



PARAMEDIC ACCREDITATION APPLICATION

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 with a valid photo ID and original required documents. **Fees are non-refundable.**

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		
State EMT-P License Number						Expiration Date		
Primary Marin County Employer				Other Marin County Employer				
Name				Name				
Address				Address				
City		State	Zip		City		State	Zip
Are you currently EMT-P in another county? If yes, where?				Past EMT-P? If yes, where?				
<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 and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4?YES _____ NO _____</p> <p>Are there any criminal charges currently pending against you?..... YES _____ NO _____</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?YES _____ NO _____</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 paramedic licensure in California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Marin EMS Agency to contact any person or agency for information related to my role and function as a paramedic in Marin County.</p> <p>Signature of Applicant: _____ Date: _____</p>								

Office Use Only	
<input type="checkbox"/> ID Verified _____ <input type="checkbox"/> Fees paid: receipt # _____ <input type="checkbox"/> Complete & signed application form _____ <input type="checkbox"/> Proof of employment letter _____ <input type="checkbox"/> State License _____ <input type="checkbox"/> Acknowledgement of orientation & policy manual _____ <input type="checkbox"/> Proof of optional scope training _____ <input type="checkbox"/> Pass protocol test _____	<input type="checkbox"/> Lic. verified Date _____ Initials _____ <input type="checkbox"/> Data Entry Date _____ Initials _____ <input type="checkbox"/> Reviewed Date _____ Initials _____ <input type="checkbox"/> Approved Date _____ Initials _____ <input type="checkbox"/> Issued Date _____ Initials _____ <input type="checkbox"/> EPCIS Date _____ Initials _____ Log-on #: _____ Medic #: _____