

## **100094.01 Licensure**

### **(a)**

In order to be eligible for initial paramedic licensure an applicant shall meet at least one of the following requirements: (1) Provide documentation of a California paramedic training program course completion record as specified in Section 100093.01 of this Chapter or other documented proof of successful completion of a California approved paramedic training program and shall meet the following requirements: (A) Complete and submit the appropriate Initial In-State Paramedic License application form as specified in Section 100093.07. (B) Provide documentation of successful completion of the paramedic licensure cognitive written and psychomotor skills examinations within the previous two (2) years as specified in sections 100090.12 and 100090.02, or possess a current NREMT paramedic registration. (C) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code. (D) Pay the established fees pursuant to Section 100097.02. (2) Provide documentation of a paramedic license or a paramedic training program course completion issued from an approved training program outside the State of California and meet the following requirements: (A) Complete and submit the Initial Out-of-State Paramedic License application form as specified in Section 100093.07. (B)

Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two (2) years. (C) Provide documentation of successful completion of an approved paramedic field internship as defined in Section 100092.05(a), provided by an approved paramedic program director, consisting of no less than 40 advanced life support patient contacts as defined in section 100092.06(b), or a letter on official letterhead by an applicant's employer, training program director, or medical director verifying applicant's successful completion of 40 ALS patient contacts. (D) An individual who is currently or was previously paramedic certified/licensed out-of-state shall submit a completed Request for License/Certification Verification, Form # VL-01 01/2024. (E) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code. (F) Pay the established fees pursuant to Section 100097.02. (3) A physician, authorized registered nurse, mobile intensive care nurse (MICN), or physician assistant currently licensed shall be eligible to challenge the required paramedic training for initial paramedic licensure upon meeting the following requirements: (A) If licensed as a physician, authorized registered nurse, MICN or physician assistant outside the state of California, provide documentation that their training is equivalent to the DOT HS 811 077 E specified in Section 100092.07, or (B) If licensed as a physician, authorized registered nurse, MICN or physician assistant in the state of California, provide a copy of their current license, and (C) Complete and submit the Initial Challenge Paramedic License application form as specified in Section 100093.07. (D) Provide documentation of successful completion of no less than 40 advanced life support

patient contacts during an approved paramedic training program field internship, as specified in Section 100092.05(a), or a letter on official letterhead by a paramedic employer, training program director, or medical director verifying applicant's successful completion of 40 ALS patient contacts as defined in section 100092.06(b), in an approved paramedic service provider field environment. (E) Pay the established fees pursuant to Section 100097.02. (F) Submit a completed Request for Licensure/Certification Verification Form # VL-01 01/2024, if applicable. (G) Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two (2) years. 1. If a letter of support is required by the NREMT to take the paramedic licensure cognitive written or psychomotor skills exams, the applicant shall notify the Authority. The Authority shall review an applicant's completed and signed application for eligibility to provide a letter of support to NREMT. (H) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code

**(1)**

Provide documentation of a California paramedic training program course completion record as specified in Section 100093.01 of this Chapter or other documented proof of successful completion of a California approved paramedic training program and shall meet the following requirements: (A) Complete and submit the appropriate Initial In-State Paramedic License application form as specified in Section 100093.07. (B) Provide documentation of successful completion of the paramedic licensure cognitive written and psychomotor skills examinations within the previous two (2) years as specified in sections 100090.12 and 100090.02, or possess a current NREMT

paramedic registration. (C) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code. (D) Pay the established fees pursuant to Section 100097.02.

**(A)**

Complete and submit the appropriate Initial In-State Paramedic License application form as specified in Section 100093.07.

**(B)**

Provide documentation of successful completion of the paramedic licensure cognitive written and psychomotor skills examinations within the previous two (2) years as specified in sections 100090.12 and 100090.02, or possess a current NREMT paramedic registration.

**(C)**

Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code.

**(D)**

Pay the established fees pursuant to Section 100097.02.

**(2)**

Provide documentation of a paramedic license or a paramedic training program course completion issued from an approved training program outside the State of California and meet the following requirements: (A) Complete and submit the Initial Out-of-State Paramedic License application form as specified in Section 100093.07. (B) Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two

(2) years. (C) Provide documentation of successful completion of an approved paramedic field internship as defined in Section 100092.05(a), provided by an approved paramedic program director, consisting of no less than 40 advanced life support patient contacts as defined in section 100092.06(b), or a letter on official letterhead by an applicant's employer, training program director, or medical director verifying applicant's successful completion of 40 ALS patient contacts. (D) An individual who is currently or was previously paramedic certified/licensed out-of-state shall submit a completed Request for License/Certification Verification, Form # VL-01 01/2024. (E) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code. (F) Pay the established fees pursuant to Section 100097.02.

**(A)**

Complete and submit the Initial Out-of-State Paramedic License application form as specified in Section 100093.07.

**(B)**

Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two (2) years.

**(C)**

Provide documentation of successful completion of an approved paramedic field internship as defined in Section 100092.05(a), provided by an approved paramedic program director, consisting of no less than 40 advanced life support patient contacts as defined in section 100092.06(b), or a letter on official letterhead by an applicant's employer, training program director, or medical director verifying applicant's successful completion of 40 ALS patient

contacts.

**(D)**

An individual who is currently or was previously paramedic certified/licensed out-of-state shall submit a completed Request for License/Certification Verification, Form # VL-01 01/2024.

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Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code.

**(F)**

Pay the established fees pursuant to Section 100097.02.

**(3)**

A physician, authorized registered nurse, mobile intensive care nurse (MICN), or physician assistant currently licensed shall be eligible to challenge the required paramedic training for initial paramedic licensure upon meeting the following requirements: (A) If licensed as a physician, authorized registered nurse, MICN or physician assistant outside the state of California, provide documentation that their training is equivalent to the DOT HS 811 077 E specified in Section 100092.07, or (B) If licensed as a physician, authorized registered nurse, MICN or physician assistant in the state of California, provide a copy of their current license, and (C) Complete and submit the Initial Challenge Paramedic License application form as specified in Section 100093.07. (D) Provide documentation of successful completion of no less than 40 advanced life support patient contacts during an approved paramedic training program field internship, as specified in Section 100092.05(a), or a letter on official letterhead by a paramedic employer, training program director, or medical director verifying

applicant's successful completion of 40 ALS patient contacts as defined in section 100092.06(b), in an approved paramedic service provider field environment. (E) Pay the established fees pursuant to Section 100097.02. (F) Submit a completed Request for Licensure/Certification Verification Form # VL-01 01/2024, if applicable. (G) Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two (2) years. 1. If a letter of support is required by the NREMT to take the paramedic licensure cognitive written or psychomotor skills exams, the applicant shall notify the Authority. The Authority shall review an applicant's completed and signed application for eligibility to provide a letter of support to NREMT. (H) Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code

**(A)**

If licensed as a physician, authorized registered nurse, MICN or physician assistant outside the state of California, provide documentation that their training is equivalent to the DOT HS 811 077 E specified in Section 100092.07, or

**(B)**

If licensed as a physician, authorized registered nurse, MICN or physician assistant in the state of California, provide a copy of their current license, and

**(C)**

Complete and submit the Initial Challenge Paramedic License application form as specified in Section 100093.07.

**(D)**

Provide documentation of successful completion of no less than 40 advanced life support

patient contacts during an approved paramedic training program field internship, as specified in Section 100092.05(a), or a letter on official letterhead by a paramedic employer, training program director, or medical director verifying applicant's successful completion of 40 ALS patient contacts as defined in section 100092.06(b), in an approved paramedic service provider field environment.

**(E)**

Pay the established fees pursuant to Section 100097.02.

**(F)**

Submit a completed Request for Licensure/Certification Verification Form # VL-01 01/2024, if applicable.

**(G)**

Provide documentation of a current paramedic NREMT registration or proof of passing the paramedic licensure cognitive written and psychomotor skills exams within the last two (2) years. 1. If a letter of support is required by the NREMT to take the paramedic licensure cognitive written or psychomotor skills exams, the applicant shall notify the Authority. The Authority shall review an applicant's completed and signed application for eligibility to provide a letter of support to NREMT.

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**(H)**

Submit to the California DOJ, an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Form, BCII 8016 (Revised 05/2018), for a state criminal history record provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code



**(b)**

If a letter of support is required by the NREMT to take the paramedic licensure cognitive written or psychomotor skills exams, the applicant shall be required to submit the appropriate application as identified in section 100094.01(a) and at least one of the following to the Authority: (1) Documentation showing the applicant is currently licensed as an out-of-state paramedic. (2) Documentation showing proof of completion of a state, or country, approved or CAAHEP accredited paramedic training program within the past two (2) years. (3) Documentation showing applicant's training program course content is equivalent or surpasses the content and hours of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077E.

**(1)**

Documentation showing the applicant is currently licensed as an out-of-state paramedic.

**(2)**

Documentation showing proof of completion of a state, or country, approved or CAAHEP accredited paramedic training program within the past two (2) years.

**(3)**

Documentation showing applicant's training program course content is equivalent or surpasses the content and hours of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077E.

**(c)**

All documentation submitted in a language other than English shall be accompanied by a translation into English certified by a translator who is in the

business of providing certified translations and who shall attest to the accuracy of such translation under penalty of perjury.

**(d)**

The Authority shall issue within forty-five (45) calendar days of receipt of a completed application as specified in Section 100093.07(e) a wallet-sized license to eligible individuals who apply for a license and successfully complete the licensure requirements.

**(e)**

The initial paramedic license's effective date shall be the day the license is issued. The license shall be valid for a period of two (2) years; beginning on the effective date through the last day of the approval month in the second year.

**(f)**

The paramedic shall be responsible for notifying the Authority of her/his proper and current mailing address and shall notify the Authority in writing within thirty (30) calendar days of any and all changes of the mailing address, giving both the old and the new address, and paramedic license number.

**(g)**

A paramedic may request a duplicate license if the individual submits a request in writing certifying to the loss or destruction of the original license, or the individual has changed his/her name. If the request for a duplicate card is due to a name change, the request shall also include documentation of the name change. The duplicate license shall bear the same number and date of expiration as the replaced license.

**(h)**

An individual currently licensed as a paramedic by the provision of this section may function as an EMT and/or an AEMT, except when the paramedic license is

under suspension, with no further testing or certification process required. If a separate EMT or AEMT certificate is sought the certifying entity shall follow the EMT, or AEMT certification/recertification provisions as specified in Chapters 3.1 and 3.2 of this Division.

**(i)**

An individual currently licensed as a paramedic by the provisions of this section may voluntarily deactivate his/her paramedic license if the individual is not under investigation or disciplinary action by the Authority for violations of Health and Safety Code Section 1798.200. If a paramedic license is voluntarily deactivated, the individual shall not engage in any practice for which a paramedic license is required, shall return his/her paramedic license to the Authority, and shall notify any LEMSA with which he/she is accredited as a paramedic or with which he/she is certified as an EMT or AEMT that the paramedic license is no longer valid. Reactivation of the paramedic license shall be done in accordance with the provisions of Section 100095 of this Chapter.