

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



Check One

- County of San Diego EMS System Identification Card
 EMT Certification/Recertification

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 been previously EMT certified in the County of San Diego?
If YES, indicate the previous certification number: _____ Checked by: _____

YES NO Have you ever been certified as an EMT 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?
 Or is your Pre-hospital Certification or Accreditation currently on probation or suspension? **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 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 Branch to contact any employer, agency or any other person for information related to my role and function as an EMT 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:	

EMTs are responsible for notifying County of San Diego EMS Branch of current mailing and residential address and shall notify County of San Diego EMS Branch 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 EMT central registry number.

If processing via mail (for recertification only) please include:

- Digital photo
- Check, cashier's check, or money order for total due
- A stamped self-addressed envelope plus recertification documents
- **NEW CERTIFICATION MAIL-IN NOT AVAILABLE**

County of San Diego EMS System ID card

- Current State of California EMT Card
- Government issued ID card such as Driver's License or Military ID
- Current Out of County EMT Card
- Current CPR Card

EMT Certification

- Current EMT Training Center Course Completion
- Government issued ID card such as Driver's License or Military ID
- National Registry Certificate
- Current National Registry EMT card
- Current CPR Card
- Live Scan for State and Federal CORI search

EMT Recertification

- Current State of California EMT Card
- Current County of San Diego EMT Card
- Current CPR Card
- Current State of California Skills Competency Verification Form
- 24 hours of authorized CE's or 24 hour approved refresher class
- If you have not all ready done so, Live Scan for State and Federal CORI search

Lapse in EMT Certification CE Requirements:

- Lapse within six months – same 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 & NREMT card
- Lapse greater than 24 months – must comply with requirements for initial (first-time) certification

EMT Fees Breakdown:
<u>FIRST TIME CERTIFICATION</u>
<u>State:</u> \$75
<u>Local:</u> \$17
<u>Total due: \$92.00</u>
<u>RENEWAL</u>
<u>State:</u> \$37
<u>Local:</u> \$17
<u>Total due: \$54.00</u>
<u>CASH, CHECK OR MONEY ORDER ONLY</u>

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

WEBSITE: www.SanDiegoCountyEMS.com

Date	Provider Name	Title of Course	Hours	BLS/ALS