



COUNTY OF VENTURA
PUBLIC HEALTH DEPARTMENT
EMERGENCY MEDICAL SERVICES AGENCY

**INSTRUCTION FOR COMPLETING REQUEST FOR LIVE SCAN SERVICES APPLICANT
SUBMISSION FORM**

As authorized by Health and Safety Code all new applicants and applicants whose certification or accreditation have lapsed, are required to submit fingerprints for criminal background check. The Live Scan throughout the State of California are listed on the following link:

<https://oag.ca.gov/fingerprints/locations>

Fingerprint fees for processing the background check are established by the Department of Justice (DOJ) and may be subject to change. The nonrefundable fee for this process is: California Department of Justice (DOJ) Clearance is \$32.00 and FBI clearance is \$17.00. The Live Scan Agency will also charge a rolling fee. For EMT certification in the State of California, both the DOJ and FBI clearance is required. The fee for processing the fingerprints is payable at the location where your fingerprints are completed.

The fee for background clearance is in addition to the fee charged for EMT Certification or Paramedic Accreditation charged by the EMS Agency. The certification or accreditation fee is payable at the time of your certification/accreditation appointment at the EMS Office.

The EMS Agency will receive the results of the background check electronically. Please allow at least 48 hours before contacting the EMS Agency to check the status of your Live Scan. Until we receive the results of your Live Scan, we are not able to make an appointment for certification. Once we receive the results you will be able to schedule your appointment.

When you submit your paperwork for certification/accreditation, please submit a copy of your "Request for Live Scan Service" form signed off by the Live Scan Agency to the EMS Agency along with your EMS Agency application packet. Please see the instructions on the next page for completion of the Live Scan Service Form. If you have any questions regarding this process, please contact Ventura County EMS at 805-981-5301

Instructions for completion Request for Live Scan Service form

All areas indicated on form must be filed in with the information noted below. Please type or print information clearly.

- | | | | |
|----|--|----|---|
| 1 | ORI
A0460 | 2 | Type of Application
Emerg Med Tech Lic/Cert |
| 3 | Job Title or Type of License, Certification or permit
Ventura County EMS | 4 | Agency authorized to received criminal history information
Emergency Medical Services Agency
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036-0617 |
| 5 | Mail Code
04617 | 6 | Contact Phone Number
805-981-5301 |
| 7 | Name of Applicant
Indicate complete name. Last Name, First Name and Middle Initial | 8 | Alias/AKA's
Indicate other names used (i.e., Maiden name and/or alias name {s}) |
| 9 | DOB
Indicate month, day, year of birth | 10 | Sex
Indicate male or female |
| 11 | HT
Indicate your height in feet and inches | 12 | WT
Indicate your weight in pounds |
| 13 | EYE Color
Indicate eye color | 14 | HAIR Color
Indicate hair color |
| 15 | POB
Indicate your state or country of birth | 16 | SOC
Indicate your Social Security Number |
| 17 | CDL No.
Indicate your California Driver's License Number | 18 | Misc. No. BIL
Leave this area blank |
| 19 | <u>Level of Service</u>
<i>Check both the DOJ and FBI box</i> | | Employer Information |

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission (Print 3 copies of this form and take to Live Scan Agency)

1	ORI: <u>A0460</u>	2	Type of Application:) Emerg Med Tech Lic/Cert	
3	Job Title or Type of License, Certification or Permit: <u>Ventura County EMS</u>			
Agency Address Set Contributing Agency:				
4	<u>VENTURA COUNTY EMERGENCY MEDICAL SERVICES</u>		5	<u>A04617</u>
	<u>2220 E. GONZALES RD., SUITE 200</u>		Mail Code (five-digit code assigned by DOJ)	
	<u>OXNARD, CA 93036-0617</u>		Contact Name (Mandatory for all school submissions)	
	City	State	Zip Code	6 <u>(805) 981-5301</u> Contact Telephone No.
7	Name of Applicant: _____			
	Last		First	MI
8	Alias: _____			
	Last		First	17 Driver's License No: _____
9	DOB: _____	10	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	18 Misc No. <u>BIL -</u>
11	HT: _____	12	WT: _____	Misc. no. _____
13	EYE Color: _____	14	HAIR Color: _____	Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
15	:Place of Birth: _____			
16	SOC: _____			
	Your Number: _____		19 Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> 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)				
<u>Emergency Medical Services Authority</u>				
Employer Name				
<u>10901 Gold Center Drive, Suite 4000</u>		<u>02531</u>		
Street No.		Street or PO Box		Mail Code (five digit code assigned by DOJ)
<u>Rancho Cordova</u>	<u>CA</u>	<u>95670</u>	<u>(916)322-4336</u>	
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 (VCEMS); **THIRD COPY**-Applicant