



**COUNTY OF IMPERIAL**  
**PUBLIC HEALTH DEPARTMENT**  
EMERGENCY MEDICAL SERVICES AGENCY

Janette Angulo, M.P.A.  
Public Health Department Director

Kathrine Staats, M.D.  
EMS Medical Director

**EMT RECERTIFICATION/RENEWAL CHECKLIST**  
**(12 to 24 month lapse)**

- APPLICATION** - Complete EMT certification application form (Signed and Dated)
- EMT CEU** - 48 hours of continuing education from an approved CE provider  
**or**  
24 hour EMT Refresher Course PLUS 24 hours of CE's from approved provider
- SKILLS VERIFICATION FORM** - EMT Skills Verification form & Optional Scope Item #6 of the AEMT Skills Competency Form signed by an approved training program or EMS service provider
- EXPIRED EMT CARD** - Copy (front and back) of previously issued EMT Card
- BLS CARD** - Copy (front and back) of Healthcare Provider CPR card
- VALID ID** - Copy of valid driver's license, identification card, or federal issued passport
- PAYMENT OF FEES** - Non-refundable Certification Fee of \$85; Cash, money orders, credit & debit cards are accepted. Payment can be completed by phone at (442)265-1444. **DO NOT MAIL CASH**
- PROCESSING** - Applications for certification may be submitted via Email to [EMS@co.imperial.ca.us](mailto:EMS@co.imperial.ca.us). Application may also be brought or mailed to the Imperial County Public Health Department located at 935 Broadway Avenue in El Centro.
- PROTOCOL TRAINING** - If you have not completed the required protocol training, send an email to [EMS@co.imperial.ca.us](mailto:EMS@co.imperial.ca.us) to make accommodations

**THE EMS AGENCY HAS UP TO 14 BUSINESS DAYS FROM THE DATE A COMPLETED APPLICATION IS RECEIVED TO ISSUE YOUR EMT CARD**

**Be advised applications can be submitted 90 days prior to expiration without changing current expiration date cycle. This will help alleviate any delays in the renewal process.**

**EMS CERTIFICATIONS**  
935 Broadway, El Centro, CA 92243-2349  
Phone: (442) 265-1414 · Email: [EMS@co.imperial.ca.us](mailto:EMS@co.imperial.ca.us)  
**AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER**

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