

PARAMEDIC APPLICATION FOR COUNTY ACCREDITATION**Check One:** **Initial Accreditation** **Re-accreditation: SLO Co #:**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	CA Driver's License #:		CA Paramedic License #:	Expiration:	
<input type="checkbox"/> Accredited in Multiple Counties (County Names):					
Primary Employer Information			Secondary Employer Information		
Name:	Phone Number:		Name:	Phone Number:	
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
For Initial Accreditations, FTO Name:			For Initial Accreditations, Field Eval Start Date:		
*****EMS AGENCY USE ONLY BELOW THIS LINE*****					
<input type="checkbox"/> Central Registry Checked			<input type="checkbox"/> Megan's Law Checked		
<input type="checkbox"/> Access Database and Roster Updated			<input type="checkbox"/> MLO Accreditation Updated		
County Number:		Effective Date:		Expiration Date:	
Date accreditation letter sent:			Verified By:		
FOR INITIAL ACCREDITATIONS ONLY					
Date approved to start accreditation field eval:					
<input type="checkbox"/> Policy 340 or 341 Attachment B (Field Internship/Field Evaluation Completion Form)			<input type="checkbox"/> Passed Accreditation Test (score of at least 80%)		

Policy #: 341 & 342 Attachment A

USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

PARAMEDIC ACCREDITATION		PARAMEDIC RE-ACCREDITATION	
<input type="checkbox"/> Completed Application (both pages). <input type="checkbox"/> Letter from ALS Provider confirming employment as a paramedic. <input type="checkbox"/> Letter from FTO/agency accepting paramedic for field evaluation, if different than employer.		<input type="checkbox"/> Completed Application (both pages). <input type="checkbox"/> Letter from ALS Provider confirming employment as a paramedic. <input type="checkbox"/> Copy of CA Paramedic License. <input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.	
FTO: Agency:	<input type="checkbox"/> Copy of CPR Card. Expiration: <input type="checkbox"/> AHA-BLS Provider <input type="checkbox"/> ARC-BLS Provider <input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).		
	<input type="checkbox"/> Copy of CA Paramedic License. <input type="checkbox"/> Copy of CA Driver's License or government issued photo ID. <input type="checkbox"/> Copy of ACLS Card. <input type="checkbox"/> Copy of PALS Card. <input type="checkbox"/> Copy of CPR Card. <input type="checkbox"/> Copy of Paramedic Annual Skills Verification Tracking Sheets.		
Expiration: <input type="checkbox"/> AHA-BLS Provider <input type="checkbox"/> ARC-BLS Provider <input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).	<input type="checkbox"/> Copy of Paramedic Annual EMS Update Class Certificates. <input type="checkbox"/> Copy of Base Station Meeting Certificates (4 per 2 year re-accreditation cycle).		
	<input type="checkbox"/> Non-refundable application fee if accreditation has lapsed.		
	<input type="checkbox"/> Field Internship or Evaluation Completion Form (including test).		
	<input type="checkbox"/> Non-refundable application fee.		

DECLARATION and ATTESTATION

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 SLO EMSA 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?

On File with SLO EMSA Yes No

Are there any criminal charges currently pending against you?

Yes No

If you answered yes to any of the above 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.

Attestation: 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.

Signature of Applicant:

Date: