



# Emergency Medical Services Agency

1441 Schilling Place, South Building, Salinas, CA 93901 | PH: 831-755-5013 | FX: 831-755-8040



## Application for Paramedic Accreditation (Initial and Renewal)

- Initial Accreditation
- Renewal Accreditation

### FOR OFFICIAL USE ONLY

Registry Number:         P              Expiration Date:          /          /         

ALS Employer:                                       Accred. Letter:                                 

### APPLICANT INFORMATION

Last Name	Middle Initial	D.O.B
First Name	Other/Maiden	

Mailing Address
City
State
Zip Code

Residence Address
City
State
Zip Code

Same As Mailing Address Note: Certified Mail cannot be sent to P.O. Box

Phone Number	Alt Number
Email Address	

ALS Employer	
Are you employed by another ALS Provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>YES</b> , please provide the name of employer:	
Attach color copies of: <ul style="list-style-type: none"> <li>• Paramedic License</li> <li>• ACLS, BLS, PHTLS/ITLS, and PALS/PEPP certificates</li> <li>• CA Driver's License or government issued ID</li> </ul>	<input type="checkbox"/> Paramedic License <input type="checkbox"/> Certificates Attached <input type="checkbox"/> CA License or ID Attached

### PLEASE READ CAREFULLY

Carefully read the following question below and check the appropriate boxes.

• Is your Paramedic License under investigation or been denied, revoked, suspended, restricted, placed on probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered <b>YES</b> , please attach a <b>detailed</b> explanation and provide documentation.	<input type="checkbox"/> Attached

### ACKNOWLEDGEMENT

*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 accreditation in the county of Monterey, California and potentially 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 Monterey County EMS Agency to contact any employer, agency or any other person for information related to my role and function as a an accredited paramedic in Monterey County, California.*

Applicant Signature: \_\_\_\_\_

Signed at \_\_\_\_\_, in \_\_\_\_\_, California on \_\_\_\_\_ (city) (county) (date)

EMSA database verification by the EMS Agency for license and accreditation status:  YES

# Application for Paramedic Accreditation (Initial and Renewal)

## Paramedic Accreditation – Recommended Action

### PARAMEDIC INFORMATION

Paramedic Name			
California Paramedic License Number and Expiration	License #		
	Exp. Date		
Paramedics ALS Employer or Agency:			

### INITIAL / RENEWAL

Initial	The paramedic listed above has successfully completed the requirements for accreditation set forth in California Code of Regulations, Title 22, Chapter 4 and Monterey County EMS System Policies and Procedures.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Initial: _____	Date: _____
Renewal	The paramedic listed above: (1) has renewed his/her California paramedic license; (2) his/her paramedic license is not on probation or suspended; and, (3) I am recommending him/her for continuing paramedic accreditation with this organization.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Initial: _____	Date: _____
Termination	Date paramedic was no longer employed	Date: _____	
Resignation	Date paramedic resigned	Date: _____	

### APPROVED ALS PROVIDER'S QUALITY IMPROVEMENT MANAGER, COORDINATOR, OR CHIEF

Organization Name: \_\_\_\_\_

I (approved signatory) \_\_\_\_\_ hereby certify that the following statements in this application are true and accurate, under penalty of perjury: (1) that \_\_\_\_\_ is employed with the above-named organization; (2) that \_\_\_\_\_ has successfully completed all testing and training required for local continuing accreditation as required by EMS Agency Policies and Procedures; (3) that the above-named organization has in its records, documents that verify that \_\_\_\_\_ has completed the required testing and training for local continuing accreditation; and, (4) that I am authorized by the organization to execute this document on behalf of the organization.

Signature: \_\_\_\_\_

Signed at \_\_\_\_\_, in \_\_\_\_\_, California on \_\_\_\_\_.  
(city) (county) (date)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### NOTES:

- Local paramedic accreditation runs concurrently to employment and license status. Local accreditation is voided if a paramedic is no longer licensed and employed by a Monterey County ALS Provider. Paramedics that are not locally accredited are not authorized to provide ALS services in Monterey County.
- There is no fee for accreditation or requirement for a local DOJ LiveScan background investigation.
- Paramedic accreditation is reflected in the EMS Authority's Personnel Registry (license verification) web site at <http://www.centralregistry.ca.gov/>
- Monterey County paramedic accreditation is limited to two (2) years; and will be renewed following renewal of the paramedic license.
- At least thirty (30) days prior to expiration of accreditation, electronically (scan and email) submit application and materials to the EMS Agency. The EMS Agency will electronically provide initial and renewal accreditation letters to paramedic and employer. There is no separate paramedic accreditation card. The letter serves to document accreditation status.
- If employed by more than one Monterey County ALS Provider, a separate letter of accreditation is required for each ALS Provider employer.