Instructions: Account Registration and PARAMEDIC Application Process

Contents

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.

Login

E-Mail Address:

Password: ⑦

Login »

☐ Remember me on this computer
I've forgotten my password
New Users: Register for an Account

Read and Scroll down General Disclaimer. (See Below)
3. **Check** I have read and accepted the above terms.
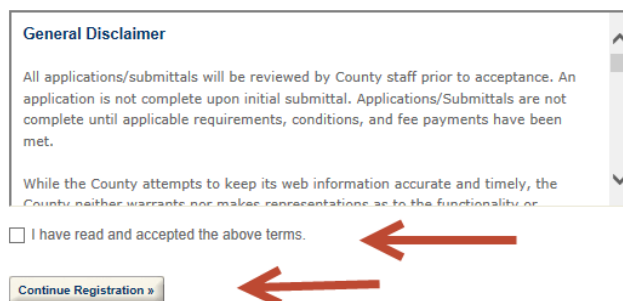4. **Click** Continue Registration.

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.)

General Disclaimer

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

☐ I have read and accepted the above terms.

Continue Registration »

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: ⑦	* Repeat E-Mail Address:
email@email.com	email@email.com

* Password: ⑦	* Type Password Again: ⑦
••••••••••	••••••••••

* Enter a Security Question: ⑦	* Answer: ⑦
What is my favorite color?	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 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

Continue Clear Discard Changes

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.

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

○ EMT Application
○ MICN Application
● Paramedic Application

Continue Application »

3. **Choose** "<u>Select from Account</u>". 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:
Paramedic		Bob

Anything with a * is REQUIRED information

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

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

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

[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:	--Select-- ▼
* 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   Phone9161234567
Birth Date:01/01/1980   E-mail:email@email.com
123 STREET   Driver's License Number:D12345678
SACRAMENTO, CA, 95827   Driver's License State:CA

ASI

PARAMEDIC APPLICATION   Edit

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.
html;htm;mht;mhtml;zip; 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.

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