



County of Santa Cruz



HEALTH SERVICES AGENCY Public Health Division Emergency Medical Services

1800 Green Hills Road, Suite 240
Scotts Valley, CA 95066
Phone: (831) 454-4120 TDD/ TTY: Call 711
hsaems@santacruzcountyca.gov
santacruzhealth.org

APPLICATION FOR PARAMEDIC ACCREDITATION

First Name:	Last Name:
Address:	City:
State:	Zip:
Phone Number:	Social Security Number:
Employer:	Employer Phone Number:
Email:	Paramedic License Number:
Paramedic License Expiration Date:	

Copies of the following documents must be included with this application:

- Brief statement from your agency stating you have met all their Paramedic training requirements.
- Driver's License.
- Valid Paramedic License.
- Valid AHA or ARC CPR/AED
- Valid ACLS, PHTLS or BLTS and PALS or PEPP cards.
- Fee - \$150, cash, cashier's check or money order payable to Santa Cruz County Treasurer. No personal checks, no credit/debit cards.

Are you currently or have you been previously certified/licensed as a Paramedic in California or another state? _____Yes _____No If yes, please list all accrediting counties and dates of expiration:

Have you ever had a certification, license or credential denied or revoked? Are you currently on probation as a result of a certification, license or credential disciplinary action?

_____ Yes _____ No

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? (This includes all pleas of guilty and/or nolo contendere).

_____ Yes _____ No

On a separate sheet of paper, for all convictions, please list offense, date and place of conviction sentence and date of release from custody and/or probation/parole.

**DECLARATION OF COMPLIANCE
WITH
HEALTH AND SAFETY CODE 2.5, CHAPTER 7. PENALTIES**

Section 1798.200 (a) The medical director of the local EMS agency may, in accordance with regulations adopted by the authority, deny, suspend or revoke any EMT certification or Paramedic accreditation issued under this division, or may place any EMT or Paramedic license holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).

(b) The authority may deny, suspend or revoke any Paramedic accreditation issued under this division, or may place any Paramedic license holder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).

(c) Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension, or revocation of a certificate/accreditation or license issued under this division, or in the placement on probation of a certificate/accreditation or license holder under this division.

- (1) Fraud in the procurement of any certificate/accreditation or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime that is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the records shall be conclusive evidence of such conviction.
- (7) Violating 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 adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license/accreditation or certification.
- (11) 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.

Please read carefully before signing:

I certify that all statements made in this application are true and complete. I understand this application will be used in determining my qualifications for accreditation. I authorize investigation of all matters contained in this application and approve the release of information from other sources as needed to the County of Santa Cruz.

Signature of Applicant:	Date:
-------------------------	-------

