



APPLICATION FOR RENEWAL OF CERTIFICATION

1. PERSONAL INFORMATION:

Name: _____ M F Phone #: _____
(Last) (First) (MI)

Home Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-Mail Address: _____ D.O.B. _____ Social Security #: _____

EMS # _____ (if applicable) Expiration Date: _____

Certification Level: First Responder [] EMT-Basic [] EMT-Intermediate [] EMT-Paramedic []

Additional Endorsement: Preceptor [] Secondary Instructor [] Primary Instructor [] Master Instructor []

- 2. a. * Are you addicted to intoxicating liquors or narcotics? _____ Yes _____ No
- b. * Have you within the last 5 years been convicted of or forfeited bail for a traffic violation other than a parking violation? _____ Yes _____ No
- c. * Have you ever been convicted of a felony, a gross misdemeanor or a misdemeanor other than a traffic violation as provided above? _____ Yes _____ No
- d. * Have you ever had a certification or license expire, revoked or suspended? _____ Yes _____ No
- e. * Have you ever had a license, medical direction/control or clinical privileges revoked or suspended? _____ Yes _____ No
- f. * Is your current out of state/National Registry certificate/license currently under any investigation or review? _____ Yes _____ No

*** If the answer to this question is yes, explain IN DETAIL (fines paid, time served, etc.) in the space provided below.**

**ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE
OR DENIAL OF CERTIFICATION**

3. CHILD SUPPORT INFORMATION: (Certificate cannot be issued unless the applicant provides the following information.)

Please check one of the following:

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify that all of the information on this application is complete and correct to the best of my knowledge. I understand that any false information may result in the forfeiture of my certification.

Applicant's Social Security No.: _____

Print Name

Applicant's Signature

Date