



CONTRA COSTA
HEALTH

777 Arnold Drive, Suite 110 | Martinez, CA 94553 | Phone: (925) 608-5454 | Fax: (925) 228-2492
cchealth.org

APPLICATION FOR VOLUNTARY SURRENDER OF CALIFORNIA EMT CERTIFICATE Please print or type. Illegible and incomplete applications will be returned.		FOR CCEMSA USER ONLY	
		RECV'D (Date Stamp): Initials _____ Pending Enforcement Action: Yes ___ No ___ Application Approved: Yes ___ No ___	
Last Name	First Name	Middle Name	
Last four digits of Social Security Number _____	Date of Birth (mm/dd/yyyy) _____/_____/_____		
EMT Certificate Number	Certifying Entity/LEMSA (e.g. Contra Costa, Sacramento)		

VOLUNTARY SURRENDER: I hereby request to voluntarily surrender my California Emergency Medical Technician (EMT) certificate to Contra Costa County Emergency Medical Services Agency on behalf of the State of California. I certify that I am not under investigation for any misconduct related to the use of my EMT certificate, and that there is no disciplinary action pending against my EMT certificate.

NOTICE: UPON SURRENDERING YOUR EMT CERTIFICATE, YOU WILL NO LONGER HAVE ANY RIGHT OR PRIVILEGE TO PRACTICE AS AN EMT IN CALIFORNIA. Your EMT certificate will not be eligible to be renewed, reinstated, reissued or restored. If you wish to reinstate your EMT certificate after it is surrendered, you will be required to take an approved EMT training course, receive a course completion certificate, and meet the requirements for EMT certification in effect at the time of the application, including a written examination. You should check with the National Registry of Emergency Medical Technicians (NREMT) for NREMT initial and re-entry registration requirements (<https://www.nremt.org/EMT/Certification>).

ATTESTATION: I declare under penalty of perjury under the laws of the State of California that the information contained in this EMT Certificate Surrender Form is true and correct.

Signature

Date