



VERIFICATION OF ELIGIBILITY for EMT CHALLENGE EXAMINATION

Complete the appropriate option.

Option 1

I am currently licensed as a (circle one):

registered nurse vocational nurse physician physician's assistant

License # _____ State of issue _____
(Attach copy of license)

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 _____ Date completed _____
(Attach appropriate documentation)

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 to verify any and all information contained herein. I further authorize Riverside County EMS Agency to release any and all information relevant to my certification process and related testing to my employer. Additionally, the Riverside County EMS Agency 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____ A.D.

Signature

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

