions, and/or EMS fact-finding/certification review actions?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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: \_\_\_\_\_