



CERTIFICATION / ACCREDITATION FORM

Kern County Emergency Medical Services Division
1800 Mount Vernon Ave., 2nd Floor,
Bakersfield, CA 93306
(661) 321-3000 Phone
(661) 868-1204 Fax
www.kernpublichealth.com/ems/

This application is for: [] EMT [] PARAMEDIC [] EMD [] MICN [] EMR

LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____ City: _____ STATE: _____ ZIP CODE: _____
SS#: _____ DOB: _____ DL#: _____ STATE: _____ Sex: [] Male [] Female
HOME PHONE: () _____ E-MAIL: _____
EMPLOYER: _____ WORK PHONE: () _____

Race: [] American Indian or Alaskan Native [] Asian [] Black or African American [] Hispanic or Latino
[] Native Hawaiian or Other Pacific Islander [] White [] Choose not to Identify

The following questions are required by Article 1, Title 13 of the California Code of Regulations. If the answer is "yes" to any question(s) below, please attach a detailed statement that describes the incident and all supportive documentation. 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.

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.

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 EMT-I Certification/Paramedic Accreditation in Kern County, California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Kern County EMS Department to contact any employer, agency or any other person for information related to my role and function as an EMT-I or Paramedic in Kern County, California.

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/FBI Background _____ Cert # _____
Paid \$ _____ Approved _____ Issue Date _____
Receipt # _____ Denied _____ Exp Date _____

Staff Approval: _____



ELIGIBILITY STATEMENT

Submit with EMS Application

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Health and Safety Code Section 1798.200, Division 2.5 states that the Medical Director may place a certificate holder on probation, suspend, or revoke any certificate issued under the following provisions and in accordance with the California Emergency Medical Services Authority, upon the finding of the Medical Director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following:

- Fraud in the procurement of a professional certificate
- Gross negligence
- Repeated workplace negligent acts.
- Incompetence in workplace performance.
- The commission of any fraudulent, dishonest, or corrupt acts, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider.
- Conviction of any crime, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider.
- Violating or attempting to violate directly or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision promulgated by the California EMS Authority pertaining to prehospital care.
- Violating or attempting to violate any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs, or controlled substances.
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangers drugs, or controlled substances.
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, accreditation, or licensure
- Demonstration of irrational behavior or occurrence of physical disability reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- Unprofessional conduct exhibited by any of the following: The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I or EMT-P from assisting a peace officer, or a peace officer that is acting in the dual capacity of peace officer and EMT-I or EMT-P from using that force that is reasonably necessary to affect a lawful arrest or detention.
- The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the Civil Code.

It is the responsibility of the Certified EMT/EMR or Accredited Paramedic, EMD or MICN to notify Kern County EMS within 72 hours of any arrest or change in their eligibility status as listed above.

I hereby certify under penalty of perjury that I have read and understand the Eligibility Statement. I have truthfully answered all of the information I provided on this application and it is true and correct to the best of my knowledge and belief. I further understand that if I violate any of the items listed in this eligibility statement I must report that to Kern County EMS within 72 hours of the event or my certification/accreditation may be revoked, suspended, or placed on probation. I hereby state that I am not precluded from certification/accreditation for any of the reasons identified above.

Printed Name _____ Date _____

Signature _____



Verification of Employment Paramedic and EMT Only

Organization Name: _____

Approved Signatory for Provider:

I _____ hereby certify under penalty of perjury that (EMT/EMT P)
(approved signatory)

_____ 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