



County of Orange / Health Care Agency
 EMERGENCY MEDICAL SERVICES
 405 W. Fifth Street, Suite 301A – Santa Ana, CA 92701

PARAMEDIC ACCREDITATION APPLICATION

Last Name	First Name	Middle Name
Mailing Address	City	State Zip
Residential Address (if different)	City	State Zip
()	Telephone Number	Date of Birth Last four digits of SSN
<input checked="" type="checkbox"/> P	License Number	Expiration Date
		<input type="checkbox"/> I was previously accredited as a paramedic in Orange County. <input type="checkbox"/> I am / have been licensed/accredited in these other jurisdictions; list:

Employer / sponsoring agency: please mark the appropriate box

<input type="checkbox"/> Anaheim Fire	<input type="checkbox"/> Fullerton Fire	<input type="checkbox"/> Laguna Beach Fire	<input type="checkbox"/> Santa Ana Fire
<input type="checkbox"/> Brea Fire	<input type="checkbox"/> Garden Grove Fire	<input type="checkbox"/> Newport Beach Fire	<input type="checkbox"/> Mercy Air**
<input type="checkbox"/> Costa Mesa Fire	<input type="checkbox"/> Huntington Beach Fire	<input type="checkbox"/> Orange City Fire	<input type="checkbox"/> other: specify _____
<input type="checkbox"/> Fountain Valley Fire	<input type="checkbox"/> LACoFD	<input type="checkbox"/> Orange County Fire	

** CHECK HERE IF ALSO APPLYING FOR THE AIR AMBULANCE ATTENDANT LICENSE (limited to approved air ambulance transport providers)

CALIFORNIA HEALTH AND SAFETY CODE SECTION 1798.200

STATUTE: The medical director of the local EMS agency may submit to the EMS Authority a recommendation for suspension or revocation of EMT-P license issued under the provisions of the Health and Safety Code, Division 2.5, Part 1 and in accordance with guidelines established by the EMS Authority upon the finding by that medical director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following actions specified in Section 1798.200 of the Health and Safety Code:

1. Fraud in the procurement of any certificate 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 which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record 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 narcotic, dangerous drugs, or controlled substances.
9. Addiction to the excessive use of, or 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 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.

CRIMINAL RECORD: Are you currently under investigation or have you ever been arrested and/or convicted of a misdemeanor or felony 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 have records sealed (e.g., under Penal Code 1203.4)

Yes No If Yes, explain each incident fully (**attach separate sheet**)

This shall serve as verification that I have reviewed Section 1798.200 of the California Health and Safety Code. To the best of my knowledge, based on the California Health and Safety Code section 1798.200, I am not precluded from licensure / accreditation as a paramedic in the state of California.

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 Orange and/or EMT certification in the state of California. 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 an EMT or paramedic in California.

_____	_____
Applicant's Signature	Date

ORANGE COUNTY OPTIONAL SCOPE OF PRACTICE

The following medication(s) and skill(s) are items not included in the state basic scope of practice but are used in Orange County. Please indicate below those medication(s) and/or skill(s) for which you have previously received training.

SKILLS / PROCEDURES

- recognition of cyanide poisoning
- intraosseous access
- transcutaneous pacing
- monitoring infusion of blood products (whole blood, packed cells, etc)
- insertion of nasogastric tubes in pediatric patients

MEDICATIONS

- amiodarone
- sodium thiosulfate

FOR OCEMS USE ONLY

<input type="checkbox"/> OCEMS application	date rec'd _____
<input type="checkbox"/> OCEMS approved provider agency sponsorship	date rec'd _____
<input type="checkbox"/> graduate of an approved paramedic training program	
<input type="checkbox"/> name of training program	_____
<input type="checkbox"/> date graduated	_____
<input type="checkbox"/> copy of course completion certificate	date rec'd _____
<input type="checkbox"/> valid State of California paramedic license	
<input type="checkbox"/> copy of license received	date rec'd _____
<input type="checkbox"/> verified on EMS Authority website	valid dates _____

Non-OC paramedic training program graduates	
<input type="checkbox"/> system orientation	date completed _____
<input type="checkbox"/> communications system orientation	date completed _____
<input type="checkbox"/> field evaluation of 10 ALS responses	_____
<input type="checkbox"/> payment of fee; amount	\$ _____
<input type="checkbox"/> receipt number	_____

<input type="checkbox"/> OCEMS ID number issued	# _____
<input type="checkbox"/> air ambulance attendant ID number issued	# _____
<input type="checkbox"/> entered into Cert One database; date, by:	_____
<input type="checkbox"/> letters to:	date mailed _____
<input type="checkbox"/> sponsoring provider agency (name)	_____
<input type="checkbox"/> affiliated base hospital (name)	_____

Comments: _____

Reviewed and finalized by: _____

Date: _____