



EMERGENCY MEDICAL TECHNICIAN - (EMT) APPLICATION

APPLICATION TYPE CHECK ONE: ☐ INITIAL CERTIFICATION ☐ RECERTIFICATION

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE # () _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

BIRTHDATE ____/____/____ DRIVERS LICENSE # _____ STATE _____

Agency/State which issued your current/expired EMT Certification (not NREMT #) _____

EMT Certificate # (not NREMT #): _____ Issue Date: _____ Expiration Date: _____

Employer Name and Address _____

Training and Continuing Education Units

Training Program for this application: (check one) ☐ Basic ☐ Refresher ☐ CEUs* (please list below & attach CEU certificates)

If EMT Basic or Refresher Course, indicate name of Course Provider _____

Date of Course Completion ____/____/____

*** List Continuing Education (CE) course(s) - must total 24 hours***

Course Date	Course Title/Topic	Approved CE Provider Name	CE Provider #	# of Course Hours	SF EMS Agency Use Only

PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE SIGNING THIS APPLICATION:

☐ yes ☐ no **Have you ever had a certification, accreditation, or professional license denied, suspended, revoked, placed on probation, or are you under investigation at this time?**

If yes, attach a written explanation.

☐ yes ☐ no **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 nolo contendere or no contest, and including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?**

If yes, attach a written explanation which describes the conviction, corrective action, and/or remediation. Submit DMV, court, and police records of the conviction.

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. I understand 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.

Signature of Applicant _____ Date _____

Attach the following documents to the application and mail to:

SF EMS Agency, Attn: Certification
30 Van Ness Avenue, Suite 3300
San Francisco, CA 94102-6027

EMT Initial Applicant:	EMT Re-Certification Applicant:	EMT Re-Certification Applicant with Lapsed Certification
<input type="checkbox"/> Completed original EMT application form	<input type="checkbox"/> Completed original EMT application form	<input type="checkbox"/> Same as Re-Certification Applicant
<input type="checkbox"/> Photocopy of EMT Basic Course Completion Certificate (within the past 2 years)	<input type="checkbox"/> Photocopy of current State driver's license or ID card, valid passport, valid US military ID card or other government-issued ID	<u>Lapse < 6 months</u>
<input type="checkbox"/> Photocopies of both current NREMT certificate (within the past 2 years) and current NREMT certification card	<input type="checkbox"/> Photocopy of current American Heart Association or American Red Cross Healthcare Provider CPR card (front & back) with signature	<u>Lapse of > 6 months but < 12 months</u>
<input type="checkbox"/> Photocopy of current State driver's license or ID card, valid Passport, valid US military ID card or other government-issued ID	<input type="checkbox"/> Photocopy of current EMT certification card	<input type="checkbox"/> Same as Re-Certification Applicant
<input type="checkbox"/> Photocopy of current American Heart Association Healthcare Provider CPR card or American Red Cross Healthcare Provider CPR card (front & back) with signature	<input type="checkbox"/> Completed original State of California EMT Skills Competency Verification Form (State form dated 08/10)	<input type="checkbox"/> CEU requirement is 36 hours
<input type="checkbox"/> Photocopy of completed <i>Live Scan Fingerprint</i> DOJ and FBI form (within the past 12 months)	<input type="checkbox"/> Proof of continuing education training	<input type="checkbox"/> Photocopy of NEW completed <i>Live Scan Fingerprint</i> DOJ and FBI form
<input type="checkbox"/> Check or money order for \$145.00 made out to City and County of San Francisco	a. Photocopy of EMT Refresher Course Completion Certificate or	<u>Lapse of > 12 months but < 24 months</u>
<input type="checkbox"/> If EMT certification is from Out-of-State, please provide address and phone number to contact issuer of current EMT certification	b. Photocopies of Continuing Education Unit (CEU) Certificates - 24 hours (no more than 12 hours of on-line CEUs will be accepted)	<input type="checkbox"/> Same as Re-Certification Applicant
	<input type="checkbox"/> Check or money order for \$107.00 made out to City and County of San Francisco**	<input type="checkbox"/> CEU requirement is 48 hours
	If current/expired EMT certification is from another county and you are applying for Re-Certification in San Francisco, the fee is \$145.00	<input type="checkbox"/> Photocopies of both current NREMT certificate and current NREMT certification card
		<input type="checkbox"/> Photocopy of NEW completed <i>Live Scan Fingerprint</i> DOJ and FBI form
		<u>Lapse > 24 months</u>
		<input type="checkbox"/> Follow EMT Initial Applicant procedures

FOR EMSA USE ONLY:

Application Received in Person on _____ by _____ Application Received by Mail on _____
For Initial Applicants: DOJ/FBI Report Submitted _____ DOJ/FBI Report Received _____
Central Registry # _____ Issue Date _____ Expiration Date _____
CPR Card Expires _____ NREMT Pass Date _____ Check/MO \$ _____
Bill SFFD \$ _____