



# Yolo County Emergency Medical Services Agency

137 N Cottonwood Street, Woodland, CA 95695

530-666-8665 – [www.yemsa.org](http://www.yemsa.org)

Effective: July 1, 2018  
This version supersedes all other versions.

## EMERGENCY MEDICAL RESPONDER (EMR) APPLICATION FORM

INITIAL CERTIFICATION       RE-CERTIFICATION # R \_\_\_\_\_

Only legible & complete applications with all required documentation will be accepted.

Name:		Email:	
Alias(es) and/or Maiden Name:			OFFICE USE
Cell Phone #:			Fee Paid: Y N NA
Date of Birth:			DOJ: FBI:
Mailing Address:			Exp. Date:
City:	State:	Zip:	
EMR Course Provider Name:		EMR Course Completion Date:	
Are you currently employed as an EMR? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, where:			

### Background Disclosure: If you answer YES to any of the NEXT three (3) questions, then you must attach a detailed statement.

- Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? *If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action*  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) or records sealed under Penal Code § 1203.4? *If yes, you must attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.*  YES  NO
- Are there any criminal charge(s) currently pending against you? *If yes, you must attach a detailed statement describing the charge(s), date, location, and court, if any. You must also attach any applicable court documents and police reports.*  YES  NO

#### INITIAL CERTIFICATION REQUIRED DOCUMENTATION

- Copy of Government Issued Photo ID Card Exp. Date: \_\_\_\_\_
- Copy of EMR Course Completion CARD Exp. Date: \_\_\_\_\_
- Copy of CPR Card - FRONT & BACK Exp. Date: \_\_\_\_\_
- Copy of Yolo County EMS Live Scan Form Date Taken: \_\_\_\_\_
- Pay non-refundable **\$35.00 application fee**. Make money orders or cashier's checks payable to "Yolo County EMS." A Credit Card Form is on our website. *Do not send cash.*

#### RENEWING CERTIFICATION DOCUMENTATION

- Copy of current YEMSA EMR Card Exp. Date: \_\_\_\_\_
- Copy of Government Issued Photo ID Card Exp. Date: \_\_\_\_\_
- Copy of CPR Card - FRONT & BACK Exp. Date: \_\_\_\_\_
- Copy of EMR Skills Competency Verification Form Dated: \_\_\_\_\_
- Pay non-refundable **\$35.00 application fee**. There is a **\$25.00 late fee** for applications turned in between 0-30 days of expiration date. Make money orders or cashier's checks payable to "Yolo County EMS." A Credit Card Form is on our website. *Do not send cash.*

I understand that I am solely responsible for notifying YEMSA in writing, within thirty (30) calendar days, of any changes to my mailing address or contact information. I also understand it is my responsibility to have **current/valid certifications on file at all times** with YEMSA. This means if a certification expires during the EMR certification period it is my responsibility to submit a current copy to YEMSA. I understand that it is my responsibility to **maintain confidentiality of patient medical information**. In addition, I understand as a certified Emergency Medical Responder in Yolo County I am responsible to know and **adhere to all of their Policies & Protocols**.

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 EMR 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 EMR in the State of California.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*Submission of Application including all required documentation may be mailed, emailed, or placed in the drop box. The YEMSA drop box is located across from the stairs at the address noted above, and is available during normal business hours. In order to meet with someone to drop off your application, you must make an appointment by calling YEMSA at 530-666-8665.*