



EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATE APPLICATION

Initial Renewal

MARIN COUNTY EMS AGENCY
899 Northgate Drive #104, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3747
www.MarinEMS.org

You must apply in person at the EMS office with a valid photo ID. *Incomplete applications will not be accepted.*
All new applicants or those changing certifying entity must complete a fingerprint live scan (DOJ background check).
Fee is non-refundable. The form for the live scan is available at the EMS office and online at www.MarinEMS.org.

Last Name			First Name			Middle Initial					
Residence Address				Mailing Address if Different than Residence Address							
City		State		Zip		City		State		Zip	
Home Phone			Mobile Phone			Social Security Number					
E-mail						Date of Birth					
If employed by an EMS Provider(s) list the name and address											
Primary Employer						Other Employer					
Name						Name					
Address						Address					
City		State		Zip		City		State		Zip	
<p>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, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any criminal charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to either of these questions, 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.</p>											
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.</p>											
<p>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 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.</p> <p>Signature of Applicant: _____ Date: _____</p>											

Office Use Only	
<input type="checkbox"/> Completed and signed application form Date _____ <input type="checkbox"/> Healthcare provider (or equivalent) CPR card <div style="text-align: center;"><input type="checkbox"/> Initial</div> <input type="checkbox"/> National Registry EMT certificate (not wallet card) <input type="checkbox"/> EMT course completion certificate (<input type="checkbox"/> N/A) <div style="text-align: center;"><input type="checkbox"/> Renewal</div> <input type="checkbox"/> Skills verification form <input type="checkbox"/> Appropriate number of CE hours	<input type="checkbox"/> ID Verified _____ <input type="checkbox"/> Initial Data Entry _____ <input type="checkbox"/> Fees paid. Receipt # _____ <input type="checkbox"/> Reviewed Date _____ Initials _____ <input type="checkbox"/> DOJ Date _____ Initials _____ <input type="checkbox"/> Approved Date _____ Initials _____ <input type="checkbox"/> Issued Date _____ Initials _____ Expiration Date: ATI #: