



SACRAMENTO COUNTY
Department of Health & Human Services
Office of Emergency Medical Services
9616 Micron Avenue, Suite 635
Sacramento, CA 95827
Tel: (916) 875-9753 / Fax (916) 875-9711

EMT-I CERTIFICATION APPLICATION

Please check one:

- Initial Certification \$25.00
- Recertification \$25.00
 - Sacramento County Other CA County
- Replacement Card \$ 5.00

Complete application in ink. Card will be mailed. Application processing requires a minimum of 10 business days once all materials are received.

Last Name:		First Name:	MI:
Mailing Address:		email:	
City:		State: ___	Zip: _____
Home Phone: (____) _____ - _____		Cell Phone: (____) _____ - _____	
Training Institution: <i>(Initial Certification Only)</i>		Completion Date: ____ - ____ - _____	
Social Security # : ____ - ____ - _____		CA Driver's License # : _____	
Employer:		Work Phone: (____) _____ - _____	
Current / Prior Certification Number: _____		Exp Date: ____ - ____ - _____	
Is Current/Prior Certification through another County/Agency? If so, specify Agency:		Date of Birth: ____ - ____ - _____	
<i>(Initial Certification or non-Sacramento County recertification Only)</i>			
Have you resided continuously in California for the past seven (7) years? Yes_____ No_____.			
<i>(If No, you are required to submit fingerprints for both DOJ and FBI criminal history check. Check both on Live Scan Request.)</i>			
Applicant Signature:		Date: ____ - ____ - _____	

Present in person each of the following:

- Application form completed and signed.
- Health and Safety Code affidavit (§1798.200) completed and signed.
- Non-refundable fee: check or money order made payable to Sacramento County or cash.
- Government issued Photo Identification. *Staff initials* _____.
- Current CPR Card, 2005 AHA 8 hour "Healthcare Provider" or other approved CPR card.
- Basic Course Completion record; if recertifying, 24 hour Refresher or 24 Continuing Education hours.
- DOJ/FBI form BCII 8016, Request for Live Scan Service (if initial certification or non-Sacramento County recertification).
- Current National Registry EMT Card, if initial certification. _____.
- If recertifying, CA Skills form EMSA-SVC (07/03) current within 24 months with original signatures. Date:___ - ___ - ____.
- If recertifying, your current or prior certification card.

A \$25.00 charge will be imposed on checks returned for insufficient funds. EMT certification will be revoked until the certification and NSF fees are paid in full.

EMS OFFICE USE (11/09)

Date Received:	Fee:	Receipt # :	Computer :
Date Completed :	CEH:	Date:	Reviewer :
Certification # :	Negative Action? Y <input type="checkbox"/> N <input type="checkbox"/>	Auditor :	
Effective:	Logged :	Date Mailed :	
Expires:	Course # :	Date Scanned :	

Visit our Web Site: <http://www.sacdhhs.com/ems>