

# County of Santa Clara


## Public Health Department



**Emergency Medical Services Agency**  
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[www.sccemsagency.org](http://www.sccemsagency.org)

June 14, 2010

**To:** Emergency Medical Technician Applicants in Santa Clara County

**From:** Kirsten Muehlenberg, RN  
EMS Specialist 

**Subject:** EMT Certification / Recertification Processing Effective July 1, 2010

Beginning July 1, 2010, changes to Title 22, Division 9, Chapter 2 of the California Code of Regulations will take effect. As a result of those changes, the State of California Emergency Medical Services Authority (EMS Authority) and the Santa Clara County EMS Agency (Agency) will implement new procedures for certifying and recertifying Emergency Medical Technicians (EMTs). Locally, our Agency has modified its EMT eligibility and certification policies to meet the new State regulations. These new policies become effective on July 1<sup>st</sup> and have been posted on our website ([www.sccemsagency.org](http://www.sccemsagency.org)) in the "Prehospital Care Manual" section.

### EMT Certification/ Recertification Processing

EMT certification and recertification applications will still be processed at the Santa Clara County EMS Agency after July 1, 2010. Applicants will be issued a temporary EMT certification letter by our Agency within ten (10) business days upon submission of a complete application. The temporary EMT certification letter will be valid for forty-five (45) days. During that time frame, the applicant will receive a certification card valid for the approved certification period. The certification card will be mailed by the State EMS Authority to the applicant.

The processing fee charged by our Agency for EMT certification/recertification will remain at \$50.00. The fee will be made payable to the "Santa Clara County EMS Agency". However, beginning on July 1, 2010, the State EMS Authority will begin charging an additional fee to each applicant for the State EMS Registry. EMT recertification applicants who have a criminal background check on file with our Agency will pay an additional fee of \$37.00 for the State EMS Registry upon recertification. Applicants that are certifying as an EMT for the first time and applicants that are recertifying from another certifying agency will pay an additional fee of \$75.00 for the State EMS Registry.

Additionally, we have updated our EMS personnel application EMS 901 to incorporate the changes of the State EMT regulations which include "Date of Birth" and "NREMT status. Please discard any previous version of the EMS 901 application. The new application form has been attached to this memo and is posted at our website in the EMT certification quicklink.

### Criminal Background Check Requirement

Applicants applying for certification or recertification are required to have a criminal background check on file with our Agency. This will include a FBI background check beginning on July 1, 2010.

*Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss  
County Executive: Jeffrey V. Smith*

Criminal background check information for EMTs, certified by our Agency and/or actively recertifying their EMT certification with our Agency, will be maintained by our Agency. Individuals that fail to recertify within twelve (12) months of their EMT certification expiration date or if the individual recertifies with another certifying agency, will be placed on the No-Longer-Interested List, and will be eliminated from the Agency's DOJ receiving list.

EMT applicants (first-time; out-of-county; and/or other certifying agencies) who have submitted a Lifescan (background check) request to the Department of Justice (DOJ) with the intent to be certified as an EMT by our Agency, but did not complete the application process with our Agency within six (6) months of the submission of the Lifescan request; will be placed on the No-Longer-Interested List, and will be eliminated from the Agency's DOJ receiving list.

Please reference Prehospital Care Manual Policies 200 and 201 for eligibility, application and certification requirements. Incomplete applications cannot be processed and will be returned to the applicant. If you should have any questions concerning these changes, please contact me via email at [Kirsten.Muehlenberg@phd.sccgov.org](mailto:Kirsten.Muehlenberg@phd.sccgov.org).

Thank you for your continuous support.



# County of Santa Clara Emergency Medical Services Agency EMS Personnel Application (EMS 901)

### A. General Information - All Applicants

- EMT Certification
- Paramedic Intern
- Paramedic Accreditation
- Paramedic Preceptor
- EMS System Identification
- CCT Nurse
- CCT Paramedic
- Supervisor Accreditation
- MICN Accreditation
- AST Leader
- Card Replacement

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from home address):

PO Box / Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

NREMT #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Santa Clara County EMS Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

If you are currently or have been previously certified, licensed, or accredited; please provide the following:

Type: \_\_\_\_\_

Authority/Agency: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number: \_\_\_\_\_

### B. Employment Verification for EMS System Identification and Credentials (Santa Clara County EMS Employers ONLY)

#### To Be Completed By Employer

The individual named on this application is currently employed by \_\_\_\_\_. Copies of employees' records are on file and available to the Agency upon request. *As the authorized representative of the agency named above, I will notify the Santa Clara County EMS Agency immediately of any change in employment with the individual named on this application.*

BLS/Paramedic Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### C. Paramedic Accreditation Authorization

#### To Be Completed By Employer

The individual named on this application is currently employed by \_\_\_\_\_. Copies of employees' records are on file and available to the Agency upon request. *As the authorized representative of the agency named above, I will notify the Santa Clara County EMS Agency immediately of any change in employment with the individual named on this application.*

BLS/Paramedic Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### D. Paramedic Intern Recognition

Internship Provider Agency: \_\_\_\_\_

Assigned Preceptor Name: \_\_\_\_\_

Preceptors Paramedic License Number: \_\_\_\_\_

#### To Be Completed By Paramedic Training Program Director

As the **Paramedic Training Program Director**, I certify that the individual named on this application is approved to begin field internship. I further certify that the program will monitor the individual throughout the field evaluation of the paramedic training program.

Training Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**E. Eligibility Statement – All Applicants**

Health and Safety Code Section 1798.200, Division 2.5 states that the EMS Medical Director may place a certificate holder on probation, suspension, or revoke any certificate issued under the following provisions in accordance with the California Emergency Medical Services Authority. Upon the finding of the Medical Director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following:

- Fraud in the procurement of a professional certificate.
- Gross negligence
- Repeated workplace negligent acts.
- Incompetence in workplace performance.
- The commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and/or duties of a prehospital care provider.
- Conviction of any crime which is substantially related to the qualifications, functions, and/or duties of a prehospital care provider.
- Violating or attempting to violate any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs, or controlled substances.
- Violating or attempting to violate directly or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision promulgated by the California EMS Authority pertaining to prehospital care.
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, licensure, or accreditation.
- Demonstration of irrational behavior or occurrence of physical disability reasonable to cause to believe that the ability to perform the duties normally expected may be impaired.

**F. Background – All Applicants**

**If the answer to any of the following questions is “Yes”, additional documentation is required explaining the situation.**

1. Have you ever been denied certification or licensure or accreditation as an EMT, paramedic, or MICN by this or any other agency?  No  **Yes**
2. Are you currently the subject of any investigation, including a formal prehospital care personnel certificate, accreditation or license review?  No  **Yes**
3. Within the past seven years, have you been convicted of a crime (misdemeanor or felony), plead guilty, including *nolo contendere*, accepted a plea bargain, or been given a suspended sentence by any court (traffic, criminal, military); been placed on probation, placed on parole, been made ward of any court or have been placed on any censure?  No  **Yes**

4. Are you currently on parole and/or probation, following the conviction of any crime?  No  **Yes**
5. Are there any local, State or Federal charges pending against you?  
 No  **Yes**

*I declare, under penalty of perjury, that I have answered all questions in Section F truthfully; that all of the information I provided on this and with this application is true and correct; and that I am not precluded from any prehospital credentialing for reasons defined in Section 1798.200 of the California Health and Safety Code [Section E “Eligibility Statement”] . I further understand that if I violate any of the items listed in Section E, my certification, accreditation, and/or prehospital credentials may be revoked, suspended, or placed on probation and that I may face criminal and/or civil charges. I hereby state that I am not precluded from certification for any reason. I understand incomplete applications will not be processed and are subject to denial.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Document executed at: (City) \_\_\_\_\_ (State): \_\_\_\_\_

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