



VERIFICATION OF ELIGIBILITY for EMT CHALLENGE EXAMINATION

Complete the appropriate option

Option 1

I am currently licensed as a:

Registered Nurse

Vocational Nurse

Physician

Physician's Assistant

License #

State of issue:

(Attach a copy to this form)

Option 2

Within the preceding two (2) years, I have successfully completed an emergency medical service training program of the Armed Forces (including Coast Guard) of the United States which meets the Department of Transportation (DOT) EMT- Basic course guidelines.

Name of course:

(Attach program completion certificate)

Date of completion:

Option 3

In the last two (2) years, I have been active in a prehospital emergency medical classification of the Armed Services (including Coast Guard) of the United States which does not have formal recertification requirements.

Classification / rank:

Branch of service:

(Attach appropriate documentation)

For all options

"I have never before taken a challenge exam for certification as a California EMT."

Initials:

I declare, under penalty of perjury, that the above is true and correct and that I am eligible for certification by challenge in Riverside County in accordance with Section 100078 of Division 9 of Title 22 of the California Code of Regulations and Division 2.5 of the California Health and Safety Code. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification pursuant to Section 1798.200 of the California Health and Safety Code.

I understand my signature on this document authorizes the Riverside County EMS Agency (REMSA) to verify any and all information contained herein. I further authorize REMSA to release any and all information relevant to my certification process and related testing to my employer. Additionally, REMSA may release any pertinent certification information to any other agency with the authority to certify, and to the State EMS Authority. I agree to hold the County of Riverside harmless from any action resulting from the release of the information as stated above.

Executed at _____ in the state of California, on _____, 20 _____

Signature

Training institution must return the completed original of this form to the EMS Agency, attached to the Challenge Course Roster



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