

Instructions: Account Registration and EMT Application Process

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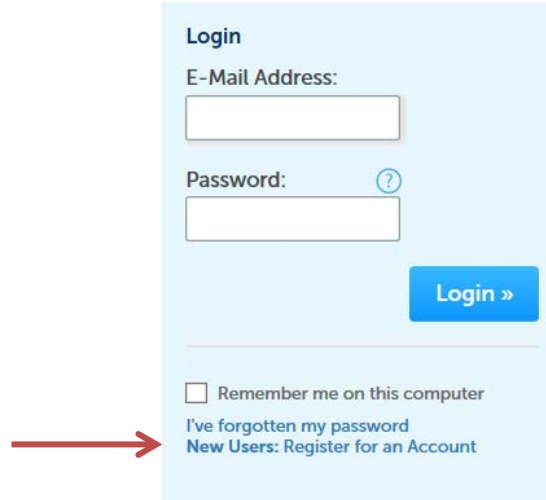
Step 1 Account Registration

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 an EMT 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 'Login' form with two input fields: 'E-Mail Address:' and 'Password:'. Below the password field is a blue 'Login »' button. 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.

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

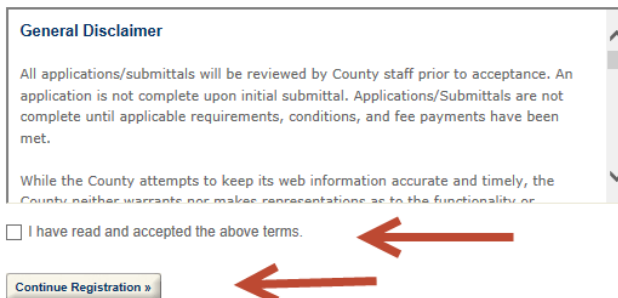
Account Registration

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 'General Disclaimer' section with a scroll bar on the right. The text 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. 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 is a checkbox labeled '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.

←

2. **Select** Add New.

Select Contact Type

* Type: ← **From dropdown select APPLICANT**

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

Contact Information

* First: <input type="text"/>	Middle: <input type="text"/>	* Last: <input type="text"/>	Name of Business: <input type="text"/>
* Address Line 1: <input type="text"/>	* City: <input type="text"/>	* State: <input type="text"/>	* Zip: <input type="text"/>
Home Phone: <input type="text"/>	Work Phone: <input type="text"/>	Mobile Phone: <input type="text"/>	
* E-mail: <input type="text"/>	Driver's License Number: <input type="text"/>	Driver's License State: <input type="text"/>	

← ***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 top navigation bar with 'Home', 'EMS', 'Rental Housing', 'Building', 'Business', 'Enforcement', 'Roads', and 'more'. Below this is a secondary bar with '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, Planning, Trees, and PIN. Two callout boxes with red borders and arrows point to specific options. The first callout box points to 'Apply for a Certification' under the EMS section and contains the text: 'If you are new to the system and have never registered before click “Apply for a Certification”'. The second callout box points to 'Search for a Certification' under the EMS section and contains the text: 'If you are recertifying or applying for continuous accreditation and have applied in the system before, click “Search Applications”'.

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** EMT Application.
2. **Select** Continue Application.

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

- EMT Application
- MICN Application
- Paramedic Application

You can select your preferred type

[Continue Application »](#)

EMT Application

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

EMT Application

1 Applicant Contact Info	2 Applicant Data	3 Attach Verifying Documents	4 Review	5 Pay Fees	6
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Step 1: Applicant Contact Info > Applicant Info

* indicates a required field.

Applicant

To add new contacts, click the Select from Account or Add New button.



Select from Account Add New

Save and resume later Continue Application »

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

Contact Information

* First: EMT Middle: Last: BOB

* Address Line 1: 123 Street City: Sacramento State: Ca Zip: 95827

* Phone: 9161234567 * E-mail: email@email.com

* Birth Date: 01/01/1980 * Driver's License Number: D12345678 * Driver's License State: CA

Anything with a * is REQUIRED information



Continue Discard Changes

Contact added successfully.

6. Select Continue Application.

EMT Application

1 Applicant Contact Info	2 Applicant Data	3 Attach Verifying Documents	4 Review	5 Pay Fees	6
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Step 1: Applicant Contact Info > 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.

John Doe
JohnDoe@anyaccount.com
Home phone: 916-111-1234
Mobile Phone:
Work Phone:
Fax:
Edit Remove

Continue Application »



Save and resume later:

Or, Save and resume later to come back to the application

Step 2: Applicant Data Application Data

1. **Complete Applicant Info.**
 - a. **Note:** If you are recertifying, answer YES to the first question, “Previously Certified with Sacramento County”
 - b. **Note:** If applying for Initial Application Only, answer NO to the first question “Previously Certified with Sacramento County.” The questions will vary slightly from what is shown below.
2. Answer the additional questions and select **Continue Application**.

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

Step 2: Applicant Data > Applicant Data

* indicates a required field.

ASI

APPLICANT INFO

* Previously certified with Sacramento County?:

Yes No

For Renewal Only

CA State Registry Number: *

CA State Registry Expiration Date: *

* Employed by EMS Provider:

--Select--

* Social Security Number:

* Have you ever been convicted of any felony offense - OR - been convicted of any misdemeanor offense in the last seven (7) years in California or any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?:

Yes No

* Are there any criminal charges currently pending against you?:

Yes No

* Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?:

Yes No

Expedited Processing Requested (\$30.00):

Yes No

* Will you be paying in cash?:

Yes No

Late fee assessed if 30 days or less from expiration date

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

APPLICANT CHECKLIST

Save and resume later

Continue Application »

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.

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

Apply for a Certification Search Certifications

EMT Application

1 Applicant Contact Info	2 Applicant Data	3 Attach Verifying Documents	4 Review	5 Pay Fees	6
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Step 3: Attach Verifying Documents > 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: [Remove](#)

File:
elephant 8.jpg
100%

*Description:

[spell check](#)

Save **Add** **Remove All**

Continue Application »

Save and resume later:

→ **Click SAVE**

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

*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.

ASI

APPLICANT INFO

[Edit](#)

Previously certified with Sacramento County?: Yes
CA State Registry Number: E12345
CA State Registry Expiration Date: 08/31/2017
Employed by EMS Provider: AlphaOne Ambulance Medical Service
Social Security Number: 123-45-6789
Have you ever been convicted of any felony offense - OR - been convicted of any misdemeanor offense in the last seven (7) years in California or any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?: No
Are there any criminal charges currently pending against you?: No
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?: No
Expedited Processing Requested (\$30.00): No
Will you be paying in cash?: No

APPLICANT CHECKLIST

[Edit](#)

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.
hml,htm,mht,mhtml,zip, are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

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 an EMT in California.

I have read and agree to the [EMT Certification and Recertification requirements](#), [EMT Certification Notice](#), and [Notice of Disciplinary Cause](#) and have provided all the necessary information and forms, including any [supplemental applications](#) and [LiveScan](#) information where required.

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

EMT 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
EMT_Recert_Fee_State	1	\$37.00
EMT_Recert_Fee_County	1	\$48.00

TOTAL FEES: \$85.00

Note: Service fees apply to online payments.

Continue Application »

Click continue

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

Shopping Cart & Payment Verify Payment Payment Receipt

Shopping Cart Sacramento County EMS

Item Type	Reference #	Amount	Subtotal	Convenience Fee	Total
Sacramento County EM	89105	\$5.00	\$ 85.00	\$ 1.95	\$ 86.95

Payment

Credit Card

Name on Card: Bob Smith
Card #:
Expires:
Card Security Code:

All Fields Required

Street Address: 1234 Street Way
City: Sacramento
State/Province: CA
ZIP/Postal Code: 95627
Country: United States
Phone #: 9161234567
Email Address: email@email.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

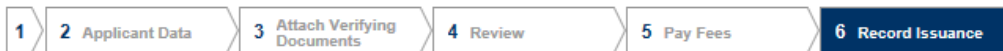
Click Continue

4. 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”
5. 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.

EMT Application



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 APP15-00145.



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

[Print/View Summary](#)



To view your record details, click below.

[View Record Details »](#)