



Sierra-Sacramento Valley EMS Agency
5995 Pacific Street Rocklin CA 95677
Office 916-625-1702 916-625-1730 fax
Website: www.ssvems.com

Initial Certification-SSV Fee \$28.00+EMSA Fee \$75.00 = \$103.00 (Add \$3.00 if paying on line)
Recertification-SSV Fee \$28.00+EMSA Fee\$37.00 = \$65.00 (Add \$3.00 if paying on line)
We accept money orders, debit cards & credit cards ONLY.

If you are certifying with S-SV EMS for the first time you are considered an Initial certification applicant. [California Code of Regulations, Title 22, Division 9, Chapter 10, §100345, Fees states the following fees shall apply:](#)

(a)(1) \$75 per initial EMT or Advanced EMT certificate or per an applicant whose criminal background check from the DOJ is no longer active. This also applies to those EMT/AEMT personnel who change certifying entities when they recertify.

EMT/AEMT CERTIFICATION		
APPLICANT INFORMATION – PRINT ONLY		
Full Name:		
Date of Birth:	SSN:	Phone:
Address:		
City:	State:	Zip Code:
EMAIL:		Work Phone:
CERTIFICATION/RE-CERTIFICATION INFORMATION		
Current Certification Number (if recertifying):		
Expiration Date:		
Previous Certifying Entity (if recertifying):		
EMPLOYMENT		
If employed by EMS Provider please list Provider name & address:		
<p>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? Yes _____ No _____</p> <p>Are there any criminal charges currently pending against you? Yes _____ No _____</p> <p>If you answered yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, and/or remediation as a result of the action. (may attach court documents)</p>		
<p>Have you ever had certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? Yes _____ No _____</p> <p>If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or mediation as a result of the action. (may attach court documents)</p>		
SIGNATURES		
<p>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 EMT certification the state of California. 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 EMT in California.</p>		
Signature:		Date:

