Kern County Emergency Medical Services Division
ALL PURPOSE CERTIFICATION/ACCREDITATION FORM

1800 Mount Vernon Ave., 2nd Floor, Bakersfield, CA 93306
(661) 321-3000 Phone
(661) 868-0225 Fax
Web: www.co.kern.ca.us/ems

☐ **EMT-I**
☐ **PARAMEDIC**
☐ **EMD**
☐ **MICN**

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ DOB: _____ SS#: _____

DL#: _____ STATE: _____ E-MAIL: _____

EMPLOYER: _____ WORK PHONE: (_____) _____

The following questions are required by Article 1, Title 13 of the California Code of Regulations.
If answer is "yes" to any question(s) below, please provide explanation on reverse side of this form.

ARE YOU NOW OR HAVE YOU EVER: (check the "yes" or "no" box for each question)

[Y]	[N]	Been required to register as a sex offender?
[Y]	[N]	Habitually or excessively used or have been addicted to narcotics, dangerous drugs, or intoxicating liquors?
[Y]	[N]	Been convicted of any misdemeanor or felony offense in California, or 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?
[Y]	[N]	Are there any criminal charges currently pending against you?
[Y]	[N]	Had a certification, accreditation, or professional healing arts license denied, suspended, revoked or ever placed on probation, or are you under investigation at this time?
[Y]	[N]	Have you resided in any State other than California in the preceding seven years? If yes, list State(s) of residence on back of application form.

ANY FALSE STATEMENT OR OMISSION OF INFORMATION MAY BE GROUNDS FOR DENIAL OR REVOCATION OF CERTIFICATION OR ACCREDITATION AND REFERRED TO THE CALIFORNIA EMS AUTHORITY FOR CERTIFICATION OR LICENSURE ACTION.

I, the undersigned, 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 upon my part of all rights to certification and/or accreditation. I understand all information on this application is subject to verification, and I hereby give my express permission for the Kern County EMS Division to contact any employer, agency or any other person for information related to my certification and/or accreditation request.

_____ _____
Signature of Applicant Date

CHECK ONE: ___ **Money Order Payable to Kern County EMS** ___ **MasterCard** ___ **VISA**

Credit Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ **Card Expires** ____ / ____

Signature _____ **(Required by Credit Card Companies)**

FOR EMS OFFICE USE ONLY

Date _____	DOJ Background	Cert # _____
Paid $ _____	Approved _____	Issue Date _____
Receipt # _____	Denied _____	Exp Date _____
		Staff _____

Verification of Employment
Paramedic and EMT Only

Organization Name: _____

Approved Signatory for ALS Provider:

I (approved signatory) _____ hereby certify under penalty of perjury that (EMT/EMT-P) _____ is employed with the above named agency on an at least part-time basis. I further certify that the organization listed above has given me the authority to sign this document for verification of employment with an approved emergency medical service provider.

_____ _____
Signature Date