

County of San Diego Emergency Medical Services



Check One

- County of San Diego EMS System Identification Card
- EMT-B Certification/Recertification
- EMT-B ETAD Accreditation
- EMT-Paramedic Accreditation/Renewal
- Mobile Intensive Care Nurse Authorization/Reauthorization

Last Name: _____ First Name: _____ MI: _____

Street Address, Apt, P.O. Box: _____ City: _____

State: _____ Zip Code: _____ Phone with area code: _____

Social Security Number: _____ Date of Birth (MM/DD/YY) _____

Employer or Agency: _____

YES NO Have you been previously certified an EMT-B in the County of San Diego? If yes, indicate the previous certification # _____

YES NO Has your existing License, Certification, Authorization, or Accreditation lapsed? If yes, enter the date of lapse: _____

YES NO Is your License, Certification, Authorization or Accreditation currently on probation or suspension? _____

YES NO Have you ever had a Perhospital License, Certification, Authorization or Accreditation Suspended, denied or revoked? If YES, or if you have ever been placed on probation or are under investigation at this time, you must attach with this application a written explanation that describes the action, and any corrective action, and/or remediation as a result of the action.

YES NO Have you ever been *convicted* of any Misdemeanor or Felony (*in California or any other state*), including entering a plea of nolo contendere or no contest? You must disclose any convictions which have been expunged (Penal Code Section 1203.4) You must answer this question or your application will be returned. If YES, attach any applicable court documents and police reports.

EMT-B Applicant

New Certification, in the County of San Diego. **If you have previously certified as an EMT-B by another county/state within the past four years, indicate the county/state of certification:** _____

Recertification – Prior County of San Diego EMT-B Certification # _____

EMT-P Accreditation

California EMT-P License Number: _____ **Expiration Date:** _____

New Accreditation

Renewal – Prior County of San Diego EMT-P Accreditation # _____

MICN Applicant: R.N. License Number: _____ **Expiration Date:** _____

New Authorization – Attach proof of completion MICN training, verification of ride-along and orientation to the base hospital.

Reauthorization – Complete education section on following page.

All Applicants

I hereby certify that all information contained on this application and accompanying documents, are true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause forfeiture on any part of my County of San Diego License, Certification, Authorization or Accreditation. I understand all information on this application is subject to verification or audit and I hereby give my permission for the County of San Diego and its agents to verify information hereon.

Signature: _____ **Date:** _____

Lic/Cert/Accred/Auth	Issue Date	Expiration Date	Live Scan	Data Entry By

Checklist for a complete application packet - See below for specific requirements and include any necessary supporting documentation.
Fees: payable by check/money order or cash, no ATM/Credit Cards.

County of San Diego EMS System ID Card

- Completed application form
- Current Out of County EMT-B card
- Current CPR Card
- no application fee

EMT-B Out of State Transfer to San Diego County

- Completed application form
- Current National Registry Card
- Current CPR Card
- State EMT Card or EMT Course Completion Certificate
- Live Scan* (background check)
- Photo
- \$17 application fee

EMT-B ETAD Card

- Completed application form
- Current CPR Card
- Current County of San Diego EMT-B Card
- Current ETAD Course Completion
- no application fee

EMT-B Initial Certification

- Completed application form
- Current EMT-B Training Center Course Completion
- Current NREMT-B Card and Certificate
- Current CPR Card
- Live Scan* (background check)
- Photo
- \$17 application fee

EMT-B Recertification

- Completed application form
- Current State of California EMT-B Card
- Current CPR Card
- Current California State Skills Competency Verification Form
- 24 hours authorized CE Certificate(s) of Completion or 24 hour approved refresher class
- If you have not all ready done so, Live Scan* (background check)
- Photo
- \$17 application fee

EMT-P Accreditation or Renewal of Accreditation

- Completed application form
- Current ACLS Card
- Current State of California Paramedic License
- Certificate of completion from an Accreditation Workshop (if trained out of County)
- Photo
- \$17 application fee

MICN Initial Authorization

- Completed application form
- Current ACLS Card
- Current State of California Registered Nurse License
- Current Course Completion of MICN Training
- Photo
- \$17 application fee

SUBMIT BY mail or in person to :

COUNTY OF SAN DIEGO EMS
6255 MISSION GORGE ROAD
SAN DIEGO, CA 92120-3599
ATTN: CERTIFICATION PROCESSING
Office (619) 285-6429
Fax (619) 285-6531

To receive your card via mail, include a stamped self-addressed envelope with your application packet.

Photos: take your picture in our office or email digital photo with "certification" in subject line.

Cards will not be issued until application packet is complete – see checklists at left.

Questions:
call or visit www.SanDiegoCountyEMS.com

*** Live Scan Background Check**

Call EMS for Live Scan results.
Clearance is needed before card can be issued.
For more information on Live Scan, go to www.SanDiegoCountyEMS.com, choose Certification & Accreditation Page

