



San Joaquin County EMS Agency
 PO Box 1020, Stockton, CA 95201
 (209) 468-6818 Fax: (209) 468-6725



FAX

Date: _____

To: _____

From: Christine Tualla, Office Coordinator

Subject: Verification of EMT-I Certification

The person named below has requested certification based on training and/or previous certification in your county or local EMS system. Please verify the certification status of the person identified below. Thank you.

Name: _____

SSN: _____ DOB: _____

Previous Certification Number: _____

I authorize San Joaquin County EMS Agency to verify the information requested below.

 Signature Date

Previous Certifying Agency to Complete Only. Thank you!			
Certification type:	First Responder	EMT-I	Cert. # _____
Date Certification issued:	_____		
Date Certification expires:	_____		
Has any negative action been taken against this certificate? (If yes, please explain on a separate sheet)	Yes	No	
Is this person currently under investigation or QA audit? (If yes, please explain on a separate sheet)	Yes	No	
Do you know any reason why San Joaquin County EMS Agency certification should be denied? (If yes, please explain on a separate sheet)	Yes	No	
_____ Name & Title of Person Completing Request			
_____ Signature of Person Completing Request		_____ Date	

CONFIDENTIALITY NOTICE: This Fax contains confidential information and is only intended for the receipt. If you are not the intended receipt please notify the sender ASAP. Thank You!
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