

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 \$150.

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, 2014)

- (a) The medical director of the local EMS agency may, upon a determination of disciplinary cause and in accordance with regulations for disciplinary processes adopted pursuant to Section 1797.184, deny, suspend, or revoke any EMT-I or EMT-II certificate issued under this division, or may place any EMT-I or EMT-II certificate holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c) and the occurrence of one of the following:
 - (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 that 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 a certified copy of the record shall be conclusive evidence of the 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 that 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 or 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.
 - (12) Unprofessional conduct exhibited by any of the following:
 - (A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
 - (B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Section 56) of Division 1 of Civil Code.
 - (CO) The commission of any sexually related offense specified under Section 290 of the Penal Code.

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. _____

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: _____