



# PARAMEDIC INITIAL/CONTINUOUS ACCREDITATION APPLICATION

**Initial**    **Continuous**

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

**Initial application must be in person** with a valid photo ID and original required documents. **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	
Home Phone				Mobile Phone				Social Security Number			
E-mail						Date of Birth					
State EMT-P License Number						Expiration Date					
Primary Marin County Employer						Other Marin County 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 and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Are there any criminal charges currently pending against you?..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

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 the above items have been previously disclosed with no changes and are on file with the EMS Agency check here

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

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

<p style="text-align: center;"><input type="checkbox"/> <b>INITIAL</b></p> <p><input type="checkbox"/> ID Verified _____</p> <p><input type="checkbox"/> State License _____</p> <p><input type="checkbox"/> Proof of employment letter _____</p> <p><input type="checkbox"/> Acknowledgement of orientation &amp; policy manual _____</p> <p><input type="checkbox"/> Pass protocol test _____</p> <p><input type="checkbox"/> Fees paid: receipt # _____</p> <p style="text-align: center;"><input type="checkbox"/> <b>CONTINUOUS</b></p> <p><input type="checkbox"/> State License _____</p> <p><input type="checkbox"/> Policy Update _____</p>	<p><input type="checkbox"/> Complete &amp; signed application form Date _____ Initials _____</p> <p><input type="checkbox"/> Lic. verified Date _____ Initials _____</p> <p><input type="checkbox"/> Approved Date _____ Initials _____</p> <p><input type="checkbox"/> ESO Date _____ Initials _____</p> <p><input type="checkbox"/> Issued Date _____ Initials _____</p>
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