



County of Santa Clara Emergency Medical Services Agency EMS Personnel Application (EMS 901)

A. General Information - All Applicants

- EMT Certification
- Paramedic Intern
- Paramedic Accreditation
- Paramedic Preceptor
- EMS System Identification
- CCT Nurse
- CCT Paramedic
- Supervisor Accreditation
- MICN Accreditation
- AST Leader Accreditation
- Card Replacement

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from home address):

PO Box / Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

SSN: _____ Are you at least 18 years of age? Yes

Driver's License #: _____ Issuing State: _____

EMT Training Program Attended: _____

Santa Clara County EMS Employer: _____

Work Address: _____

Work Phone Number: _____

If you are currently or have been previously certified, licensed, or accredited; please provide the following:

Type: _____

Authority/Agency: _____

Expiration Date: _____ Number: _____

B. Background – All Applicants

If the answer to any of the following questions is “Yes”, additional documentation is required explaining the situation.

1. Have you ever been denied certification or licensure or accreditation as an EMT, paramedic, or MICN by this or any other agency? No Yes
2. Are you currently the subject of any investigation, including a formal prehospital care personnel certificate, accreditation or license review? No Yes
3. Within the past seven years, have you been convicted of a crime (misdemeanor or felony), plead guilty, including *nolo contendere*, accepted a plea bargain, or been given a suspended sentence by any court (traffic, criminal, military); been placed on probation, placed on parole, been made ward of any court or have been placed on any censure? No Yes
4. Are you currently on parole and/or probation, following the conviction of any crime? No Yes
5. Are there any local, State or Federal charges pending against you? No Yes

I declare, under penalty of perjury, that I have answered all questions in Section B truthfully; that all of the information I provided on this and with this application is true and correct; and that I am not precluded from any prehospital credentialing for reasons defined in Section 1798.200 of the California Health and Safety Code [Section C “Eligibility Statement”]. I further understand that if I violate any of the items listed in Section C, my certification, accreditation, and/or prehospital credentials may be revoked, suspended, or placed on probation and that I may face criminal and/or civil charges. I hereby state that I am not precluded from certification for any reason. I understand incomplete applications will not be processed and are subject to denial.

Applicant Signature: _____ Date: _____

Document executed at: (City) _____ (State): _____

Applicant's Name: _____

C. Eligibility Statement – All Applicants

Health and Safety Code Section 1798.200, Division 2.5 states that the EMS Medical Director may place a certificate holder on probation, suspension, or revoke any certificate issued under the following provisions 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 act, 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 any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs, or controlled substances.
- 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.
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, licensure, or accreditation.
- Demonstration of irrational behavior or occurrence of physical disability reasonable to cause to believe that the ability to perform the duties normally expected may be impaired.

D. Employment Verification for EMS System Identification, CCT Paramedic, CCT Nurse, Paramedic Preceptor, MICN, Supervisor, & Ambulance Strike Team Leader Credentials

To Be Completed By Employer

The individual named on this application is currently employed by _____. Copies of employees' records are on file and available to the Agency upon request. *As the authorized representative of the agency named above, I will notify the Agency immediately of any change in employment with the individual named on this application.*

BLS/Paramedic Coordinator: _____ **Date:** _____

Signature: _____

E. Paramedic Accreditation Authorization

To Be Completed By Employer

The individual named on this application is affiliated with our (agency) _____. All licenses, certificates, and credentials have been verified. Copies are maintained on file and available to the Agency upon request. *As the authorized representative of the agency named above, I will notify the EMS Agency within 30 days of application if accreditation is requested).*

Paramedic Coordinator: _____ **Date:** _____

Signature: _____

F. Paramedic Intern Recognition

Internship Provider Agency: _____

Assigned Preceptor Name: _____

Preceptors Paramedic License Number: _____

Paramedic Training Program: _____

To Be Completed By Paramedic Training Program Director

As the **Paramedic Training Program Director**, I certify that the individual named on this application is approved to begin field internship. I further certify that the program will monitor the individual throughout the field evaluation of the paramedic training program.

Training Director: _____ **Date:** _____

Signature: _____

Phone: _____ **Email:** _____

Completion Instructions for EMS Personnel Application (EMS 901)

Section A (General Information – All Applicants)

- To be completed by the applicant
- Include full name (first, middle and last)
- Include current residential address
- Include current mailing address, if different from the residential address
- If employed with an approved Santa Clara County EMS Provider, include agency's name, address, and phone number
- First time EMT certification applicants must document which approved EMT training program they attended
- If previously credential by Santa Clara County or other credentialing agency, include type of credential (certification, accreditation, licensure, etc.), name of Agency, expiration date and control number

Section B (Background – All Applicants)

- To be completed, signed and dated by the applicant
- Applicants must document in which City and State they signed the document (ie: San Jose, CA)
- All "Yes" answers require additional information/documentation that explains the situation which resulted in a "Yes" answer

Section C (Eligibility Statement – All Applicants)

- Read by the applicant

Section D (For All Applicants Employed by Santa Clara County EMS Provider Agency)

- Completed by employing Santa Clara County EMS Provider Agency BLS or Paramedic Coordinator
- Include agency name and BLS or Paramedic Coordinator's name
- Section signed and dated by the BLS or Paramedic Coordinator

Section E (For Paramedic Accreditation Applicants Only)

- Completed by applicant's affiliated Santa Clara County Paramedic Provider Agency
- Include agency name and Paramedic Coordinator's name
- Section signed and dated by the Paramedic Coordinator

Section F (For Paramedic Intern Applicants Only)

- Completed by the Paramedic Training Program Director
- Include internship provider agency name
- Include preceptor's full name and paramedic license number
- Section signed and dated by the Training Program Coordinator