

**County of San Diego Emergency Medical Services  
Advanced Emergency Medical Technician Application  
(AEMT)**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Residential Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from mailing address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

County of San Diego EMS System Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**Failure to disclose requested information shall result in denial or loss of certification.**

**YES** NO Have you ever been previously certified as an AEMT in the County of San Diego?  
**If YES**, indicate the previous certification number: \_\_\_\_\_ Checked by: \_\_\_\_\_

**YES** NO Have you ever been certified as an AEMT by another Certifying Entity?  
**If YES**: Certifying Entity Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Checked by: \_\_\_\_\_

**YES** NO Have you ever had any Pre-hospital Certification or Accreditation placed on probation, suspended, revoked or denied?  
**If YES, and/or are under investigation at this time, you must attach with this application a written explanation that describes the action, and any corrective action, and/or remediation as a result of the action.**  
Checked by: \_\_\_\_\_

**YES** NO Have you ever been convicted of any Misdemeanor or Felony in California or any other county/state, including entering a plea of nolo contendere or no contest? You must disclose any convictions which have been expunged (Penal Code Section 1203.4). You must answer this question or your application will be returned.  
**If YES, attach any applicable court documents and police reports.** Checked by: \_\_\_\_\_

**YES** NO **Are there any criminal charges currently pending against you?** Checked by: \_\_\_\_\_

**YES** NO **CEUs attached for Lapse in certification:**(see back of form for requirements) Checked by: \_\_\_\_\_

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 an Advanced Emergency Medical Technician Certificate in the State of California. I understand all information on this application is subject to verification and audit, and I hereby give my express permission for The County of San Diego EMS to contact any employer, agency or any other person for information related to my role and function as an AEMT in the State of California.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**County of San Diego staff only:**

State Cert:	Issue Date:	Live Scan Date:
County Cert:	Expiration Date:	Govt. Issue I.D. Checked:
Data Entry By:	Q.A. Completed By:	

**AEMTs are responsible for notifying County of San Diego EMS of current mailing and residential address and shall notify County of San Diego EMS in writing within thirty (30) calendar days of any and all changes of the mailing & residential address, giving both the old and new address and AEMT registry number.**

**If processing via mail please include:**

- Digital photo
- Check, Cashier's Check, or money order for total due
- A stamped self-addressed envelope plus the following documents:

**County of San Diego EMS System ID Card**

- Current State of California AEMT Card
- Current Out of County AEMT Card
- Current CPR Card

**AEMT Certification**

- Current AEMT Training Center Course Completion
- Current CPR Card
- Live Scan for State and Federal CORI search

**AEMT Recertification**

- Current State of California AEMT Card
- Current County of San Diego AEMT Card
- Current CPR Card
- Current State of California Skills Competency Verification Form
- 36 hours of authorized CE's

**Lapse in EMT Certification CE Requirements:**

- Lapse within six months –as recertification requirement above
- Lapse for 6 months or more (but less than 12 months) – CE's as recertification plus additional 12 hours = 36 hours
- Lapse 12 months or more (but less than 24 months) – CE's as recertification plus additional 24 hours =48 hours
- Lapse greater than 24 months – must comply with requirements for initial (first-time) certification

**AEMT Fees Breakdown:**

**FIRST TIME CERTIFICATION**

**State:** \$75

**Local:** \$17

**Total due: \$92.00**

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**RENEWAL**

**State:** \$37

**Local:** \$17

**Total due: \$54.00**

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MAIL TO: COUNTY OF SAN DIEGO EMS  
6255 MISSION GORGE ROAD  
SAN DIEGO, CA 92120-3599  
ATTN: CERTIFICATION PROCESSING

Office (619) 285-6429  
Fax (619) 285-6531

Date	Provider Name	Title of Course	Hours	BLS/ALS