



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-P ACCREDITATION APPLICATION

Please check one:

- Initial Accreditation \$35.00
- Re-Accreditation \$35.00
- Continuous Accreditation \$0.00
- Replacement Card \$5.00

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

Last Name: <i>(As it appears on State EMT-P License)</i>	First Name:	M I:
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Home Phone: □□□ □□□ - □□□□	Cell Phone: □□□ □□□ - □□□□
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Mailing Address:

City:	State: □□	Zip: □□□□□ - □□□□
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Training Institution: <i>(Initial Accreditation Only)</i>	Completion Date: □□ - □□ - □□□□
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Social Security : □□□ - □□ - □□□□	CA Driver's License #: □□□□□□□□
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ALS Employer: <i>(If applicable)</i>	Work Phone: □□□ □□□ - □□□□
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California EMT-P License Number:	Exp. Date: □□ - □□ - □□□□
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Applicant Signature:	Date: □□ - □□ - □□□□
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Applicants seeking INITIAL ACCREDITATION must present:

- Current California EMT-P license *Staff initials* _____
- Date attended Sacramento County Orientation: _____
- Documentation of training in the following skills & drugs:
 - Needle cric w/jet insufflation Intraosseous infusion
 - Nasotracheal intubation Pediatric endotracheal intubation
- Government issued photo identification. *Staff initials* _____

Applicants seeking CONTINUOUS ACCREDITATION or REACCREDITATION must present:

- Government issued photo identification. *Staff initials* _____
- Copy of renewed California EMT-P license. *Staff initials* _____

Include check or money order in the amount indicated, payable to Sacramento County. A \$25.00 charge will be imposed on all checks returned for non-sufficient funds. Accreditation will be revoked until the accreditation and non-sufficient fund fees are paid in full.

EMS OFFICE USE (04/07)

Date Received:	Accreditation #:	Negative Action? Y <input type="checkbox"/> N <input type="checkbox"/>	Reviewer:	Auditor:
Date Completed:	Effective:	Logged:	Computer:	
Fee:	Receipt No.:	Expires:	Course #:	Date Mailed: