

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

Policy 341 & 342 Attachment A
 Effective Date: 03/01/2023

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 Updated			<input type="checkbox"/> MLO Accreditation Updated		
County Number:		Effective Date:		Expiration Date:	
Date Letter Sent to Applicant:			Date Letter Sent to Employer(s):		
Verified by:			Verified Date:		
FOR INITIAL ACCREDITATIONS ONLY					
<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 CPR Card.	<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).
Expiration: _____	<input type="checkbox"/> Copy of Paramedic Annual Skills Verification Tracking Sheets.
<input type="checkbox"/> AHA-BLS Provider	<input type="checkbox"/> Copy of Paramedic Annual EMS Update Class Certificates.
<input type="checkbox"/> ARC-BLS Provider	<input type="checkbox"/> Copy of Base Station Meeting Certificates (4 per 2 year re-accrreditation cycle).
<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).	<input type="checkbox"/> No application fee if accreditation has not lapsed.
<input type="checkbox"/> Field Internship or Evaluation Completion Form (including test).	<input type="checkbox"/> Non-refundable application fee if accreditation has lapsed more than 12 months.
<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: _____
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