



## EMS PERSONNEL APPLICATION

|  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> EMT Certification | <input type="checkbox"/> EMT Renewal<br><input type="checkbox"/> EMT Reinstatement | <input type="checkbox"/> Paramedic Accreditation<br><input type="checkbox"/> Paramedic Reaccreditation | <input type="checkbox"/> Paramedic Internship | <input type="checkbox"/> New Hire w/ Out of County Cert |
|--|--|--|---|---|

|                               |  |  |                    |  |            |   |
|-------------------------------|--|--|--------------------|--|------------|---|
| Last Name                     |  | First Name   |                    | MI   | Birth Date |   |
| Address                       |  |  | City               |  | State      | Zip   |
| SSN or TIN                    |  |  | Email              |  |            | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Other / Decline to State |
| Phone #                       |  |  | Driver's License # |  |            |   |
| Race / Ethnicity (Choose One) |  | <input type="checkbox"/> American Indian / Alaska Native |                    | <input type="checkbox"/> Hispanic or Latino                        |            |   |
|                               |  | <input type="checkbox"/> Asian                           |                    | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |            |   |
|                               |  | <input type="checkbox"/> Black or African American       |                    | <input type="checkbox"/> White                                     |            |   |
|                               |  | <input type="checkbox"/> Other                           |                    | <input type="checkbox"/> Decline to State                          |            |   |
| Primary EMS Employer          |  |  | Hire Date          |  |            |   |

| Previous Certification / Licensure         |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> EMT Certification | <input type="checkbox"/> Paramedic Accreditation | <input type="checkbox"/> Other |
| Previous Certification / Licensure #       |  | State / County                 |

**All Applicants Must Complete the Following Questions or the Application Will Be Returned**

|  |   |
|--|---|
| <b>Have you <u>ever</u> applied for an EMT, Advanced EMT (EMT II), or Paramedic certificate/license or accreditation in another County or State?</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>IF YES</b> , was the certificate/accreditation/license issued?<br><b>If certificate/accreditation/license was not issued</b> attach a detailed statement of explanation.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Have you <u>ever</u> been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of Nolo Contendere (No Contest), or any conviction which has been expunged (set aside) or record(s) sealed under Penal Code 1203.4 ?</b><br><b>IF YES</b> , attach a detailed statement that describes the incident, charge(s), date, location, court, sentence served, and probation or parole (if any). Also attach any applicable court documents and police reports. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Are there <u>any</u> criminal charges currently pending against you?</b><br><b>IF YES</b> , attach a detailed statement that describes the incident, charge(s) pending and date and location of occurrence. Also attach any applicable court documents and police reports.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Have you <u>ever</u> had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?</b><br><b>IF YES</b> , attach a detailed statement that describes the action, any corrective action, and/or remediation as a result of the action.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|  |                                  |
|--|----------------------------------|
| I hereby certify <b>under penalty of perjury</b> that all the 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 or Paramedic Accreditation in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Ventura County EMS Agency to contact any person or agency for information related to my role and function as an EMT or Paramedic in California. |                                  |
| Signature of Applicant   | Date                             |
| <b>FOR OFFICE USE ONLY:</b><br><input type="checkbox"/> Tracking File Only   | Date EMT Certification Processed |



## Eligibility Statement

### Submit with EMS Application

Health and Safety Code Section 1798.200, Division 2.5 states that the Medical Director may place a certificate holder on probation, suspend, or revoke any certificate issued under the following provisions and in accordance with the California Emergency Medical Services Authority, upon the finding of the Medical Director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following:

- Fraud in the procurement of a professional certificate
- Gross negligence
- Repeated workplace negligent acts.
- Incompetence in workplace performance.
- The commission of any fraudulent, dishonest, or corrupt acts, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider.
- Conviction of any crime, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider.
- Violating or attempting to violate directly or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision promulgated by the California EMS Authority pertaining to prehospital care.
- Violating or attempting to violate any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs, or controlled substances.
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangers drugs, or controlled substances.
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, accreditation, or licensure
- Demonstration of irrational behavior or occurrence of physical disability reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- Unprofessional conduct exhibited by any of the following: 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 or Paramedic from assisting a peace officer, or a peace officer that is acting in the dual capacity of peace officer and EMT or Paramedic from using that force that is reasonably necessary to affect a lawful arrest or detention.
- The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the Civil Code.

**It is the responsibility of the Certified EMT or Accredited Paramedic to notify the Ventura County EMS Agency within 7 days of any arrest or change in their eligibility status as listed above.**

I hereby certify under penalty of perjury that I have read and understand the Eligibility Statement. I have truthfully answered all of the information I provided on this application and it is true and correct to the best of my knowledge and belief. I further understand that if I violate any of the items listed in this eligibility statement I must report that to Ventura County EMS Agency within 7 days of the event or my certification/accreditation may be revoked, suspended, or placed on probation. I hereby state that I am not precluded from certification for any of the reasons identified above.

Printed Name

Signature

Date