

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Policy 341 & 342 Attachment A
Effective Date: 01/01/2026

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"/> Completed Application (both pages).	
<input type="checkbox"/> Letter from ALS Provider confirming employment as a paramedic.		<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"/> Copy of CA Paramedic License.	
FTO:		<input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.	
Agency:		<input type="checkbox"/> Copy of CPR Card.	
<input type="checkbox"/> Copy of CA Paramedic License.		Expiration:	
<input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.		<input type="checkbox"/> AHA-BLS Provider	
<input type="checkbox"/> Copy of ACLS Card.		<input type="checkbox"/> ARC-BLS Provider	
<input type="checkbox"/> Copy of PALS Card.		<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).	
<input type="checkbox"/> Copy of CPR Card.		<input type="checkbox"/> Copy of Paramedic Annual Skills Verification Tracking Sheets.	
Expiration:		<input type="checkbox"/> Copy of Paramedic Annual EMS Update Class Certificates.	
<input type="checkbox"/> AHA-BLS Provider		<input type="checkbox"/> Copy of Base Station Meeting Certificates (4 per 2 year re-accreditation cycle).	
<input type="checkbox"/> ARC-BLS Provider		<input type="checkbox"/> No application fee if accreditation has not lapsed.	
<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).		<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)?		<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any criminal charges currently pending against you?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:	