

APPLICATION FOR COUNTY ACCREDITATION

APPLICANT INFORMATION <input type="checkbox"/> Initial <input type="checkbox"/> Renewal									
Last Name				First Name			Middle Initial		
Mailing Address: PO Box/Street				Residence Address					
City		State	Zip Code	City		State	Zip Code		
Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>				Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Cell Phone Number		Home Telephone Number		Home Email			Work Email		
Date of Birth		Driver's License Number		Paramedic License #	Expiration Date	Name of Other County Accredited in and County #			
Primary Employer					Other Employer				
Name			Phone		Name			Phone	
Address					Address				
City		State	Zip Code	City		State	Zip Code		
DECLARATION									
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)?						On File with <input type="checkbox"/> SLO EMS Agency		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any criminal charges currently pending against you?						On File with <input type="checkbox"/> SLO EMS Agency		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?						On File with <input type="checkbox"/> SLO EMS Agency		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If you answered yes to any of these questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.</p>									
<p><input type="checkbox"/> PARAMEDIC RENEWAL ONLY– I certify that I have attended six (6) Base Hospital Meetings in the last two (2) years, and completed minimum of two (2) intubations every six months (8 during the two year accreditation period).</p>									
<p><i>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 Paramedic Accreditation in the County of San Luis Obispo. 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 a Paramedic. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that the application fees are non-refundable and that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.</i></p>									
Signature of Applicant:							Date:		

SUBMIT THE FOLLOWING ITEMS WITH APPLICATION

NAME: _____ DATE: _____

PARAMEDIC ACCREDITATION	PARAMEDIC RE-ACCREDITATION
<input type="checkbox"/> Completed Application <input type="checkbox"/> Letter from ALS Provider confirming employment as a Paramedic <input type="checkbox"/> Letter from FTO agency accepting paramedic for evaluation if different from paramedic's employer. <input type="checkbox"/> State License #: _____ Expiration Date: _____ <input type="checkbox"/> Driver's License or Government Issued photo ID <input type="checkbox"/> ACLS Card Expiration Date: _____ <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> \$127 Non-refundable application fee	<input type="checkbox"/> Completed Application <input type="checkbox"/> Letter from ALS Provider confirming employment as Paramedic <input type="checkbox"/> State License #: _____ Expiration Date: _____ <input type="checkbox"/> Driver's License or Government Issued photo ID <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Paramedic skills Annual Verification Tracking Sheets <input type="checkbox"/> Base Meeting Attendance <input type="checkbox"/> Intubations <input type="checkbox"/> No application fee if accreditation has not lapsed <input type="checkbox"/> \$127 Non-refundable application fee If accreditation lapsed more than 12 months
**** EMS Agency Use Only Below This Line ****	
<p style="text-align: center;">Okay to begin field evaluation Must be signed by EMS Agency before evaluation can begin</p> FTO: _____ Agency: _____ EMS Agency Signature: _____ Date: _____ <input type="checkbox"/> Field Evaluation Completed Date: _____ <input type="checkbox"/> Test passed with score of 80% or better <input type="checkbox"/> Completion Form signed by FTO <input type="checkbox"/> Added to Central Registry <input type="checkbox"/> Added to NOMIS	Verified by: _____ Date Verified: _____ Registry Checked: _____ Megan's Law: _____ County No: _____ Effective Date: _____ Expiration Date: _____ Access Updated: _____ Date Emailed/picked up: _____ Date Copy to Employer: _____