



EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATE RENEWAL

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

Incomplete applications will not be accepted. Applicants changing certifying entity 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
Fees are non-refundable. Change of Certifying Entity

Last Name			First Name			Middle Initial		
Residence Address <input type="checkbox"/> Change?				Mailing Address if different than residence address				
City		State	Zip	City		State	Zip	
Phone			Date of Birth			Social Security Number		
E-mail						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"/> Asian			<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> White		
Current Certification Number			Certification Expires			Age		
If employed by an EMS Provider(s) list here:								
Primary Employer				Other Employer				

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

Are there any criminal charges currently pending against you? ___Yes ___No

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.

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

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.

If the above "yes" items have been previously disclosed with no changes and are on file with the EMS Agency check box:

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.

Signature: _____

Date: _____

Office Use Only	
<input type="checkbox"/> Completed and signed application form Date _____ <input type="checkbox"/> ID Initials _____ <input type="checkbox"/> Healthcare provider CPR card (or equivalent) <input type="checkbox"/> Skills verification form <input type="checkbox"/> Proof of training: naloxone, epinephrine, glucometer <input type="checkbox"/> Appropriate number of CE hours (<input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48) <input type="checkbox"/> Fees paid by: ___CC ___CHK ___CSH ___Invoice ___\$52 ___\$90 Receipt # _____	<input type="checkbox"/> DOJ Date _____ Initials _____ ATI # : _____ New Exp. Date: _____ <input type="checkbox"/> Approved Date _____ Initials _____ <input type="checkbox"/> Registry Date _____ Initials _____ <input type="checkbox"/> Card Issued Date _____ Initials _____