



# County of Santa Cruz



## HEALTH SERVICES AGENCY Public Health Division Emergency Medical Services

1800 Green Hills Road, Suite 240  
Scotts Valley, CA 95066  
Phone: (831) 454-4120 TDD/ TTY: Call 711  
hsaems@santacruzcountyca.gov  
[santacruzhealth.org](http://santacruzhealth.org)

### APPLICATION FOR DISPATCHER (EMD) CERTIFICATION

First Name:	Last Name:
Address:	City:
State:	Zip:
Phone Number:	Social Security Number:
Employer:	Employer Phone Number:
Email:	Current EMD Number:
EMD Expiration Date:	

Are you currently on probation as a result of a certification, license, or credential disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_No

If yes, please explain:

#### TRAINING INFORMATION:

Program:	County:
Location:	Completion Date:

You must provide copies of the following documents with this application:

- Current EMD card (recertifications only)
- IAED card.
- Fee - \$150, cash, cashier's check or money order payable to Santa Cruz County Treasurer. No personal checks, no credit/debit cards.

**Please read carefully before signing:**

I hereby certify that all statements made in this application are true and complete. I understand this application will be used in determining my qualifications for certification and/or recertification. I authorize investigation of all matters contained in this application and approve the release of information from other sources (as it applies) to the County of Santa Cruz relating to statements in this application.

Signature:	Date:
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