



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

**FIRST RESPONDER
CERTIFICATION**

Please check one:
 Initial Certification
 Re-Certification

ONLY LEGIBLE AND COMPLETED APPLICATIONS WILL ACCEPTED. INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____ Social Security Number: _____

Date of Birth: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cellular Phone Number: _____

Driver's License Number: _____ State of Issue: _____

I understand as a certified First Responder in San Joaquin County I am responsible to know and adhere to all of the EMS Agency's policies, procedures, and protocols. Further, I understand that the failure to follow EMS Agency policy, procedure, and protocol may result in disciplinary action being taken against my prehospital care certificate.

Applicant's Signature: _____ **Date:** _____

Required: First Responder Provider Affiliation Verification. I certify that the above named individual is currently or will be affiliated with this agency as a first responder

Name of First Response Provider: _____

Name and Title of Agency Representative: _____

Authorized Signature: _____

Date: _____ Phone Number: _____

Attach the following documents:

- Copy of Initial Course Completion Record (**Initial Applicants Only**)
- Copy of California Drivers License/Identification Card or Military Identification Card
- Original Completed Skills Competency Verification Form
- Copy of current CPR card for the Professional Rescuer or Healthcare Provider
- Copy of Current Automatic External Defibrillation (AED) card from AHA, Red Cross, NSC or other approved course
- Proof of completing twelve (12) hours of approved EMS continuing education (**Re-certification Applicants Only**)
- A copy of current or prior certification card (**Re-certification Applicants Only**)
- Application fee (**Non-Refundable**)

EMS Agency Only

Certification Number:	Effective:	Expiration:
Card Issued:	Paid:	

Application Affidavit

Answer All Questions, Sign and Date Affidavit:

Yes No

- Have you ever applied for any prehospital certification in any county or state and been denied? If yes, thoroughly explain the action taken on a separate piece of paper including the name and address of the certifying authority involved.
- Have you **ever** been the subject of a formal prehospital care certification disciplinary action or proceeding? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.
- Do you have any pending criminal actions, civil actions and/or EMS fact finding/certification review actions? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.
- Have you **ever** been convicted of any crime (felony or misdemeanor), made a ward of the court, placed on probation, fined (excluding minor traffic violations), placed on a criminal diversion program or given a suspended sentence by any court? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name of the County and State where the conviction took place.
- Have you **ever** been required to register as a sex offender by any city, county or state? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name the County and State where the conviction took place.

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.

Signature: _____

Date: _____

San Joaquin County EMS Agency Statement of Confidentiality

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:

1. 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;
2. All case discussions, diagnoses, consultations, examinations, and treatments;
3. All forms of patient records and copies of orders; and
4. 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". Violators are subject their licenses and certification 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 and I acknowledge that I have read and understand the "Statement of Confidentiality" and will adhere to all requirements listed herein.

Signature

Name (please print)

Certificate No.

Date