Mountain-Valley
EMERGENCY MEDICAL SERVICES AGENCY

Paramedic Accreditation

(Check One): Initial Accreditation ___ **- $100.00** Continuous Accreditation ___ *(No Fee if submitted prior to expiration date)*
Lapsed Accreditation ___ **- $100.00**

Requirements for Continuous Accreditation: copy (front & back, signed) current Paramedic card, copy of photo ID, and submit the 4 MCI Field Operations Module CE Certificates, (http://www.mvemsa.org) not dated earlier than 90 days prior to continuous accreditation, in compliance with Agency Policy # 853.00 Prehospital Standards.

LAST NAME: _____ FIRST NAME: _____ M.I. _____

SOCIAL SECURITY #: _____-_____-_____ DL #: _____ DOB: _____/_____/_____

MAILING ADDRESS: _____

CITY: _____ZIP: _____

HOME TELEPHONE #: ( ) _____ CELL #: ( ) _____

EMAIL: _____

PRIMARY EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: ( ) _____

CITY/STATE: _____ FAX #: ( ) _____

SECONDARY EMPLOYER: _____POSITION: _____

ADDRESS: _____ PHONE #: ( ) _____

CITY/STATE: _____ FAX #: ( ) _____

CA Paramedic LICENSE NUMBER: _____ EXPIRATION DATE: _____ (attach copy of card, front & back)

FOR OFFICE USE ONLY: *(This Section for Initial Accreditation Only) / (Circle Yes or No)*

MVEMSA Paramedic Orientation Complete:	YES / NO	Date: _____
OES Region IV MCI Training Complete:	YES / NO	Date: _____
Accreditation Fee Submitted:	YES / NO	Date: _____
5 ALS Call Evaluation Complete:	YES / NO / Waived	Date: _____
Protocol Exam Passed (80%):	YES / NO	Date: _____
Local Orientation Complete:	YES / NO	Date: _____
State Registry Update Complete:	YES / NO	Date: _____

Paramedic #: _____ **CO.:** _____ **Pre-Accred. ISSUE DATE:** _____ **EXP.** _____

ISSUE DATE _____ **EFF. DATE:** _____ **EXP:** _____

Card: ☐ Mailed or ☐ Picked Up Letter mailed: _____ **Amount paid:** _____

Age Range:		Gender:	Race/Ethnicity:	
□ 18-20	□ 41-45	□ Male	□ American Indian/Alaska Native	□ Black/African American
□ 21-25	□ 46-50	□ Female	□ Asian	□ White
□ 26-30	□ 51-55		□ Hispanic Latino	□ Choose to not identify
□ 31-35	□ 56-60		□ Native Hawaiian or Other Pacific Islander	
□ 36-40	□ Older			

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? Yes _____ No _____

(You must answer this question or your application will be returned,) If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

AFFIDAVIT

I hereby certify under penalty of perjury that I am not precluded from certification or accreditation for those reasons defined in Section 1798.200 of the Health and Safety Code, which are as follows:

(c) Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate holder or licenseholder under this division:

(1) Fraud in the procurement of any certificate or license under this division.
(2) Gross negligence.
(3) Repeated negligent acts.
(4) Incompetence.
(5) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
(6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
(7) Violating 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 adopted by the authority pertaining to prehospital personnel.
(8) Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
(9) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
(10) 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.
(11) 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.
(12) Unprofessional conduct exhibited by any of the following:
(A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
(B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Sections 56) of Division 1 of the Civil Code. [Amended by SB 1330 (Ch. 328) Statutes of 2010.]
(C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

READ CAREFULLY BEFORE SIGNING:

I hereby certify under penalty of perjury that all information on this application is true and complete. I understand that the information on this application will be used in determining my qualifications for accreditation, and it may be released to other EMS agencies. I authorize and approve the release of information from other sources to the Mountain-Valley Emergency Medical Services Agency relating to statements made in this application.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____