



**ANSWER THE FOLLOWING QUESTIONS BEFORE SIGNING THIS APPLICATION:**

- yes  no **Have you ever had a certification, accreditation, or professional license denied, suspended, revoked, placed on probation, or are you under investigation at this time?**
- yes  no **Are there criminal charges pending against you?**
- yes  no **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) under Penal Code Section 1203.4?**

If you answered **Yes** to any of the above questions, attach a written explanation describing the crime, date, location, court, conviction, corrective action, and/or remediation. Attach DMV, court, and police records.

**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. I understand 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 California.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Attach the following documents to the application and mail, e-mail, or bring into the office at: San Francisco EMS Agency, Attn: Certification  
90 Van Ness Avenue  
San Francisco, CA 94102-6013

EMT Initial Applicant	EMT Renewal Applicant	EMT Renewal Applicant with Lapsed Certification
<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> <b>Copy</b> of EMT Basic Course Completion Certificate (within the past 2 years) <input type="checkbox"/> <b>Copy</b> of both current NREMT certificate (within the past 2 years) and current NREMT certification card <input type="checkbox"/> <b>Copy</b> of current State driver's License <input type="checkbox"/> <b>Copy</b> of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> <b>Copy</b> of completed <i>Live Scan Fingerprint</i> DOJ and FBI form (within past 12 months) <input type="checkbox"/> \$164.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card <input type="checkbox"/> Out-of-State applicants are considered Initial Applicants and must submit a copy of their Out-of-State EMT Certificate.	<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> <b>Copy</b> of current State driver's License <input type="checkbox"/> <b>Copy</b> of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> <b>Copy</b> of current EMT certification card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> Proof of Continuing Education Training <ol style="list-style-type: none"> <li>a. <b>Copy</b> of EMT Refresher Course Completion Certificate or</li> <li>b. <b>Copies</b> of Continuing Education Unit (CEU) Certificates - 24 hours. On-line CEUs must say Instructor-based on certificate</li> </ol> <input type="checkbox"/> \$121.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card  <b>**Out-of-county Renewal Applicants submit a SF EMSA Live Scan Form and \$164.00 fee</b>	<p align="center"><b>EMT Renewal Applicant with Lapsed Certification</b></p> <p><b><u>Lapse of 6 months or less</u></b></p> <input type="checkbox"/> Same as Renewal Applicant  <p><b><u>Lapse between 7 and 12 months</u></b></p> <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 36 hours <input type="checkbox"/> <b>Copy</b> of <b>NEW</b> SF EMSA Live Scan Form  <p><b><u>Lapse of 1 year or greater</u></b></p> <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 48 hours <input type="checkbox"/> <b>Copy</b> of both current NREMT Certificate and current NREMT Card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> <b>Copy</b> of <b>NEW</b> SF EMSA Live Scan Form <input type="checkbox"/> \$164.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card

<b>FOR EMSA USE ONLY:</b>			
<b>Application Received:</b> In Person on _____ by _____		Via E-Mail _____ Via Mail _____	
<b>DOJ/FBI Report:</b> Submitted _____		Received _____	
<b>Central Registry #</b> E _____	<b>Issue Date</b> _____	<b>Expiration Date</b> _____	
<b>CPR Card Expires</b> _____	<b>NREMT Pass Date</b> _____	<b>Check/MO:</b> \$ _____ # _____	
<b>Payment:</b> Debit/Credit Card: \$ _____	<b>On-Line Credit Card:</b> \$ _____	<b>Bill SFFD:</b> \$ _____	