



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.

PARAMEDIC APPLICATION FORM

INITIAL ACCREDITATION RE-ACCREDITATION

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

Full Name:	Email:		
Alias(es) and/or Maiden Name:	Paramedic License #: P	OFFICE USE	Fee Paid: Y N NA
Cell Phone #:	Date of Birth:		Eff. Date:
Mailing Address:			Exp. Date:
City:	State:	Zip:	

Are you currently employed as a Paramedic? No Yes - If yes, where:

Are you currently authorized/accredited in any other agencies, counties, or states? 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.

- 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 ACCREDITATION REQUIRED DOCUMENTATION

- Copy of Paramedic State License Card Exp. Date: _____
- Copy of current Government Issued Photo ID Card Exp. Date: _____
- Copy of ACLS Card – FRONT & BACK Exp. Date: _____
- Completion of Yolo EMS Orientation Date Taken: _____
- Documentation of Employment with ALS Provider
- Pay non-refundable \$53.00 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.
- Completion of YEMSA 5 Call (ALS Contacts) *PRIOR to beginning YEMSA 5 Call evaluation you must submit an application, attach required items, pay fees, and attend a YEMSA Orientation.

RENEWING ACCREDITATION REQUIRED DOCUMENTATION

- Copy of current Paramedic State License Card Exp. Date: _____
- Copy of current Government Issued Photo ID Card Exp. Date: _____
- Copy of ACLS Card - FRONT & BACK Exp. Date: _____
- Copy of ITLS or PHTLS Card – FRONT & BACK Exp. Date: _____
- Infrequent Skills Verification Form
- Intubation Verification Form (4 intubations per year)
- Attend 2** Yolo County CQI or Case Review Meetings
Must include copies of each CE Certificate. 1 2
- Pay Application Fee. There is NO fee for ON TIME Re-Accreditation applications; however, 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 Paramedic accreditation 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 an accredited Paramedic 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 Paramedic 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 a Paramedic 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.*