

# Instructions: Account Registration and EMR Application Process

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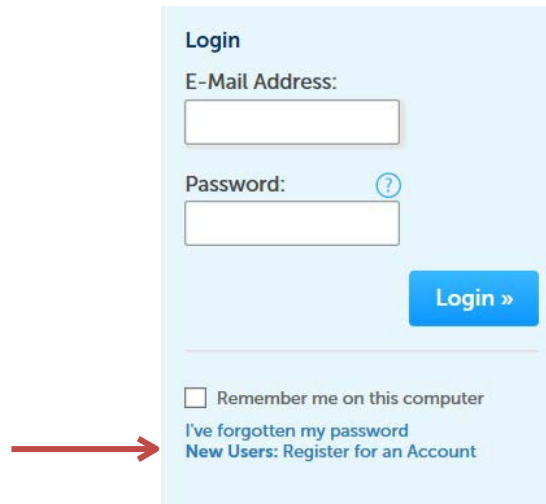
## Step 1 Account Registration

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. At the bottom of the form, there is a checkbox labeled 'Remember me on this computer', a link 'I've forgotten my password', and a link '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.

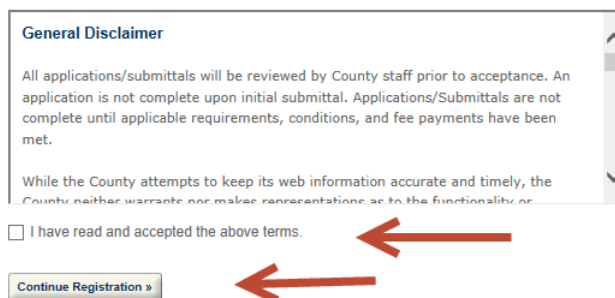
### Account Registration

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 of...'. Below the disclaimer is a checkbox labeled 'I have read and accepted the above terms.' and a button labeled 'Continue Registration »'. 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: email@email.com	?	* Repeat E-Mail Address: email@email.com	
* Password: *****	?	* Type Password Again: *****	?
* Enter a Security Question: What is my favorite color?	?	* Answer: Green	?

### Contact Information

Choose how to fill in your contact information.

Add New

2. **Select** Add New.

Select Contact Type

\* Type: **Applicant** **From dropdown select APPLICANT**

Continue Discard Changes

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

Contact Information

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

Continue Clear Discard Changes

\*Items are mandatory to fill in

Click Here

✔ Contact added successfully.

Continue Registration »

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 a web application interface with a navigation bar at the top containing 'Home', 'EMS', 'Rental Housing', 'Building', 'Business', 'Enforcement', 'Roads', and 'more'. Below the navigation bar are tabs 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 'PIN'. Each section contains links for various actions. Two red callout boxes are present: one pointing to the 'Apply for a Certification' link under the 'EMS' section, and another pointing to the 'Search for a Certification' link 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 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 (4) options to select from: EMR, 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** EMR Application.
2. **Select** Continue Application.

The screenshot shows the 'Select a Record Type' page in the web application. The navigation bar at the top includes 'Home', 'EMS', 'Building', 'Business', 'Rental Housing', 'Registration/ Exemption', and 'more'. Below the navigation bar are tabs for 'Initial Certification' and 'Renew/Search for Certifications'. The main content area is titled 'Select a Record Type' and contains the text: 'Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.' Below this text are four radio button options: 'EMR Application', 'EMT Application', 'MICN Application', and 'Paramedic Application'. A blue button labeled 'Continue Application »' is at the bottom. Two yellow callout boxes are present: one pointing to the 'EMR Application' radio button, and another pointing to the 'Continue Application »' button.

# EMR 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:  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.

## EMT Application

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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  
john.doe@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.


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**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:

\* 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 1203.47:  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


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**APPLICANT CHECKLIST**

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



## 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** Building Business Rental Housing Registration/ Exemption more ▾

Initial Certification Renew/Search for Certifications

**EMR Application**

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

**Step 3 : Attach Verifying Documents > Attach Documents** \* Indicates a required field.

**Attachment**

Specified documents are required to be attached to an application or renewal. Your application will be rejected as incomplete if submitted without proper documentation.

**EMR DOCUMENT REQUIREMENTS:**  
**\*\*If your license has been expired for six (6) months or more, please visit our website for additional requirements you may need to provide.**  
**All Applicants:** Valid Government ID, Valid CPR Card.  
**Initial Applicants:** EMR Training Program Completion Record.  
**Renewing Applicants:** 12 Hr. Continuing Education, Skills Verification form, Current SCEMSA EMR Certification Card.

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

Name	Type	Size	Latest Update	Action
CA DL.pdf	01- Government ID	394.41 KB	08/28/2020	Actions ▾
Ross BLS.pdf	03- CPR Card	697.38 KB	08/28/2020	Actions ▾
Ross EMR.pdf	16- Additional Certifying Documents	779.64 KB	08/28/2020	Actions ▾

**Add**

**Save and resume later** **Continue Application »**

\* Type: 01- Government ID Remove

File: elephant 8.jpg 100%

\* Description: Government ID

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.  
html,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** Building Business Rental Housing Registration/ Exemption more ▾

Initial Certification Renew/Search for Certifications

### EMR 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
EMR Certification Fee - Initial	1	\$25.00

**TOTAL FEES: \$25.00**  
Note: Service fees apply to online payments.

[Continue Application >](#)

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

Shopping Cart & Payment Verify Payment Payment Receipt

### Shopping Cart

Item Type	Reference #	Amount	Subtotal	Convenience Fee	Total
Sacramento County EM	89105	\$5.00	\$5.00	\$1.95	\$6.95

### Payment

**Credit Card**

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

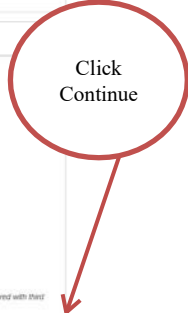
*All Fields Required*

**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](#)

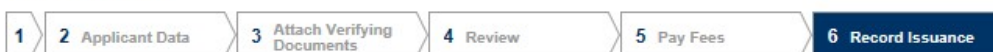


4. After continuing to the next page, you will be asked to review your payment information. If the information you entered is correct, select “Submit Payment”
5. After submitting your payment, you will be given the option to print a receipt. After doing so, click the blue link that says “Return to Sacramento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



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 »](#)