



CAL FIRE/SLO COUNTY FIRE DEPARTMENT TRAINING ANNOUNCEMENT

- Class Title:** **EMERGENCY MEDICAL RESPONDER, REFRESHER
(formerly First Responder Refresher)**
- Dates:** October 21, 22, 23, 2011
- Times:** 0900 - 1800 each day
- Class Description:** This is a 24-hour **refresher** class for anyone needing to refresh their EMR Certification.
- Instructor:** Fire Captain Fred Haberkern
- Assistant Instructor:** FAE Stephanie Dininni and FAE/P Brent Lee
- Class Coordinator:** Fire Captain Geoff Money
- Location:** South Bay Training Center, 880 Manzanita, Los Osos, California 93402
Hi Mountain classroom (formerly known as upper classroom)
- Eligible to Attend:** This class is approved by the State EMS Authority to teach and certify First Responders only (any fire or transporting agency). **Student must currently be certified in EMR to attend this class.** The State EMS Authority does not allow CAL FIRE to teach this class to the public.
- Fee:** SLO County Fire Employees – fees are waived. All other students please submit a cashier's check or money order for \$130.00, made out to SLO County Fire.
- Pre-requisites:** Please return EMS Certification/Recertification Application (attached) **with** registration, along with a copy of your **current CPR card**. Bring a **working wrist watch to class**.
- What to bring:** Notebook and #2 pencil
- What to wear:** Button up uniform shirt or equivalent to duty uniform or casual business attire.
- How to register:** Complete registration and mail in WITH check, made out to SLO County Fire. All registration is on a first come first serve basis. **PHONE, E-MAIL, AND FAX REGISTRATION WILL NOT BE ACCEPTED.**
- Questions:** For registration questions, call 805-528-2160. All other questions, contact the class coordinator.

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, 2011

Name: _____

Agency Working for: _____ Station/Rank: _____

Mailing Address: _____

City: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____

Supervisors Name (printed) and Signature: _____

Please mail registration form and check to:

CAL FIRE/SLO County Fire Department
Attn: Training Registration
880 Manzanita
Los Osos, CA 93402

Your request will not be processed with out payment

**Cancellations require 10 day notice. Less than 10 days, or no-shows,
will forfeit all fees.**

If you have any further questions please call training at 805-528-2160 or
E-mail training at: Diane.Draeger@fire.ca.gov

It is the student's responsibility to confirm enrollment

CAL FIRE EMS Certification / Recertification Application

Applicant Information				
Last Name:	First Name:	Middle Initial:		
Mailing Address:		Last 4 digits of SS #:		
City:	State:	Zip Code:		
Date of Birth:	Drivers License:	State of Issue:		
Certificate Number				
Leave Blank if Initial Certification	CAL FIRE Number	Unit Designator	Four Digit Number	Other Certification Number
Certification Level - Check One				
<input type="checkbox"/>	<input type="checkbox"/> EMR		<input type="checkbox"/>	
Certification Type - Check One				
<input type="checkbox"/> Initial Certification Course	<input type="checkbox"/> Recert. - Course	<input type="checkbox"/> Recert. - CE's	<input type="checkbox"/> Challenge	<input type="checkbox"/> Bridge
Certification Information (if applicable)				
Unit/Training Institute:		Instructor:		Date:

Attachments			
<i>See instructions on next page for required attachments</i>		REQUIRED/ ATTACHED	RECEIVED
a) <input type="checkbox"/>	Course Completion Form	<input type="checkbox"/>	<input type="checkbox"/>
b) <input type="checkbox"/>	Copy of Current EMS Certification Card	<input type="checkbox"/>	<input type="checkbox"/>
c) <input type="checkbox"/>	Skills Competency Verification Form	<input type="checkbox"/>	<input type="checkbox"/>
d) <input type="checkbox"/>	CE Documentation	<input type="checkbox"/>	<input type="checkbox"/>
e) <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Current Employer			
1 a) <input type="checkbox"/> <i>CAL FIRE</i>	1 b) Unit:	2 <input type="checkbox"/> Other Agency:	
Oath			
<p style="font-size: small;">"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 EMR certification. 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 EMS provider in California."</p>			
Applicant Signature:		Date:	

Office use only

<input type="checkbox"/> All mandatory documentation attached	
Certification Number:	
Signature of Training Officer / EMS Coordinator :	Date:



INSTRUCTIONS FOR EMS APPLICATION

- 1) Applicant Information
 - a) Enter your full legal name as appears in employment documentation.
 - b) The mailing address should be your current home address or PO Box.
 - c) The last four (4) numbers or your social security number
 - d) Applicant date of birth
 - e) Applicant drivers license and state of issue
- 2) Certification Number
 - a) CAL FIRE Certificate Number
 - i) Initial certification numbers are assigned by the Unit EMS Coordinator or Training Officer.
 - ii) The first portion of the certification number is the three letter designator of the original certifying Unit
 - iii) The second portion of the certification number is a four digit number that is assigned by the Unit.
 - b) Other Certificate Number
 - i) Other Agency Number
 - ii) Central Registry Number
- 3) Certification Level (select only one)
 - i) EMR – Emergency Medical Responder
- 4) Type of Certificate
 - a) Initial Certification Class
 - b) Recertification via Class
 - c) Recertification via Continuing Education
 - d) Challenge
 - e) Bridge
- 5) Certificate Information
 - i) Enter the Unit designator or name of training institute conducting training course.
 - ii) Enter the name of the Primary Instructor teaching the course
 - iii) Enter the date the course was successfully completed
- 6) Attachments
 - a) Course Completion Form
 - b) Copy of current Public Safety or HealthCare provider CPR/AED card (For all certifications)
 - i) CAL FIRE Certification Card, or
 - ii) Certification Card Meeting AHA 2005 Guidelines
 - c) Skills Competency Verification Form (For EMR Certifications and Recertification)
 - d) Continuing Education Documentation(For EMR recertification)
 - i) Continuing Education Log
 - ii) Copy of Continuing Education Certificates
- 7) Current Employer
 - a) If current CAL FIRE employee, mark the box next to CAL FIRE and enter the Unit of employ.
 - b) If employed for another agency/business using your EMR Certification, please enter on the spaces marked "other".
- 8) Oath – Sign and date the form to certify that the information contained on this form is true and accurate



EMR
Documentation Required for Certification Level

	Initial Certification	Recertification via Classroom/Course	Recertification via CE	Challenge Program	Bridge Program
Course Completion Form	YES	YES			
CE Documentation			YES		
Copy CPR/AED Card	YES	YES	YES	YES	YES
Skills Verification	YES	YES	YES	YES	YES
Copy of Current EMS Certification Card		YES	YES	YES	YES