

BACKGROUND CHECK REQUIRED FOR EMT CERTIFICATION & RECERTIFICATION

Background

All applicants for Alameda County EMS EMT-1 certification and recertification must submit fingerprints for a one-time criminal history background check with the California Department of Justice (DOJ) for a. The only exemptions are Alameda County public safety personnel who went through a background check as a part of the hiring process. Fingerprinting is done using “Live Scan” technology at locations throughout the county. Live Scan technology uses computer images to send fingerprints immediately to the DOJ.

Getting a Live Scan Form

Live Scan forms can be printed from our website or picked up in person. Our website allows you to complete the form online and print copies. You should print three copies, one for the Live Scan agency, one for EMS and one for you. The forms must be completed prior to arriving for your Live Scan appointment.

Fees

Fees for the background check will be paid for by the applicant at the time of fingerprinting. The DOJ charges \$32 to process the fingerprints; in addition, each Live Scan agency charges a “rolling fee” that generally costs approximately \$20. You pay the total of these two fees (added together) to the Live Scan Agency when you go to submit your fingerprints. Be sure to confirm what they accept as methods of payment (personal checks, money orders, or cash). Also, remember to bring a picture ID.

Live Scan Agencies

Contact a Live Scan Agency and make an appointment. The list includes hours of operation, cost, whether or not an appointment is necessary, and method of payment. Locations of Live Scan agencies can be found on the Internet at <http://ag.ca.gov/fingerprints/publications/contact.pdf>.

Privacy Guarantee

Privacy and confidentiality of criminal history record information is the responsibility of the EMS Agency. All DOJ files and information are held in strict confidence. In addition, only authorized EMS Agency staff are permitted to review this information.

If You Have a Conviction History

Conviction of a crime does not necessarily mean that an applicant will be denied certification or recertification. The appropriate EMS staff, along with the county legal department if appropriate, will review each individual case where the applicant has a criminal conviction. Decisions will be based on applicable state statutes and regulations, and a careful review of documentation. If an applicant is denied, he/she has the right to request a hearing. In addition, an EMT-1 certificate may be suspended or revoked based on criminal history information. Applicants with a criminal conviction or who are involved in an active prosecution can expect a delay in the processing of their application. For us to process your application, you must submit a letter explaining the case and copies of the final court docket/disposition which will help us in the decision process.

What to Submit with Your Application

Applicants must submit a copy of the Live Scan form with their certification/recertification paperwork. Certifications will be issued after review of the application, associated documentation, results of the background check and receipt of the EMT-I certification fee. Applicants for recertification should submit their paperwork at least 30 days in advance to avoid having their certification expire prior to completing the background check process. See EMS policy # 3200 for more information on certification/recertification requirements.

Questions can be directed to Michelle Voos, Prehospital Care Coordinator (michelle.voos@acgov.org) at (510) 667-7984.

DIRECTIONS FOR COMPLETION OF LIVE SCAN FORM

Complete the fields listed below – (see attached sample form). If you are using a printed form off the website, some of this information is already completed):

ORI: A1958

Type of Application: Certification

Job Title or Type of License, Certification or Permit: Emergency Medical Technician

Agency authorized to receive criminal history information: Alameda County EMS Agency

Mail Code (five digit code assigned by DOJ): 07337

Street No. Street or P.O. Box: 1000 San Leandro Blvd, Suite 200

Contact Name: Michelle Voos

City: San Leandro

State: CA

Zip Code: 94577

Contact Telephone No.: (510) 667-7984

Name of Applicant: Enter your Last name, First name and Middle Initial

Alias: Enter any other names you've used

Driver's License No.: Enter your California Drivers License number

Date of Birth: Enter your date of birth

Sex: Check the appropriate box

Height: Enter your height (feet and inches)

Weight: Enter your weight

Eye Color: Enter your eye color

Hair Color: Enter your hair color

Place of Birth: Enter your place of birth

SOC: Enter your social security number

Home Address: Enter your home street address, city, state and zip code

Level of Service: Check the DOJ box (DO NOT CHECK THE FBI BOX)

DO NOT COMPLETE ANY OTHER FIELDS ON THE FORM!

(If the form is filled out incorrectly, DOJ may reject it, requiring the background check to be repeated, including additional fees.)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1958 Type of Application: (check one) Employment License, Certification, Permit, Volunteer
 Job Title or Type of License, Certification or Permit: Emergency Medical Technician

Agency Address Set Contributing Agency: Alameda County EMS Agency 07337
 Agency authorized to receive criminal history information 1000 San Leandro Blvd., Suite 200 Mail Code (five-digit code assigned by DOJ) Michelle Voos
 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
San Leandro CA 94577 (510) 667-7984
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
 Last First MI
 AKA's: _____ CDL No. _____
 Last First
 DOB _____ SEX: Male Female Misc No. BIL - _____
 HT: _____ WT: _____ Misc No. - _____
 EYE Color: _____ HAIR Color: _____ Home Address: _____
 Street or PO Box
 POB: _____ City, State and Zip Code
 SOC: _____

Your Number: - _____ Level of Service DOJ FBI
 OCA No. (Agency Identifying No.)
 If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

 Employer Name
 Street No. _____ Mail Code (five digit code assigned by DOJ) _____

 City State Zip Code _____ Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
 Name of Operator
 Transmitting Agency _____ **ATI No. _____ Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant