



EMERGENCY MEDICAL TECHNICIAN - (EMT) APPLICATION

APPLICATION TYPE CHECK ONE: INITIAL CERTIFICATION RENEWAL

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE # () _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

BIRTHDATE ____/____/____ DRIVERS LICENSE # _____ STATE _____

CALIFORNIA EMT#: E _____ ISSUE DATE _____ EXPIRATION DATE _____

EMS Employer Name and Address _____

EMT Training and Continuing Education Units

EMT Basic EMT Refresher CEUs* (please list below & attach CEU certificates)

If EMT Basic or EMT Refresher Course, indicate name of Course Provider _____

Date of Course Completion ____/____/____

*** List Continuing Education Units - must total 24 hours* (Recertification Applicants only)**

Course Date	Course Title/Topic	Approved CE Provider Name	CE Provider Number	# of Course Hours	SF EMS Agency Use Only

Race/Ethnicity			Gender		Age
American Indian or Alaska Native	<input type="checkbox"/>	White	<input type="checkbox"/>	Male	<input type="checkbox"/>
Asian	<input type="checkbox"/>	2 or more	<input type="checkbox"/>	Female	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	Choose not to identify	<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>
Hispanic Latino	<input type="checkbox"/>	Other	<input type="checkbox"/>	Decline to disclose	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Decline to disclose	<input type="checkbox"/>		

Effective 1/1/2019, pursuant to Calif. H&S Code 1797.229, the San Francisco EMS Agency is required to ask Race/Ethnicity, Gender, and Age on EMT Certification Applications. The application cannot be approved, approved with restrictions, and/or denied based on the submission or non-submission of this demographic information. Information provided cannot be utilized to approve, approve with restrictions, and/or deny an EMT Certification. Applications must contain the option to provide this information. Data collected will be submitted to the State EMS Authority.

ANSWER THE FOLLOWING QUESTIONS BEFORE SIGNING THIS APPLICATION:

- yes no **Have you ever had a certification, accreditation, or professional license denied, suspended, revoked, placed on probation, or are you under investigation at this time?**
- yes no **Are there criminal charges pending against you?**
- 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) under Penal Code Section 1203.4?**

If you answered **Yes** to any of the above questions, attach a written explanation describing the crime, date, location, court, conviction, corrective action, and/or remediation. Attach DMV, court, and police records.

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. I understand 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 California.

Signature of Applicant _____ Date _____

Attach the following documents to the application and mail, e-mail, or bring into the office at:

**San Francisco EMS Agency, Attn: Certification
333 Valencia St, Suite 210, San Francisco, CA 94103**

EMT Initial Applicant	EMT Renewal Applicant	EMT Renewal Applicant with Lapsed Certification
<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> Copy of EMT Basic Course Completion Certificate (within the past 2 years) <input type="checkbox"/> Copy of both current NREMT certificate (within the past 2 years) and current NREMT certification card <input type="checkbox"/> Copy of current State driver's License <input type="checkbox"/> Copy of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> Copy of completed Live Scan Fingerprint DOJ and FBI form (within past 12 months) <input type="checkbox"/> \$183.00 non-refundable fee payable to the City and County of San Francisco via check, money order, or on-line credit card <input type="checkbox"/> Out-of-State applicants are considered Initial Applicants and must submit a copy of their Out-of-State EMT Certificate. <input type="checkbox"/> Proof of Glucometer, Epinephrine, and Naloxone training by a Continuing Education Provider if EMT Basic Class was before July 1, 2018	<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> Copy of current State driver's License <input type="checkbox"/> Copy of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> Copy of current EMT certification card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> Proof of Continuing Education Training <ol style="list-style-type: none"> Copy of EMT Refresher Course Completion Certificate or Copies of Continuing Education Unit (CEU) Certificates - 24 hours. On-line CEUs must say Instructor-based on certificate. Must be a minimum of 1.0 hr per class. <input type="checkbox"/> Proof of Glucometer, Epinephrine, and Naloxone training by a Continuing Education Provider (starting July 1, 2019) <input type="checkbox"/> \$135.00 non-refundable fee payable to the City and County of San Francisco via check, money order, or on-line credit card **Out-of-county Renewal Applicants submit a SF EMSA Live Scan Form and \$183.00 non-refundable fee	Lapse of 6 months or less <input type="checkbox"/> Same as Renewal Applicant Lapse between 7 and 12 months <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 36 hours <input type="checkbox"/> Copy of NEW SF EMSA Live Scan Form Lapse of 1 year or greater <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 48 hours <input type="checkbox"/> Copy of both current NREMT Certificate and current NREMT Card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> Copy of NEW SF EMSA Live Scan Form <input type="checkbox"/> \$183.00 non-refundable fee payable to the City and County of San Francisco via check, money order, or on-line credit card

FOR EMSA USE ONLY:

Application Received: In Person on _____ by _____ Via E-Mail _____ Via Mail _____
DOJ/FBI Report: Submitted _____ Received _____
Central Registry # E _____ **Issue Date** _____ **Expiration Date** _____
CPR Card Expires _____ **NREMT Pass Date** _____ **Check/MO: \$** _____ **#** _____
Payment: Debit/Credit Card: \$ _____ On-Line Credit Card: \$ _____ Bill SFFD: \$ _____