



# Yolo County Emergency Medical Services Agency

137 N. Cottonwood St, Suite 2601, Woodland, CA 95695  
Phone (530) 666-8645 - Fax (530) 666-3984  
[www.yemsa.org](http://www.yemsa.org)

## EMT APPLICATION

INITIAL CERTIFICATION       RE-CERTIFICATION

Please write clearly and answer all questions or your application may be rejected.

Name:	Email:				
Other names known by:	Date of Birth:	Fee Paid:	Y	N	NA
Mailing Address:	DOJ:		FBI:		
City:	State:	Zip:	Exp. Date:		
Driver's License #:	State:	Social Security #:			
Day Phone #:	Night Phone #:				
EMT School Attended:	Course Completion Date:				
Check One:	<input type="checkbox"/> Basic (Initial Course)	<input type="checkbox"/> Refresher	<input type="checkbox"/> Continuing Education		
Are you currently employed as an EMT? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, Employer's Name:					

1. 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? *If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action.*       YES     NO
2. 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? *If yes, you must 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.*       YES     NO
3. Are there any criminal charge(s) currently pending against you? *If yes, you must attach a detailed statement describing the charge(s), date, location, and court, if any. You must also attach any applicable court documents and police reports.*       YES     NO

**All information on this application is subject to verification.**

**Applications will not be processed until ALL REQUIRED ITEMS are received. Be sure to copy the front and back of all cards!**

### REQUIRED ITEMS FOR INITIAL CERTIFICATION

- Copy of current Government issued photo ID \_\_\_\_\_
- Copy of CPR Card (AHA or equivalent) \_\_\_\_\_
- Copy of completed DOJ LiveScan Service Form
- Copy of EMT Course Completion Certificate or copy of current State EMT Card \_\_\_\_\_
- Copy of National Registry of EMT course completion **CERTIFICATE and CARD** or copy of current State EMT Card \_\_\_\_\_
- Pay Application Fee. We accept cashier's check or money order (No cash or personal checks) payable to: **Yolo County EMS** (fees are non-refundable). See website for fee amount.

### REQUIRED ITEMS FOR RE-CERTIFICATION

- Copy of current Government issued photo ID \_\_\_\_\_
- Copy of current State EMT Card \_\_\_\_\_
- Copy of CPR Card (AHA or equivalent) \_\_\_\_\_
- Copy of Skills Competency Verification Form
- Copy of completion certificates of either required Continuing Education hours or a 24-hour Refresher Course.
- Pay Application Fee. We accept cashier's check or money order (No cash or personal checks) payable to: **Yolo County EMS** (fees are non-refundable). See website for fee amount.

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 the State of California.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Submission of application and all required items may be mailed, emailed, or placed in the drop box. The YEMSA drop box is located across from the stairs at the address noted above, and is the preferred method of submission! If you would like to meet with someone to drop off your paperwork, please make an appointment first by calling (530) 666-8665.*