



# San Joaquin County

## Emergency Medical Services Agency



<http://www.sigov.org/ems>

### Quarterly Declaration

Mailing Address  
PO Box 220  
French Camp, CA 95231

Health Care Services Complex  
Benton Hall  
500 W. Hospital Rd.  
French Camp, CA 95231

Phone Number  
(209) 468-6818

Fax Number  
(209) 468-6725

Personal information to be completed each quarter:	
EMT Registry #:	Change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Residence Address:	
City/State/Zip Code:	
Email Address:	

<b>Quarterly Reporting Period:</b>	<input type="checkbox"/> 1/1 to 3/31 Due Apr 15	<input type="checkbox"/> 4/1 to 6/30 Due Jul 15	<input type="checkbox"/> 7/1 to 9/30 Due Oct 15	<input type="checkbox"/> 10/1 to 12/31 Due Jan 15
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**Employment Information to be completed each quarter:** (document additional employers on a separate sheet)

Employer Name:	Telephone:
Address	
City/State/Zip code	
Employer Name:	Telephone:
Address	
City/State/Zip code	

**Attach verifications/reports for any of the following that apply:**

<input type="checkbox"/> Coursework/CE	<input type="checkbox"/> Ethics Course	<input type="checkbox"/> Stress/Anger Mgmt	<input type="checkbox"/> Medical treatment
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> AA Attendance	<input type="checkbox"/> Drug Detox/Diversion	<input type="checkbox"/> Other _____

Since the last Quarterly Declaration, have you been arrested, charged or convicted of any Federal or State offense or any county or city laws, rules or regulations (excluding parking tickets)?

Yes  No (If "Yes", explain your answer on a separate sheet of paper and attach to this form)

During this reporting period, have you complied with each and every term and condition of probation?

Yes  No (If "No", explain your answer on a separate sheet of paper and attach to this form)

If you did not practice during all or part of the period covered by this report, include the date you ceased practice \_\_\_\_\_ and the date you resumed practice \_\_\_\_\_.

Executed on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, California.  
(Date) (City) (County)

By signing here, I acknowledge that the above is true and correct.

Probationer Signature \_\_\_\_\_

Mail completed form to address at top of this form  
Probationer: Retain a copy of this form for your records