



# Yolo County Emergency Medical Services Agency Service Provider

Revised Date: July 15, 2019

## PARAMEDIC FIELD TRAINING OFFICER (FTO) APPLICATION

Please write clearly and answer all questions or your application may be rejected.

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_  
CA Paramedic License #: \_\_\_\_\_ Initial Issue Date: \_\_\_\_\_  
YEMSA Initial Accreditation Date: \_\_\_\_\_  
Current Advanced Life Support (ALS) Employer(s): \_\_\_\_\_  
County Accreditations Current/Prior: \_\_\_\_\_

Have you ever been the subject of a formal prehospital care certification/licensure disciplinary action or proceeding?

YES  NO

*If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action.*

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to become a FTO for YEMSA. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a Paramedic in the State of California.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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### Agency Endorsement:

*This portion of the application must be completed by an authorized officer of the provider agency which the applicant will Evaluate.*

I recommend that above named applicant be approved as an FTO within YEMSA, and applicable to our agency/organization.

YEMSA Authorized ALS Provider Agency Name \_\_\_\_\_

Authorizing Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Officer Name Printed \_\_\_\_\_ Title \_\_\_\_\_

*This application and all required items may be mailed or emailed.  
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

### YEMSA Use Only:

Paramedic License #	Date Issued	Expiration Date	Application Received	Approved	Denied

Review By: Name and Title \_\_\_\_\_ Date \_\_\_\_\_