



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+\$3.00 electronic processing fee=\$31.00
Recertification-SSV Fee \$28.00+\$3.00 electronic processing fee=\$31.00
We accept money orders, debit cards & credit cards ONLY.

EMERGENCY MEDICAL RESPONDER CERTIFICATION		
APPLICANT INFORMATION – PRINT ONLY		
Full Name:		
Address:		
City:	State:	Zip Code:
Phone #		
EMAIL:		
Birthdate:		SS#:
Date EMR Class Completed:		
EMS Employer:		
<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 1230.4? 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		
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.		
Signature of Applicant:		Date:
FOR SSV USE ONLY		
Date App Received:		
Fees Paid:		
Copy of Course Completion Certificate:		
CA DL or Photo ID:		
Skills Form:		
CPR Card:		
Live Scan: CA DOJ <input type="checkbox"/>		FBI <input type="checkbox"/>
Date Issued:		Date Expires: