City and County of San Francisco
London N. Breed, Mayor

Department of Emergency Management
Emergency Medical Services Agency

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 Hours	SF EMSA Use Only

San Francisco EMS Agency, Attn: Certification
333 Valencia St, Suite 210, San Francisco, CA 94103
Phone (628) 217-6000 • Website: sf.gov/EMSA
E-Mail: emsacertifications@sfgov.org
Application Hours: Monday through Friday 8:00 am – 4:00 pm

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

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, submit via DocuSign, or bring into the office at:

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

EMT Initial Applicant

☐ Completed original EMT application form
☐ **Copy** of EMT Basic Course Completion Certificate (within the past 2 years)
☐ **Copy** of both current NREMT certificate (within the past 2 years) and current NREMT certification card
☐ **Copy** of current government-issued photo ID (e.g. State Driver's License, Passport)
☐ **Copy** of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card
☐ **Copy** of completed Live Scan Fingerprint DOJ and FBI form (within past 12 months)
☐ $193.00 non-refundable fee payable to the City and County of San Francisco via check, money order, or on-line credit card
☐ Out-of-State applicants are considered Initial Applicants and must submit a copy of their Out-of-State EMT Certificate.

EMT Renewal Applicant

☐ Completed original EMT application form
☐ **Copy** of current government-issued photo ID
☐ **Copy** of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card
☐ **Copy** of current EMT certification card
☐ Completed State of California EMT Skills Competency Verification Form
☐ Proof of Continuing Education Training within past 2 years
  a. **Copy** of EMT Refresher Course Completion Certificate or
  b. **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.
☐ First renewal only: Proof of Glucometer, Epinephrine, and Naloxone training by a Continuing Education Provider
☐ $143.00 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 $193.00 non-refundable fee

EMT Renewal Applicant with Lapsed Certification

Lapse of 6 months or less
☐ Same as Renewal Applicant

Lapse between 7 and 12 months
☐ Same as Renewal Applicant
☐ CEU Requirement is 36 hours
☐ **Copy** of **NEW** SF EMSA Live Scan Form

Lapse of 1 year or greater
☐ Same as Renewal Applicant
☐ CEU Requirement is 48 hours
☐ **Copy** of both current NREMT Certificate and current NREMT Card
☐ Completed State of California EMT Skills Competency Verification Form
☐ **Copy** of **NEW** SF EMSA Live Scan Form
☐ Potentially Proof of Glucometer, Epinephrine, and Naloxone training by a Continuing Education Provider (contact SFEMSA for more information, depends on previous expiration date)
☐ $193.00 non-refundable fee payable to the City and County of San Francisco via check, money order, or on-line credit card

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** _____
Payment: On-Line Credit Card: $_____ Bill SFFD: $ _____ Check/MO: $ _____ #_____