



**EMERGENCY MEDICAL SERVICES AUTHORITY  
PARAMEDIC ENFORCEMENT UNIT  
10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670-6073**



**QUARTERLY REPORT**

<b>Quarterly Report Period:</b>	<b>1/1 to 3/31</b>	<b>4/1 to 6/30</b>	<b>7/1 to 9/30</b>	<b>10/1 to 12/31</b>
	<b>Due April 15<sup>th</sup></b>	<b>Due July 15<sup>th</sup></b>	<b>Due October 15<sup>th</sup></b>	<b>Due January 15<sup>th</sup></b>

**EACH SECTION MUST BE COMPLETED EVERY QUARTER**

**1. Personal Information**

Name: \_\_\_\_\_ Paramedic License: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this a change of contact information?      **YES**      **NO**

**2. Employment Information**

1<sup>st</sup> Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 2<sup>nd</sup> Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_

**3. Attach Verification/Reports for any of the Following that Apply to You:**

AA/NA Attendance	Coursework/CE	Drug Detox/Diversion	Ethics Course
Medical Treatment	Psychotherapy	Stress/Anger Management	Other:

**4. Since the last Quarterly Report have you been arrested, charged, convicted, or cited of any Federal, State, local laws, rules, or regulations? (Excluding parking tickets)**

**YES**      **NO**      If you answered YES, provide a detailed explanation on a separate sheet of paper

**5. During this reporting period have you complied with all the terms and conditions of your probation?**

**YES**      **NO**      If you answered NO, provide a detailed explanation on a separate sheet of paper

**6. If you did not function as a paramedic for all or part of this reporting quarter:**

what date did you cease practice? \_\_\_\_\_  
 If applicable, what date did you resume practice? \_\_\_\_\_

**BY SIGNING HERE, I ACKNOWLEDGE THAT THE ABOVE IS TRUE AND CORRECT:**

Probationer (Print Name)	Signature	Date
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\*MAIL THIS ORIGINAL FORM TO THE ADDRESS LISTED ABOVE. MAKE A COPY FOR YOUR RECORDS\*

Revised 4/2022