



Emergency Medical Services

1340 Arnold Dr, Ste 126 • Martinez, CA 94553
(925) 646-4690

Quarterly Probation Report and Declaration

INSTRUCTIONS: Please print or type. All blanks must be completed. If any portion of this Quarterly Report is not applicable write "N/A" in the appropriate field. Attach additional sheets of paper if more space is needed. The Quarterly Report is due for the entire duration of your probation. Your original signature is required. You must deliver the original Quarterly Report to: **Professional Standards Unit, Contra Costa County Emergency Medical Services Agency, 1340 Arnold Drive, Suite 126, Martinez, CA 94553** or mail via U.S. certified mail service to the address above. **DO NOT FAX** or **E-MAIL** your report.

Quarterly Reporting Period:	<input type="checkbox"/> 1/1 to 3/31 Due Apr 15	<input type="checkbox"/> 4/1 to 6/30 Due Jul 15	<input type="checkbox"/> 7/1 to 9/30 Due Oct 15	<input type="checkbox"/> 10/1 to 12/31 Due Jan 15
Personal information to be completed each quarter:				
EMT Registry #:		Change of address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:				
Residence Address:				
City/State/Zip Code:				
Email Address:				
Employment Information to be completed each quarter: (document additional employers on a separate sheet)				
Employer Name:		Telephone:		
Address				
City/State/Zip code				
Employer Name:		Telephone:		
Address				
City/State/Zip code				
Attach verifications/reports for any of the following that apply:				
<input type="checkbox"/> Coursework/CE	<input type="checkbox"/> Ethics Course	<input type="checkbox"/> Stress/Anger Mgmt	<input type="checkbox"/> Medical treatment	
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> AA Attendance	<input type="checkbox"/> Drug Detox/Diversion	<input type="checkbox"/> Other _____	
For Office Use Only:				

Quarterly Probation Report and Declaration Questionnaire

The following questions refer to the time period since your last completed your report:

1. Since the last Quarterly Declaration, have you been arrested, charged or convicted of any federal or state offense or any county or city laws, rules or regulations (excluding parking tickets)? (If "Yes", explain your answer on a separate sheet of paper and attach to this form). Yes No
 2. During this reporting period, have you complied with each and every term and condition of probation? (If "No", explain your answer on a separate sheet of paper and attach to this form). Yes No
 3. Have you engaged in any act in an attempt to violate, or attempted to violate, any provision of the rules or regulations that govern pre-hospital care providers? Yes No
 4. Are you a party to any lawsuit or administrative proceeding? Yes No
 5. Are you currently under investigation by your employer or any other regulatory or licensing agency? Yes No
 6. Have you failed to keep your EMT certification current? Yes No
 7. Have you resigned or been terminated from *any* employment? Yes No
 8. Are you in the process of applying for any license, certification or permit? Yes No
 9. During this quarterly reporting period have you been treated for addiction to, or excessive use of, alcoholic beverages or drugs? Yes No
 10. Have you been absent from the state of California for more than 30 days during this quarterly reporting period? Yes No
 11. Is your CPR certification current? Yes No
 12. Have you engaged in any intentionally dishonest act? Yes No
 13. Does your employer require you to drive an ambulance in the course of your employment? Yes No
- Only answer the following questions if you are required to have an ambulance driver license as a condition of your employment:*
14. Do you have a current ambulance driver license? Yes No
 15. If the answer to question 14 is yes, is your DL51 current? Yes No

DECLARATION

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing Quarterly Probation Report in its entirety and know its contents and that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for revocation of probation. I further declare under penalty of perjury that this declaration was executed

on _____, 20____, at _____, _____.

(Date) (City) (County)

Probationer Signature

Mail or personally deliver the completed Quarterly Report to the address at top of this form.

Probationer: Retain a copy of this form for your records