



**San Mateo County
Emergency Medical Services**

225 37th Avenue
San Mateo, CA 94403
(650) 573-2564

For Office Use Only

Date Submitted _____
Initials _____
Certification _____
Recertification _____
Background _____
Check _____ Cash _____

APPLICATION FOR EMT-I

Our Agency accepts EMT-I applications Tuesdays and Thursdays between the hours of 8 a.m. – 10 a.m. and 2 p.m. – 4 p.m. No appointment is necessary. You must apply in person and bring all required materials with you. Please see the instructions.

1. Name _____
Last First Middle Initial
2. Address _____ City _____ State _____ Zip Code _____
3. Telephone () _____ (day) Social Security Number: _____
San Mateo County EMT-I Certification # _____ Date of Birth _____

4. Yes No Are you currently or have you been previously certified/licensed as an EMT-I, EMT-II or paramedic in California or another State? If yes, list all certifying counties, dates of expiration, and types of certification:

5. Yes No Have you ever had a certification, license or credential denied, revoked, or placed on probation? If yes, please explain in the space provided below.

7. Yes No Since the age of 18, have you ever been convicted of a felony or misdemeanor? (This would include all pleas of guilty and/or nolo contendere.) In the space provided at the bottom of this form, list all convictions since your 18th birthday, please list: offense, date and place of conviction, sentence and date of release from custody and/or from probation/parole.

I certify that all information provided is true and correct to the best of my knowledge and belief. Should the Department of Justice background check reveal any criminal record, I expressly authorize the arresting agency to provide the complete contents of my file to the San Mateo County EMS Agency.

Signature of Applicant _____

Date _____