



EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATE APPLICATION

MARIN COUNTY EMS AGENCY
 1600 Los Gamos Dr. #220, San Rafael, CA 94903
 ph. 415-473-6871 fax 415-473-3747
 www.MarinEMS.org

You must apply in person at the EMS office with a valid photo ID. All new applicants must complete a fingerprint live scan (DOJ background check). The form for the live scan is available at the EMS office and online at www.MarinEMS.org
Incomplete applications will not be accepted. Fees are non-refundable.

Last Name		First Name			Middle Initial	
Residence Address				Mailing Address if different than residence address		
City	State	Zip	City		State	Zip
Phone		Date of Birth		Social Security Number		
E-mail				Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary	
Ethnicity/Race		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Black or African American <input type="checkbox"/> White	
If employed by an EMS Provider(s) list here:						
Primary Employer				Other Employer		
<p>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, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4? ___ Yes ___ No</p> <p>Are there any criminal charges currently pending against you? ___ Yes ___ No</p> <p>If yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole, if any. You must also attach any applicable court documents and police reports.</p> <p>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? ___ Yes ___ No</p> <p>If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.</p>						
<p>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 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.</p>						
Signature: _____				Date: _____		

Office Use Only					
<input type="checkbox"/> Completed and signed application form	Date _____	<input type="checkbox"/> DOJ	Date _____	Initials _____	
<input type="checkbox"/> ID	Initials _____	ATI # :			
<input type="checkbox"/> Healthcare provider CPR card (or equivalent)		<input type="checkbox"/> Approved	Date _____	Initials _____	
<input type="checkbox"/> National Registry EMT certificate & wallet card		<input type="checkbox"/> Registry	Date _____	Initials _____	
<input type="checkbox"/> \$90 Fee paid by: ___CC ___CHK ___CSH ___Invoice		<input type="checkbox"/> Card Issued	Date _____	Initials _____	
Receipt # _____					