

ALL APPLICANTS MUST:

1. Submit an application for (re)accreditation, including signature of all North Coast EMS approved ETAD service providers where applicant will use EMT-C (re)accreditation, and (re)accreditation fee, if applicable.
2. Document current employment (or active volunteer) with a public safety agency or private sector ambulance service, which has previously been designated by North Coast EMS as an ETAD service provider.

ETAD ACCREDITATION REQUIREMENTS:

1. Applicant must document current California EMS issued EMT-I certification.
2. Applicant must document successful completion of a North Coast EMS approved ETAD training program within two (2) years prior to applying for accreditation.
3. Applicant must achieve a score of 80% or above on the North Coast EMS Emergency Medical Technician-Combitybe (EMT-C) written and skills examinations, within two (2) years of successful completion of the ETAD course.

ETAD REACCREDITATION REQUIREMENTS:

1. Applicant should submit the reaccrreditation application, documentation, and fee up to six (6) months prior to current card expiration.
2. Applicant must reaccrredit at the same time that (s)he recertifies as an EMT-I.
3. Applicant must document EMT-C Continuing Education (CE), which consists of their skills proficiency demonstration documentation.
4. Applicant must document current California EMT-I/C accreditation.
5. Applicant must achieve a score of 80% or above on the North Coast EMS Emergency Medical Technician-Combitybe (EMT-C) written and skills examinations every four (4) years.

ETAD REINSTATEMENT REQUIREMENTS (ETAD has expired):

1. Applicant must document California EMT-I/C accreditation, which has been expired for no more than four (4) years.
2. Applicant must document a score of 80% or above on the North Coast EMS Emergency Medical Technician-C (EMT-C) written and skills examinations.
3. Applicant must fulfill the following requirements:
 - a. Inactive status due to failure to maintain current EMT-I certification shall be resolved by submitting proof of current EMT-I certification and delinquent EMT-C CE (skills proficiency demonstration) maintenance to North Coast EMS.
 - b. Inactive status due to CE (skills proficiency demonstration) delinquency shall be resolved by submitting documentation of the delinquent EMT-C CE's to North Coast EMS.
 - c. Inactive status due to lack of CE (skills proficiency demonstration) requirements may be resolved by successful completion of an additional North Coast EMS approved ETAD training program.

THE (RE)ACCREDITATION 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 ETAD 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. 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: _____