



# EMT-PARAMEDIC ACCREDITATION/BI-ANNUAL REVERIFICATION

**(ICEMA PROTOCOL REFERENCE #15301)**

**Submit the following for Initial Accreditation:**

- Cash or Money Order (No personal checks)
- Copy of California EMT-P License
- Copy of current Drivers License (for ID purposes)
- Current photo taken within last 6 months (Drivers License size, no hats or tinted glasses)\*
- Copy of front and back of current CPR card\*\*
- Copy of front and back of current ACLS card
- Copy of course completion certificate

**Submit the following for Bi-Annual Reverification:**

- Cash or Money Order (No personal checks)
- Copy of California EMT-P License
- Copy of current Drivers License (for ID purposes)
- Current photo taken within last 6 months (Drivers License size, no hats or tinted glasses)\*
- Copy of front and back of current CPR card\*\*
- Copy of front and back of current ACLS card
- Complete ICEMA Bi-annual Reverification Education Requirements (grid below)
- Provide copies of the roster or CE certificate from each class attended**

\* Photo taken at ICEMA for no additional charge

\*\*CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"

### LIST CE REQUIREMENTS BELOW

(2) Skills Days (SD) (1 taken during each year of accreditation), (6) hrs Field Care Audits (FCA),  
(2) Different Annual Review Classes (ARC)

Check (✓) the appropriate box:

SD (2)	FCA (6 hrs)	ARC (2 different)	CE Provider Number	CE Provider Name	Date	Hours

*I hereby certify that the information listed is true and correct and that I am eligible for accreditation. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my ICEMA accreditation with immediate notification to the State EMS Authority. I hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my accreditation process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.*

Signature \_\_\_\_\_

Date \_\_\_\_\_