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Title 22@ Social Security

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Division 9@ Prehospital Emergency Medical Services

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Chapter 9@ California Central Registry

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Article 3@ Central Registry Data Requirements

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Section 100222.01@ Certifying Entity Requirements

## **100222.01 Certifying Entity Requirements**

### **(a)**

Each EMT or Advanced EMT certifying entity shall directly enter the following certification information on each EMT or Advanced EMT applicant into the Registry: (1) First name, (2) Last name, (3) Middle name, if available, (4) Date of Birth, (5) Phone number, (6) Mailing address, (7) Residential Address, if different from mailing address, (8) City of residence, (9) State of residence, (10) Zip code of residence, (11) Social security number, (12) Relevant employer as defined in Chapter 4.1 of this division, if applicable, (13) Prior certifying entity, if applicable, (14) Prior certification number, if applicable, (15) Beginning on or after July 1, 2010, date that a live scan was completed for the DOJ CORI, or, if finger print images were previously submitted, a letter from either the employer or the certifying entity verifying CORI with subsequent arrest notification report was completed and that the individual is not precluded from EMT or Advanced EMT certification, (16) Date EMT or Advanced EMT certification was issued, (17) Expiration date of EMT or Advanced EMT certification, (18) Current certification status: (A) Active (B) Expired (C) Denied (D) Revoked (E) Suspended 1. Suspension effective date 2. Suspension expiration date (F) Placed on probation 1. Probation effective date 2. Probation expiration date (G) LEMSA that took certification action.

### **(1)**

First name,

**(2)**

Last name,

**(3)**

Middle name, if available,

**(4)**

Date of Birth,

**(5)**

Phone number,

**(6)**

Mailing address,

**(7)**

Residential Address, if different from mailing address,

**(8)**

City of residence,

**(9)**

State of residence,

**(10)**

Zip code of residence,

**(11)**

Social security number,

**(12)**

Relevant employer as defined in Chapter 4.1 of this division, if applicable,

**(13)**

Prior certifying entity, if applicable,

**(14)**

Prior certification number, if applicable,

**(15)**

Beginning on or after July 1, 2010, date that a live scan was completed for the DOJ CORI, or, if finger print images were previously submitted, a letter from either the employer or the certifying entity verifying CORI with subsequent arrest notification report was completed and that the individual is not precluded from EMT or Advanced EMT certification,

**(16)**

Date EMT or Advanced EMT certification was issued,

**(17)**

Expiration date of EMT or Advanced EMT certification,

**(18)**

Current certification status: (A) Active (B) Expired (C) Denied (D) Revoked (E)

Suspended 1. Suspension effective date 2. Suspension expiration date (F) Placed on probation 1. Probation effective date 2. Probation expiration date (G) LEMSA that took certification action.

**(A)**

Active

**(B)**

Expired

**(C)**

Denied

**(D)**

Revoked

**(E)**

Suspended 1. Suspension effective date 2. Suspension expiration date

**1.**

Suspension effective date

**2.**

Suspension expiration date

**(F)**

Placed on probation    1. Probation effective date 2. Probation expiration date

**1.**

Probation effective date

**2.**

Probation expiration date

**(G)**

LEMSA that took certification    action.

**(b)**

EMT or Advanced EMT certification information available to EMT or Advanced EMT certifying entities:(1) First name, (2) Last name, (3) Middle name, if available, (4) Date of Birth, (5) Phone number, (6) Mailing address, (7) Residential Address, if different from    mailing address, (8) City of    residence, (9) State of    residence, (10) Zip code of    residence, (11) Social security    number, (12) Relevant employer as defined in Chapter 6 of this division, if applicable, (13) Registry number, (14) Prior certifying entity, (15) Prior certification number, (16) Beginning on or after July 1, 2010, date    that a live scan was completed for the DOJ CORI, or if finger print images were    previously submitted, a letter from either employer or certifying entity    verifying CORI with subsequent arrest notification report was completed and    that the individual is not precluded from EMT or Advanced EMT    certification, (17) Date EMT or    Advanced EMT certification was issued, (18) Expiration date of EMT or Advanced EMT    certification, (19) Current    certification status:(A) Active (B)

Expired (C) Denied (D) Revoked (E) Suspended 1. Suspension effective date 2.

Suspension expiration date (F) Placed on probation 1. Probation effective date 2.

Probation expiration date (G) LEMSA that took certification action.

**(1)**

First name,

**(2)**

Last name,

**(3)**

Middle name, if available,

**(4)**

Date of Birth,

**(5)**

Phone number,

**(6)**

Mailing address,

**(7)**

Residential Address, if different from mailing address,

**(8)**

City of residence,

**(9)**

State of residence,

**(10)**

Zip code of residence,

**(11)**

Social security number,

**(12)**

Relevant employer as defined in Chapter 6 of this division, if applicable,

**(13)**

Registry number,

**(14)**

Prior certifying entity,

**(15)**

Prior certification number,

**(16)**

Beginning on or after July 1, 2010, date that a live scan was completed for the DOJ CORI, or if finger print images were previously submitted, a letter from either employer or certifying entity verifying CORI with subsequent arrest notification report was completed and that the individual is not precluded from EMT or Advanced EMT certification,

**(17)**

Date EMT or Advanced EMT certification was issued,

**(18)**

Expiration date of EMT or Advanced EMT certification,

**(19)**

Current certification status:(A) Active (B) Expired (C) Denied (D) Revoked (E)

Suspended 1. Suspension effective date 2. Suspension expiration date (F) Placed on probation 1. Probation effective date 2. Probation expiration date (G) LEMSA that took certification action.

**(A)**

Active

**(B)**

Expired

**(C)**

Denied

**(D)**

Revoked

**(E)**

Suspended    1. Suspension effective date 2. Suspension expiration date

**1.**

Suspension effective date

**2.**

Suspension expiration date

**(F)**

Placed on probation    1. Probation effective date 2. Probation expiration date

**1.**

Probation effective date

**2.**

Probation expiration date

**(G)**

LEMSA that took certification    action.