

Instructions: Account Registration and PARAMEDIC Application Process

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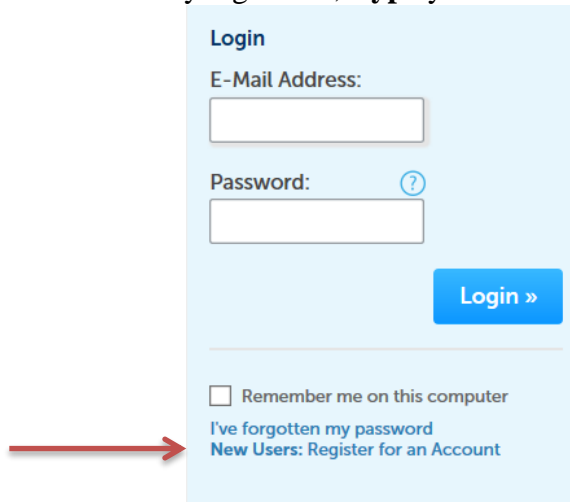
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Step 1 Account Registration

Open the following Address/URL with your browser at:
<https://actonline.saccounty.net/CitizenAccess/>

All users will need to register to be able to apply for a PARAMEDIC application/renewal.

1. **Select** New Users to register for a new Account.
2. If you have already registered, **Type** your E-mail Address and Password.



The screenshot shows a light blue login box. At the top is the title "Login". Below it are two input fields: "E-Mail Address:" and "Password:". To the right of the password field is a small blue circle with a white question mark. Below the input fields is a blue button with the text "Login »". Underneath the button is a checkbox labeled "Remember me on this computer". Below the checkbox are two links: "I've forgotten my password" and "New Users: Register for an Account". A red arrow points from the left towards the "New Users: Register for an Account" link.

Read and Scroll down General Disclaimer. (See Below)

3. **Check** I have read and accepted the above terms.
4. **Click** Continue Registration.

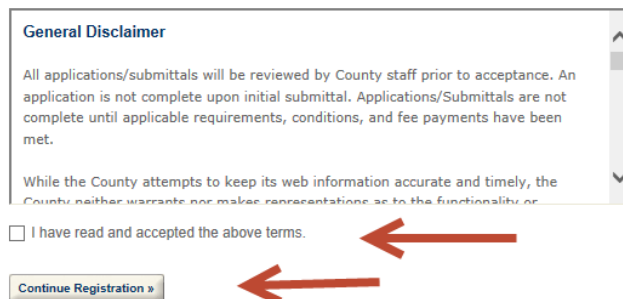
Account Registration

You will be asked to provide the following information to open an account:

- Choose a user name and password
- Personal and Contact Information
- License Numbers if you are registering as a licensed professional

You are required to review and accept the terms below before continuing.

(Terms and Conditions are subject to change without notification.)



The screenshot shows a scrollable box titled "General Disclaimer". The text inside reads: "All applications/submittals will be reviewed by County staff prior to acceptance. An application is not complete upon initial submittal. Applications/Submittals are not complete until applicable requirements, conditions, and fee payments have been met." Below this, it says: "While the County attempts to keep its web information accurate and timely, the County neither warrants nor makes representations as to the functionality or...". Below the disclaimer box is a checkbox with the text "I have read and accepted the above terms." and a "Continue Registration »" button. Two red arrows point from the right towards the checkbox and the button.

Account Registration Step 2 Enter/Confirm Your Account Information

1. **Complete** the following fields: E-mail Address & Repeat, Password & Retype, Select a Security Question, Answer for Security Question.

Login Information

* E-Mail Address: <input type="text" value="email@email.com"/>	<input type="text"/>	* Repeat E-Mail Address: <input type="text" value="email@email.com"/>	<input type="text"/>
* Password: <input type="password" value="*****"/>	<input type="password"/>	* Type Password Again: <input type="password" value="*****"/>	<input type="password"/>
* Enter a Security Question: <input type="text" value="What is my favorite color?"/>	<input type="text"/>	* Answer: <input type="text" value="Green"/>	<input type="text"/>

Contact Information

Choose how to fill in your contact information.

Add New

2. **Select** Add New.

Select Contact Type **From dropdown select APPLICANT**

* Type:

3. Complete the Contact Information Section. **Select** Continue Registration. The system will register you as a user.

Contact Information

* First: Middle: * Last: Name of Business:

* Address Line 1: * City: * State: * Zip:

Home Phone: Work Phone: Mobile Phone:

* E-mail: Driver's License Number: Driver's License State:

*Items are mandatory to fill in

Click Here

✔ Contact added successfully.

System will take you the next page that will say “Your account has been successfully created.” After account has been created, go to the top right corner of page and click “LOGIN”

4. In the EMS section, select the appropriate option.

The screenshot shows the EMS system dashboard with a navigation menu at the top: Home, EMS, Rental Housing, Building, Business, Enforcement, Roads, more. Below the menu are links for Dashboard, My Records, My Account, and Advanced Search. The main content area is divided into several sections: EMS, Rental Housing, Building, Business, Enforcement, Roads, Water, and Planning, Trees. Each section has a list of options. Two callout boxes with red borders and arrows point to specific options: the first box points to 'Apply for a Certification' under the EMS section, and the second box points to 'Search Certifications' under the EMS section.

If you are new to the system and have never registered before click “Apply for a Certification”

If you are recertifying or applying for continuous accreditation and have applied on system before, click “Search Certifications”

5. **Select** Apply for a Certification.
6. **Select** I have read and accepted the above terms.
7. **Select** Continue Application.

Select a Record Type

You have (3) options to select from: EMT, MICN, or Paramedic.

The system will recognize you as a registered user with your contact information if you are applying for more than (1) Record Type.

1. **Select** Paramedic Application.
2. **Select** Continue Application.

- EMT Application
- MICN Application
- Paramedic Application



[Continue Application »](#)

3. **Choose** “Select from Account”. System will recognize your account and add your contact information to the application.

Paramedic Application

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Step 1: Step 1 > Applicant Info

* indicates a required field.

Applicant

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.



Select from Account Add New

Save and resume later Continue Application »


4. **Type** your Contact Information.
5. **Select** Continue.

Contact Information

* First: Middle: * Last:

* Address Line 1: City: State: Zip:

* Phone: * E-mail:

* Birth Date:  * Driver's License Number: * Driver's License State:

Anything with
a * is
REQUIRED
information



Continue Discard Changes

Contact added successfully.

6. **Select** Continue Application.

Paramedic Application

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Step 1: Step 1 > Applicant Info

* indicates a required field.

Applicant

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

✔ Contact added successfully.

PARAMEDIC BOB

email@email.com

Home phone:9161234567

Mobile Phone:

Work Phone:

Fax:

[Edit](#) [Remove](#)

Save and resume later

Continue Application »

Step 2: Applicant Data Application Data

1. **Complete** Applicant Info.
 - a. **Note:** If you are applying for reaccreditation, answer “NO” to the first question, “Is this a new application...” Answer “YES” if this is your initial application.
2. Answer the additional questions and select **Continue Application**. (See example on the next page)

At any time that you need to leave application process click **SAVE** and **RESUME LATER**.

Paramedic Application

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Step 2: Step 2 > Applicant Data * indicates a required field.

ASI

PARAMEDIC APPLICATION

* Is this a new application for paramedic accreditation?: Yes No

* Is this continuous?: Yes No

* Sacramento County ALS Employer:

* Social Security Number:

* California Paramedic License Number:

* California Paramedic License Expiration Date:

* Sacramento County Paramedic License Expiration Date:

Expedited Processing Requested (\$30.00): Yes No

* Is this a cash payment?: Yes No

[Save and resume later](#) [Continue Application »](#)

If you choose to pay cash you must come in to the office during counter hours and pay

Step 3 Attach Verifying Documents

1. **Select** Add to include attachments, browse your computer.
2. **Select** Type of Attachment from the drop down list.
3. **Type** Description for the Attachment in the given box.
4. **Select** Save.
5. **Select** Continue Application.

Paramedic Application

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Step 3: Step 3 > Attach Documents * indicates a required field.

Attachment

Certain documents are required to be attached to an application or renewal. For more information on required documents click on the associated link for the certification or renewal being applied for. All applications require, at a minimum, the upload of a government photo identification such as a Driver's License or State ID. **Your application will be rejected as incomplete if submitted without proper documentation.**

[EMT Certification](#)

[MICN Certification](#)

[Paramedic Accreditation](#)

The maximum file size allowed is 50 MB.
 html;htm;mht;mhtml;zip; are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

[Add](#) [Save and resume later](#) [Continue Application »](#)

*Type: 01- Government ID

File: Live Scan.pdf 100%

*Description: Driver's License

spell check

Save Add Remove All

Save and resume later Continue Application >

Remove

*Type is a dropdown box to choose what you have uploaded.
*Description must be filled in with similar description.

*Repeat this process until all required documents have been added.

Step 4 Review

In this section you have the opportunity to review your entries.

1. **Select** Edit, only if you want to make a change.
2. **Select** Save and Resume later, only if you want to save and continue later.
3. **Read & Review** The acknowledgement box section.
4. **Check** “By checking this box, I agree.....”
5. **Select** Continue Application.

Applicant [Edit](#)

PARAMEDIC BOB
 Birth Date: 01/01/1980
 123 STREET
 SACRAMENTO, CA, 95827

Phone: 9161234567
 E-mail: email@email.com
 Driver's License Number: D12345678
 Driver's License State: CA

ASI [Edit](#)

PARAMEDIC APPLICATION

Is this a new application for paramedic accreditation?: Yes

Sacramento County ALS Employer: California Highway Patrol

Social Security Number: 9876543210

California Paramedic License Number: P00001

California Paramedic License Expiration Date: 09/30/2017

Sacramento County Paramedic License Expiration Date:

Expedited Processing Requested (\$30.00): No

Is this a cash payment?: No

Attachment [Edit](#)

Certain documents are required to be attached to an application or renewal. For more information on required documents click on the associated link for the certification or renewal being applied for. All applications require, at a minimum, the upload of a government photo identification such as a Driver's License or State ID. **Your application will be rejected as incomplete if submitted without proper documentation.**

EMT Certification

MICN Certification

Paramedic Accreditation

The maximum file size allowed is 50 MB. htm,htmz,html,htmlzip, are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Live Scan.pdf	01- Government ID	30.17 KB	07/24/2017	Actions ▾

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Paramedic certification in the state of California. 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 California.

I have read and agree to the Paramedic Certification and Recertification requirements and have provided any required documentation.

By checking this box, I agree to the above certification.

Date:

Save and resume later

Continue Application >

This is where you review what you've answered and uploaded to ensure everything is correct!

Step 5 Pay Fees

In this section you have the opportunity to review the fees (actual fees may vary from the example). Once you make a selection the site will take you to the payment screen.

1. Select Continue Application.

Home **EMS** Rental Housing Building Business Enforcement Roads more ▾

Apply for a Certification Search Certifications

Paramedic Application

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Step 5: Pay Fees

Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

Application Fees

Fees	Qty.	Amount
PARA_Initial_Fee	1	\$72.00

TOTAL FEES: \$72.00

Note: Service fees apply to online payments.

Continue Application »

1. Fill in required fields with credit card and contact information.
2. Select Continue.

Shopping Cart & Payment Verify Payment Payment Receipt

Shopping Cart Sacramento County EMS


Item Type	Agreement # / Reference #	Amount	Subtotal
Sacramento County EM	81862	72.00	\$ 72.00
			Convenience Fee \$ 1.95
			Total \$ 73.95

Payment

Credit Card

Name on Card Paramedic Bob
Card # *****1111
Expires *****
Card Security Code ***

Card Security Code Location for Visa, MasterCard, and Discover Cards



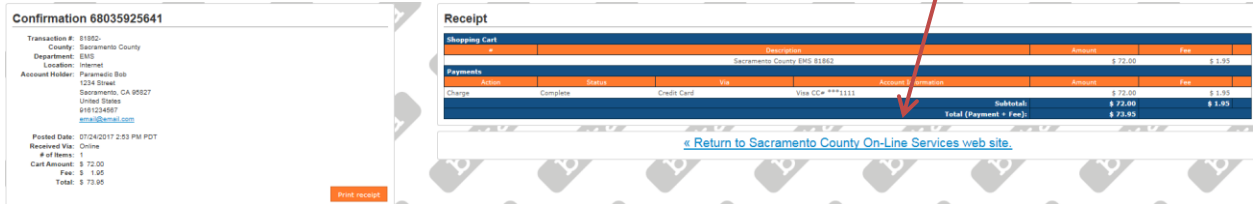
All Fields Required

Street Address 1234 Street
City Sacramento
State/Province CA
ZIP/Postal Code 95827
Country United States
Phone # 9161234567
Email Address email@gmail.com

Your email address will only be used for communications concerning your payment and will not be shared with third parties.

Clear Payment Information Continue

3. After continuing to the next page, you will be asked to review your payment information. If the information you entered is correct, select “Submit Payment”
4. After submitting your payment, you will be given the option to print a receipt. After doing so, click the blue link that says “Return to Sacramento County Online Services.”




Step 6 Record Issuance

Your Application has been successfully submitted.
 Please print and retain a copy for your records.

Paramedic Application

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Step 6: Record Issuance



Your application has been successfully submitted.
 Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is APP17-00600.

You will need this number to check the status of your application. Please print a copy of your application.

To view your record details, click below.

[View Record Details »](#)