



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
 10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875 / FAX (916) 324-2875

**STATE USE ONLY**

P.M.: \_\_\_\_\_ Rec: \_\_\_\_\_ By: \_\_\_\_\_  
 R#: \_\_\_\_\_ \$ \_\_\_\_\_  
 I.D. Doc  40 ALS  
 NREMT-P # or Proof: \_\_\_\_\_  
 Verification State: \_\_\_\_\_  
 CORI:  DOJ  FBI  
 SID# \_\_\_\_\_  
 SLMS Hit:  Y  N  
 Disclosure:  Y  N  
 Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
**LICENSE #:** \_\_\_\_\_

**STATE OF CALIFORNIA  
 INITIAL OUT-OF-STATE PARAMEDIC LICENSE APPLICATION**

*This application is for applicants whose paramedic training was outside the state of California or who are currently licensed as a paramedic outside the state of California.*

**Please type or print clearly.** The **non-refundable** fee in the amount of **\$300** may be paid by credit card (complete credit card authorization form), check, or money order made payable to **EMS PERSONNEL FUND.**

**PERSONAL INFORMATION**

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	DRIVER'S LICENSE:	STATE:
DATE OF BIRTH (MM/DD/YYYY):		SOCIAL SECURITY NUMBER (SSN) or TAXPAYER ID NUMBER (TIN)				Required, per Health & Safety Code 1797.172(c)
RESIDENTIAL ADDRESS:			CITY:		STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: Do not send EMSA correspondence via email.				

**MAILING ADDRESS (EMSA will send official correspondence to this address)**

Same as residential. If not, complete the below:

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
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**OUT-OF-STATE LICENSES/CERTIFICATES**

STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE (MM/DD/YYYY):
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ADDITIONAL LICENSES/CERTIFICATES (State of Issue, #, and Expiration Date):

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)**

PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	REGISTRATION CARD NUMBER (attach copy):
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**FINGERPRINT CARD or LIVE SCAN (See Instructions for details)**

FINGERPRINT CARD, CA DOJ SUBMISSION DATE:	LIVESCAN DATE (attach copy of form):
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**QUESTIONNAIRE (Answers are required or your application will be returned.)**

1. 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?	YES	NO
2. Are any criminal charges currently pending against you?	YES	NO
3. Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, fined, placed on probation, or are you currently under investigation at this time?	YES	NO

If you marked YES to any of these questions, **enclose a detailed statement** describing the accusation, charge(s)/conviction(s), case numbers, dates, location, court, sentence served, parole, probation status. Refer to instructions for further information.

**SIGNATURE**

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 licensure in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.

<b>SIGNATURE OF APPLICANT</b> _____	<b>DATE</b> _____
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## Initial Out-of-State Paramedic License Application

✓	INSTRUCTIONS
	<p><b>Complete the Initial Out-of-State Paramedic License Application. Do not leave any section blank. Incomplete applications will be returned.</b></p>
	<p><b>Sign and date the application. Only original signatures are accepted.</b></p>
	<p><b>Attach a copy of one of the following official identification documents:</b></p> <ul style="list-style-type: none"> <li>- Valid U.S. State Dept. of Motor Vehicles Real ID, Driver's License, or ID card</li> <li>- Valid government or country issued photo ID</li> <li>- Passport: U.S. or unexpired, valid foreign passport with valid U.S. visa and approved U.S. Department of Homeland Security Lawful Record of Admission</li> <li>- Birth Certificate: Certified U.S. or U.S. Territory</li> <li>- Government Issued Military ID with Date of Birth</li> <li>- U.S. Lawful Permanent Resident card</li> <li>- U.S. Lawful Resident Alien card</li> </ul>
	<p><b>Attach copy of paramedic course completion certificate or documentation showing proof paramedic training comparable to the 200 Dept. of Traffic Safety National Highway Traffic Safety Admin. National EMS Education curriculum.</b></p>
	<p><b>Attach a copy of either a current National EMT- P Registry (NREMT) card <u>or</u> proof of passing the NREMT paramedic level national certification (or Assessment) written exam and the practical exam within the last two (2) years.</b> Exam results are available on the NREMT website at <a href="http://www.NREMT.org">www.NREMT.org</a>.</p> <p><b><u>Acceptable documents (other than NREMT card) are as follows:</u></b></p> <ul style="list-style-type: none"> <li>• Copy of written and practical exam results.</li> <li>• NREMT website printout with your name &amp; the NREMT registry number.</li> </ul> <p>*If NREMT requires a Letter of Support to take the NREMT national certification written (cognitive) exam or State approval to take the Assessment written exam, contact the State in which you were licensed or received training to provide the letter. As a last resort, the CA EMS Authority may be able to assist upon reviewing your received license application, payment, and fingerprint record results.</p>
	<p><b>Attach documentation of 40 ALS patient contacts experienced during field internship or employment.</b> If submitting employment experience, a letter on official letterhead by an applicant's employer, training program director, or medical director is required.</p>
	<p><b>If residing or visiting in California, attach a copy of a completed Live Scan Service, form BCII 8016. All other applicants submit a completed Fingerprint Card, FD-258, to the California Department of Justice (DOJ).</b> A list of Live Scan locations is available on the DOJ website at <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a>.</p>
	<p><b>If you are or were <u>certified/licensed in another state</u>, complete the top portion of the Request for Verification of License/Certification Status, form VL-01 <b>then</b> send a copy to each state in which you are, or were, certified/licensed with instructions for them to complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority.</b></p>
	<p><b>If you answered <b>YES</b> to any questions in the Questionnaire section, attach a detailed statement describing the charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status <b>or</b> an applicable EMSA case number.</b></p>
	<p><b>Include payment in the amount of \$300.00 with your application.</b> This <b>non-refundable</b> application fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to <b><u>EMS PERSONNEL FUND</u></b>.</p>
	<p><b>Mail the application, payment, and required documents to the following address:</b></p> <p style="text-align: center;">California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670</p>

For additional information, view our webpage at <http://www.emsa.ca.gov/Paramedic> or send your inquiries to the Emergency Medical Services Authority at [paramedic@emsa.ca.gov](mailto:paramedic@emsa.ca.gov).



**Paramedic Licensure Unit  
 Request for Licensure/Certification Verification**

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

**SECTION 1: APPLICANT to COMPLETE**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Street Number/Name) (City) (State) (Zip)

Street Address: \_\_\_\_\_  
(If different than mailing address)

Certification/License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION 2: VERIFYING STATE AGENCY to COMPLETE**

**This section to be completed by State of Certification/Licensure**

- Is the above certificate/license valid**  Yes  No  
 If "no", please provide an explanation:
  
- Has the above certificate/license ever been suspended or revoked**  Yes  No  
 If "yes", please provide an explanation:
  
- Has the above person ever been convicted of a felony or misdemeanor**  Yes  No  
 If "yes", please provide date(s) and location(s):
  
- Do you know of any reason licensure in California should be denied**  Yes  No  
 If "yes", please provide an explanation:

Date: \_\_\_\_\_

Verifying Agency Representative Name & Title: \_\_\_\_\_

Verifying Agency Information: \_\_\_\_\_  
(Department State & Name) (Phone Number)

Verifying Agency Representative Signature: \_\_\_\_\_

**(Continued On Back Page- Instructions)**

Form # VL-01 02/2017

**Paramedic Licensure Unit  
Request for Licensure/Certification Verification**

**Applicant Instructions**

- 1) Complete the top portion of the *Request for Licensure/Certification Verification* form.
- 2) Send a copy of this form to each State in which you are, or were, certified/licensed.

**State Agency Instructions**

- 1) Complete the bottom portion of the *Request for Licensure/Certification Verification* form
- 2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

**FOR ADDITIONAL INFORMATION:**

- See our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <http://www.emsa.ca.gov/Paramedic>; or
- Send your inquiries to the Emergency Medical Services Authority at [paramedic@emsa.ca.gov](mailto:paramedic@emsa.ca.gov); or
- Contact us by phone at (916) 323-9875

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



## INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at [www.emsa.ca.gov/licensure\\_forms\\_and\\_applications](http://www.emsa.ca.gov/licensure_forms_and_applications). Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

**IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).**

**FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.34**

## **INSTRUCTIONS**

**All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.**

### **ORI**

The ORI number for the EMS Authority is **A0536**.

### **Job Title or Type of License, Certification or Permit:**

Paramedic

### **Mail Code**

The five digit mail code assigned by DOJ is **02531**.

### **Name of Applicant**

Indicate complete name. Last Name, First Name and Middle Initial.

### **Date of Birth**

Indicate month-day-year of birth.

### **Height**

Indicate your height in feet and inches.

### **Eye Color**

Indicate eye color.

### **Place of Birth**

Indicate the state or country of birth.

### **Driver's License No.**

Indicate your California Driver's License Number.

### **Type of Application**

License

### **Agency Address Set Contributing Agency**

Emergency Medical Services Authority  
10901 Gold Center Drive, Ste.400  
Rancho Cordova, CA. 95670-6073

### **Contact Telephone Number**

(916) 323-9875

### **Alias**

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

### **Sex**

Check either Male or Female.

### **Weight**

Indicate your weight in pounds.

### **Hair Color**

Indicate hair color.

### **SOC**

Indicate your Social Security Number.

### **Level of Service**

Check the FBI and DOJ boxes.

**Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A0536 Type of Application: EMT/PARAMEDIC/MOB INT NURSE

Job Title or Type of License, Certification or Permit: Paramedic

Agency Address Set Contributing Agency:

Emergency Medical Services Authority 02531  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste.400  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Rancho Cordova, CA. 95670-6073  
City State Zip Code ( ) Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First M

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_ Sex:  Male  Female Misc No. BIL -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
Street or PO Box

SOC: \_\_\_\_\_  
City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

**Paramedic Licensee: YOU MUST have BOTH DOJ & FBI**

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) Agency Telephone No. (Optional) \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 Gold Center Drive, Ste.400  
Rancho Cordova, CA. 95670-6073  
PHONE: (916) 322-4336 FAX: (916) 324-2875



## Instructions for Completing Fingerprint Card

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is \$32. There is an additional fee of \$17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of \$49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice  
P. O. Box 903417  
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

**IMPORTANT: FBI Inquiries-** If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.3 .



**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 Gold Center Drive, Ste.400  
 Rancho Cordova, CA. 95670-6073  
 PHONE: (916) 322-4336 FAX: (916) 324-2875

**INSTRUCTIONS**

**DO NOT FOLD CARD.** Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted**  
Place your signature here.
2. **Residence of Person Fingerprinted**  
Place your address here.
3. **Date**  
Date fingerprints taken.
4. **Signature of Official Taking Fingerprints**  
The official taking the fingerprints should sign.
5. **Employer and Address**  
EMS Authority  
10901 Gold Center Drive, Ste. 400  
Rancho Cordova, CA. 95670-6073
6. **Reason Fingerprinted**  
License - Paramedic
7. **Name (NAM)**  
Indicate complete name.
8. **Aliases (A A)**  
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).
9. **Date of Birth (DOB)**  
Indicate month-day-year of birth.
10. **Sex**  
Indicate sex code abbreviation.  
M=Male F=Female
11. **Height (HGT)**  
Indicate height in feet and inches.
12. **Weight (WGT)**  
Indicate weight in pounds.
13. **Eyes**  
Indicate eye color abbreviation.  
  
BLK = Black      GRY = Gray  
BLU = Blue      GRN = Green  
BRO = Brown     HAZ = Hazel
14. **Hair**  
Indicate hair code abbreviation.  
  
BAL = Bald      BRO = Brown      SDY = Sandy  
BLK = Black      GRY = Gray      WHI = White  
BLN = Blond      RED = Red
15. **Place of Birth (POB)**  
Indicate the state or country of birth.
16. **FBI No.**  
Should be furnished if known.
17. **Social Security No. (SOC)**  
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK	
LEAVE BLANK		LAT NAME	FIRS NAME
SIGNATURE OF PERSON FINGERPRINTED		ALIASES	YOUR NO.
PHOTOGRAPH OF PERSON FINGERPRINTED		CA0349400	LEAVE BLANK
DATE OF BIRTH		BU OF ID & IN	CLASS
PLACE OF BIRTH		SACRAMENTO, CA	ARMED FORCES NO.
RACE			SOCIAL SECURITY NO.
HEIGHT			ISCELLANEOUS NO.
WEIGHT			
EYES			
HAIR			
PLACE OF BIRTH			
FINGERPRINTS			
6 L THUMB	7 R INDEX	8 L MIDDLE	9 R RING
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		10 L UTTER	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Emergency Medical Services Authority  
 10901 Gold Center Drive 4<sup>th</sup> Floor  
 Rancho Cordova CA 95670-6073

ORI CODE: A0536  
 MAIL CODE: 02531  
 LICENSE: EMT/PARMED/MOB INT NURSE



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
 10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875 / FAX (916) 324-2875  
 paramedic@emsa.ca.gov

**STATE USE ONLY**

**Receipt Number:**

\_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

**Applicant Name:** \_\_\_\_\_ **P-Number** \_\_\_\_\_  
(If applicable)

**Name:** \_\_\_\_\_  
(As name appears on card)

**Credit Card Number:** \_\_\_\_\_  
\*Only Visa and Mastercard credit cards are accepted

**Expiration Date (MM/YY):** \_\_\_\_\_

**CVC2 Code (Security Code):** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

To receive a receipt of payment, please provide your email address:

\_\_\_\_\_

**Card Type:**

Visa

Mastercard

Debit

**Do not add application information to this form.  
 It will be shredded.**