



**PARAMEDIC INITIAL / RE-ACCREDITATION / TRANSFER APPLICATION FORM**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED  
PLEASE ATTACH COPIES TO YOUR APPLICATION  
APPLICATION PROCESSING TIME IS 15 BUSINESS DAYS**

**Initial Application must include a copy of a current:**

- Completed EMT-P application, verification of employment by an approved San Francisco (SF) ALS provider, orientation to EMS system, and field evaluation.
- State of California Paramedic License
- California Driver's License
- ACLS Card
- PALS, PEPP or EPC Card
- PHTLS or ITLS Card
- Healthcare Provider CPR Card
- Payment of \$40.00 to the City and County of San Francisco via check/money order or on-line credit card (fee is non-refundable)

**Re-Accreditation Applications must include a copy of a current:**

- Completed application and verification of employment by an SF ALS Provider
- San Francisco EMT-P Accreditation Card
- New State of California Paramedic License
- California Driver's License
- ACLS Card
- PALS, PEPP or EPC Card
- Healthcare Provider CPR Card
- Payment of \$40.00 to the City and County of San Francisco via check/money order or on-line credit card **IF ACCREDITATION HAS LAPSED** (fee is non-refundable)

**Transfer of Accreditation to Another ALS Employer:**

- Complete application and verification of employment by SF ALS Provider

**CHECK ONE:**     INITIAL             RE-ACCREDITATION             TRANSFER

San Francisco EMT-P Accreditation # \_\_\_\_\_ California State EMT-P License # \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Drivers License # \_\_\_\_\_ Current Employer \_\_\_\_\_

San Francisco EMS Agency, Attn: Accreditation  
333 Valencia St, Suite 210, San Francisco, CA 94103  
Phone (628) 217-6000 • Website:

<https://sf.gov/departments/department-emergency-management/emergency-medical-services-agency>

E-Mail: [emsacertifications@sfgov.org](mailto:emsacertifications@sfgov.org)

Application Hours: Monday through Friday 8:00 am – 4:00 pm

**ANSWER THE FOLLOWING QUESTIONS BEFORE SIGNING THE 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-P Accreditation in the City and County of San Francisco. 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-P in California.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**FOR EMSA USE ONLY:**

Application Received in Person on \_\_\_\_\_ by \_\_\_\_\_ Application Received by Mail on \_\_\_\_\_

SF EMT-P Accreditation # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

ACLS Expiration Date \_\_\_\_\_ PALS/PEPP/EPC Expiration Date \_\_\_\_\_

PHTLS/ITLS Expiration Date \_\_\_\_\_ CPR Expiration Date \_\_\_\_\_

Initial/Lapsed Accreditation Payment of \$40.00 can be paid by:

Check/Money Order \$ \_\_\_\_\_  
OTC Debit/Credit Card \$ \_\_\_\_\_  
On-Line Credit Card \$ \_\_\_\_\_

