**Public Safety First Aid Application**

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|  | **Applicant Information** |  |
|  | Last Name: | First Name: | Middle Initial: |
|  | Mailing Address: |
|  | City: | State: | Zip Code: |
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|  | **Issuance** |  |
|  | **Leave Blank if Initial Issuance**to be issued by Unit/Program | Unit/Program Designator | Four Digit Number |
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|  | **Type**  |  |
|  | **1. Initial Issuance** |
|  | a. PSFA Course (includes TCC, and Optional Skills) | Unit/Training Institute: | Date: |
|  | **2. Renewal** |
|  | a. PSFA Refresher Course | Unit/Training Institute: | Date: |
|  | b. Continuing Education (CE) | Attach CE log |
|  | **ATTACHMENTS** |
|  | Copy of Cardiopulmonary Resuscitation Card  | EMS Exam Skills/Competency Verification | CE Log/Course Completion Record Attached | Copy of EMS Card |
|  | **Current Employer** |
|  | *CAL FIRE* | Unit/Program: |
|  | Other(s): |  |
|  | **Oath** |
|  | I certify under penalty of perjury that the information contained on this form is accurate. I understand that my signature on this application authorizes CAL FIRE to verify all information contained on this application. |
|  | Applicant Signature: | Date: |
|  |

Office use only

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| All mandatory documentation attached |
| Certification Number (see above) | New Assign from Unit database | Existing |
| Notes: |
| Signature of Unit/ProgramTraining Officer: | Date: |

**Public Safety First Aid Application**

*Instructions*

1. **Applicant Information**

• Enter your full legal name as appears in employment documentation

• The mailing address should be your current home address or P.O. Box

• Applicant date of birth

1. **Issuance**

• Initial PSFA card numbers are assigned by the Unit/Program EMS Coordinator/Training Officer

• The first portion of the certification number is the three letter designator of the original certifying Unit/Program

• The second portion of the certification number is a four-digit number that is assigned by the Unit/Program

1. **Type**
* Initial applicants must attach documentation of successful course completion
	+ Enter the Unit/Program designator or name of training institute conducting training course
	+ Enter the date the course was successfully completed

• Renewal applicants shall mark the appropriate box designating method of renewal

* + Applicants recertifying through refresher course shall attach documentation of successful course and skills completion
	+ Applicants renewing through Continuing Education Units shall attach the CE log and documentation of successful skills completion
1. **Attachments**
* Copy of current CPR/AED certification
* Copy of Skills Exam/Competency Verification
* Copy of Continuing Education Log/Course Completion Record
* Copy of current EMS card, if applicable
1. **Current Employer**
* If current CAL FIRE employee, mark the box next to CAL FIRE and enter the Unit/Program of employ
* If a seasonal employee, write “SEASONAL” in the space marked “other”. If employed for another agency/business using your PSFA Certification, please enter on the spaces marked “other”

***Date and sign the Public Safety First Aid Application***