



**San Joaquin County Emergency Medical Services Agency**  
**Emergency Medical Responder Certification**  
 PO Box 220  
 French Camp, CA 95231  
 Telephone (209) 468-6818  
[www.sjgov.org/ems](http://www.sjgov.org/ems)

**EMR  
 CERTIFICATION**  
 Please check one:  
 **Initial**  
 **Continuous**

**ONLY LEGIBLE AND COMPLETE APPLICATION PACKETS WILL BE ACCEPTED.**

**Attach each of the following documents:**

- Copy of Initial Emergency Medical Responder Course Completion (Initial)
- DOJ Live Scan Background (fingerprinting, Initial or if not on file)
- Proof of Completing 12 hours of EMS approved CE (Re-certification)
- Original Signed EMR Skills Competency Verification Form (Re-certification)
- Copy of current or prior certification card (Re-certification)
- Copy of Valid State ID Card or Federal ID Card
- Copy of current CPR card for the Professional Rescuer or Healthcare Provider
- Application fee (Non-Refundable)

**EMS Agency Use:**

Received Stamp

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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 EMR certification in San Joaquin County. 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 EMR in California.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required: Emergency Medical Responder Provider Affiliation Verification.**

I certify that the above named individual is currently or will be affiliated with this agency as an Emergency Medical Responder.

Emergency Medical Responder Provider: \_\_\_\_\_

Name and Title of Agency Representative: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMS Agency Use Only**

Certification Number:	DOJ Received:	Effective Date:
Card Issued:	Paid:	Expiration Date:

## San Joaquin County EMS Agency Application Affidavit

**Answer All Questions, Sign and Date Affidavit:**

**Yes No**

**Have you ever been convicted of any felony or misdemeanor offense in California or in 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) under Penal Code Section 1203.4?**

**Are there any criminal charges currently pending against you?**

If you answered yes to either of these questions **you must attach a detailed statement** describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.  Check here if previously disclosed and on file with San Joaquin County EMS Agency.

**Have you ever had a certification, accreditation or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?**

If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, any remediation as a result of the action, and the name and address of the certifying or licensing authority involved.  Check here if previously disclosed and on file with San Joaquin County EMS Agency.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
- (b) Gross negligence.
- (c) Repeated negligent acts.
- (d) Incompetence.
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- (f) Conviction of any crime which is substantially related to the qualifications, functions and duties of pre-hospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (g) Violation 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 promulgated by the authority pertaining to pre-hospital personnel.
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (j) 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.
- (k) 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.

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the San Joaquin County EMS Agency process this application and authorize them to use this information in performing a background investigation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**San Joaquin County EMS Agency**  
**Statement of Confidentiality and Acknowledgement of Responsibility**

Prehospital emergency medical care personnel in San Joaquin County are expected to maintain and protect the confidentiality of patient information. Confidential patient information may be released only with the patient's written authorization, by court order, or as otherwise mandated by law.

**Confidential patient information includes but is not limited to:**

- I. Patient name, address, date of birth, social security number, other information that is deemed protected health information under HIPAA and California Civil Code § 56 – 56.37, and other information obtained upon admission or registration at medical records, outpatient department, observation unit and urgent care clinic;
- II. All case discussions, diagnoses, consultations, examinations, and treatments;
- III. All forms of patient records and copies of orders; and
- IV. All information about the disposition or personal characteristics of patients.

Any breach of duty to maintain and protect the confidentiality of patient information, including the unauthorized release of confidential information to third parties is a violation of the California Health and Safety Code, Division 2.5, Chapter 7, §1798.200, (c)(12)(B), which states, "The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.37, inclusive, of the Civil Code". Violator's licenses and/or certification are subject to disciplinary action including revocation, denial, suspension, or placement on probation.

I understand that it is my responsibility to maintain confidentiality of patient medical information. In addition, I understand as a certified Emergency Medical Responder in San Joaquin County I am responsible to know and adhere to all of the EMS Agency's Policies. Further, I understand that failure to follow EMS Agency Policies may result in disciplinary action being taken against my prehospital care certification. I acknowledge that I have read and understand the "Statement of Confidentiality and Acknowledgement of Responsibility" and will adhere to all requirements listed herein.

Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_