

Tuolumne County Emergency Medical Services Agency

20111 Cedar Road North, Sonora, CA 95370

Phone: (209) 533-7460 Fax: (209) 533-7406

Website: www.tuolumnecounty.ca.gov/ems

Application for First Responder/Emergency Medical Responder Certification

Fees subject to change after July 15, 2024

Initial Certification: \$54.25

Recertification from another Jurisdiction: \$54.25

Recertification: \$54.25 if you have not previously submitted fingerprints for First Responder certification.
 NO FEE if you have previously submitted fingerprints for First Responder certification for TCEMSA.

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SSN/ITIN: _____ Driver's License #: _____ State of Issue: _____

Mailing Address _____ City _____

State _____ Zip Code _____ Home Phone # _____ Cell Phone # _____

E-mail _____ Current/previous certification # _____

Agency issuing previous certification?

Provider where this certification will be used?

Station Assignment _____ Date of initial course completion _____

Name of Lead Instructor
or Course Director _____ Name of School or
Training Agency _____

AKAs (including maiden name)

Height _____ Weight _____ Hair Color _____ Eye Color _____

Place of Birth City _____ State _____

By signing this form, the applicant swears/affirms that all the information provided is true and correct to the best of your knowledge. The application must be signed to be considered complete. No electronic signatures, photocopies or reproductions of signature allowed.

Signature

Date

For initial certification provide each of the following:

- Copy of initial First Responder/Emergency Medical Responder (FR/EMR) course completion certificate
- Copy of Current Government Issued Driver's License or California I.D. Card or Military I.D. Card
- Copy of Current Professional Rescuer or Healthcare CPR card from AHA, Red Cross, NSC or equivalent
- Original Signed Affidavit (see reverse side of application)

For recertification provide each of the following:

- Proof of Completing an FR/EMR refresher course or 12 hrs of approved CE (at least 6 hrs must be instructor based)
- Original Signed FR/EMR Skills Competency Verification Form
- Copy of Current Government Issued Driver's License or California Identification Card or Military Identification Card
- Copy of Current Professional Rescuer or Healthcare CPR card from AHA, Red Cross, NSC or equivalent
- Copy of current or previous certification card
- Original Signed Affidavit (see reverse side of application)

First Responder Application Affidavit:

Yes **No** Have you ever applied for any pre-hospital certification in any county or state and been denied? If yes, thoroughly explain the action taken on a separate piece of paper including the name and address of the certifying authority involved.

Yes **No** Have you **ever** been the subject of a formal pre-hospital care certification disciplinary action or proceeding? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.

Yes **No** Do you have any pending criminal actions, civil actions and/or EMS fact finding/certification review actions? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.

Yes **No** Do you have any criminal convictions? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name the County and State where the conviction took place.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
- (b) Gross negligence.
- (c) Repeated negligent acts.
- (d) Incompetence.
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- (f) Conviction of any crime which is substantially related to the qualifications, functions and duties of pre-hospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (g) Violation or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to pre-hospital personnel.
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (j) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (k) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the Tuolumne County EMS Agency process this application and authorize them to use this information in performing a background investigation.

Signature: _____

Date _____

EMS Agency use only: Certification # assigned: _____

Notes: _____