



San Benito County
Emergency Medical Services Agency
 1111 San Felipe Road, Suite 102
 Hollister, California 95023
 (831) 636-4066 www.SanBenitoCo.org/EMS

EMS Agency Use Only
Cert. No. _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____
Effective _____
Expires _____
Live Scan: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI
ATI _____

APPLICATION FOR
EMERGENCY MEDICAL TECHNICIAN (EMT)

*YOU MUST HAVE AN APPOINTMENT TO CERTIFY
 FACSIMILE & ELECTRONIC SUBMISSIONS ARE NOT ACCEPTED*

Check the appropriate box:	<input type="checkbox"/> Certification	<input type="checkbox"/> Recertification
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Name: (Last, First, Middle)				
Home Address, City, State & Zip Code:				
Home Telephone	Mobile Telephone	Work Telephone		
Social Security No.:			Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Hair:	Eyes:

Are you employed by an EMS Provider Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you certified with another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Name:
Agency Address, City:	Agency Address, City:

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of No Contest, or had any conviction which has been expunged or record(s) sealed under Penal Code §1203.4? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a pre-hospital certificate or license placed on probation or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a pre-hospital certificate or license denied or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of these questions, please submit a written explanation on page 5. Provide details including, but not limited to, dates, circumstances and disposition.

*I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.*

 Applicant Signature

 Date

**DECLARATION OF COMPLIANCE
HEALTH AND SAFETY CODE, DIVISION 2.5, CHAPTER 7, PENALTIES**

1798.200.

(c) Any of the following actions shall be considered evidence of a threat to the 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 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. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - (B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.53 (commencing with Section 56) of Division 1 of the Civil Code.
 - (C) The commission of any sexually related offense specified under Section 290 of the Penal Code.
 - (d) The information shared among EMT-I, EMT-II, and EMT-P employers, medical directors of local EMS agencies, the authority, and EMT-I and EMT-II certifying entities shall be deemed to be an investigative communication that is exempt from public disclosure as a public record pursuant to subdivision (f) of Section 6254 of the Government Code. A formal disciplinary action against an EMT-I, EMT-II, or EMT-P shall be considered a public record available to the public, unless otherwise protected from disclosure pursuant to state or federal law.
 - (e) For purposes of this section, "disciplinary cause" means an act that is substantially related to the qualifications, functions, and duties of an EMT-I, EMT-II, or EMT-P and is evidence of a threat to the public health and safety described in subdivision (c).

I have read California Health & Safety Code, Division 2.5, Chapter 7, Penalties, Section 1798.200 and hereby declare that I am in compliance with all its provisions.

Applicant Signature

Date



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RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

1. As an Emergency Medical Technician (EMT) certified through the San Benito County Emergency Medical Services Agency, I am requested to furnish information for use in determining my qualifications. I hereby authorize any representative of the San Benito County Emergency Medical Services Agency bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged and/or derogatory in nature; including but not limited to personnel records of firefighters or peace officers (pursuant to Penal Code §832.7 and Evidence Code §1043), employment information, results of background investigations which pertain to me, results of drug tests, educational records/transcripts, polygraph and/or voice stress analysis examinations, and their results, local criminal history information and/or other information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which include those that have been "sealed" pursuant to any agreement and any Internal Affairs Investigations, current or closed, or any files deemed confidential to me.
2. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Benito County Emergency Medical Services Agency.
3. I hereby release you from any and all liability for damage of whatever kind that may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with.
4. This release will expire thirty (30) months after the date it was signed, and is a complete, total and unequivocal waiver. A photocopy of this release is to be considered as valid as an original.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

SIGNATURE

NAME

DATE

Required Material

Do not include any documents not specifically requested here unless directed.

Certification

- 1. Completed Application
(Original only, no copies)
- 2. Current Photo ID
(Clearly legible front & back: Drivers License, State ID, Military ID or Passport)
- 3. Current CPR – American Heart Association Guidelines at Healthcare Provider Level
(Clearly legible front & back)
- 4. Completed Live Scan DOJ & FBI background check
(Copy of receipt required)
- 5. Proof of completion, within the last 24 months, of EMT course
- 6. National Registry of Emergency Medical Technicians
(Copy of NREMT card **and** certificate)
- 7. Money Order or Cashiers Check for \$75 payable to 'EMT Certification Fund'
(Nonrefundable fee collected by the California Emergency Medical Services Authority)

Recertification

- 1. Completed Application
(Original only, no copies)
- 2. Current Photo ID
(Clearly legible front & back: Drivers License, State ID, Military ID or Passport)
- 3. Current CPR – American Heart Association Guidelines at Healthcare Provider Level
(Clearly legible front & back)
- 4. Completed Live Scan DOJ & FBI background check
(Not required if DOJ **and** FBI have already been completed for this agency)
- 5. Completed Skills Competency Verification Form
(Original only, no copies)
- 6. Proof of completion of 24 hours approved Continuing Education (CE)
(At least 12 hours must be instructor based training)
- 7. Money Order or Cashiers Check for \$75* payable to 'EMT Certification Fund'
(Nonrefundable fee collected by the California Emergency Medical Services Authority)
* The biannual recertification fee is \$37 once the initial \$75 fee has been paid

