



Yolo County Emergency Medical Services Agency

137 N Cottonwood Street, Woodland, CA 95695

530-666-8665 – www.yemsa.org

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

EMERGENCY MEDICAL TECHNICIAN (EMT) APPLICATION FORM

INITIAL CERTIFICATION

RE-CERTIFICATION # E _____

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

Full Name:

Email:

Alias(es) and/or Maiden Name:

Date of Birth:

Fee Paid: Y N NA

Mailing Address:

DOJ: FBI:

City:

State:

Zip:

Exp. Date:

Cell Phone #:

Social Security #:

Have you **applied** for an EMT Certificate anywhere other than with YEMSA within the last 12 months? No Yes - If yes, where:

Do you have a **current or expired** EMT certificate issued by any other Certifying Entity? No Yes - If yes, where:

As an EMT will you be **EMPLOYED** or **VOLUNTEERING** as an EMT? No 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.

1. 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
2. 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
3. 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 CPR Card - FRONT & BACK Exp. Date: _____
- Copy of Yolo County EMS Live Scan Form Date Taken: _____
- Copy of EMT Course Completion Certificate Dated: _____
(Within two [2] years of the date of application)
- Copy of National Registry of EMT Certification CARD Exp. Date: _____
- Pay non-refundable \$100.00 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.*

*(For additional EMT Certification Requirements, i.e. Out of State see: CA Code of Regulations, Title 22, Division 9, Chapter 2, § 100079)

RENEWING CERTIFICATION REQUIRED DOCUMENTATION

- Copy of State EMT Card Exp. Date: _____
- Copy of Government Issued Photo ID Card Exp. Date: _____
- Copy of CPR Card - FRONT & BACK Exp. Date: _____
- Copy of CA EMT Skills Competency Verification Form (SCV 01/17)
- Copies of 24-hours of approved CA EMS Continuing Education Certificates or a 24-hour Refresher Course # of Hours: _____
*(Expired Certifications have additional requirements noted on website)
- Pay non-refundable \$60.00 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.*

EMT's SWITCHING Certifying Entities to YEMSA must include the ABOVE items & the Live Scan form noted below.

- Copy of Yolo County EMS Live Scan Form Date Taken: _____

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 EMT 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 Technician 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 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 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.