



# Ventura County Public Health

A Division of the Ventura County Health Care Agency

**RIGOBERTO VARGAS, MPH**  
Director

## EMERGENCY MEDICAL SERVICES

2220 E. Gonzales Road, Suite 200, Oxnard, CA 93036-0619

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[www.vchca.org/ems](http://www.vchca.org/ems)

**STEVEN L. CARROLL, EMT-P**

EMS Administrator

**ANGELO SALVUCCI, M.D., F.A.C.E.P.**

Medical Director

1. Quarterly Reporting Period		<input type="checkbox"/> 1/1 to 3/31 Due 4/15	<input type="checkbox"/> 4/1 to 6/30 Due 7/15	<input type="checkbox"/> 7/1 to 9/30 Due 10/15	<input type="checkbox"/> 10/1 to 12/31 Due 1/15
2. Personal information to be completed each quarter					
Certification Number:					
Last Name:		First Name:		MI	
Residence Address					
City:		State:	Zip Code:		
Home Phone:			Cell Phone:		
Change of address: <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-mail Address:					
3. Employment information to be completed each quarter					
1 <sup>st</sup> Employer Name:			Telephone:		
Address:					
City:		State:	Zip Code:		
2 <sup>nd</sup> Employer Name:			Telephone:		
Address:					
City:		State:	Zip Code:		
4. Attach verification/reports for any of the following that apply to you					
<input type="checkbox"/> Coursework/CE	<input type="checkbox"/> Ethics Course	<input type="checkbox"/> Stress/Anger Mgmt.	<input type="checkbox"/> Medical Treatment		
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> AA Attendance	<input type="checkbox"/> Drug Detox/Diversion.	<input type="checkbox"/> Other: _____		
5. Since the last Quarterly Declaration have you been arrested, charged, or convicted of any Federal or State offense, or any county or city laws, rules or regulations? (Exclude parking tickets)					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If "Yes" explain answer on a separate sheet of paper and attaché to the form)			
6. During this reporting period have you complied with each and every term and condition of probation?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If "Yes" explain answer on a separate sheet of paper and attaché to the form)			

Executed on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_ California  
Date City County

By signing here, I acknowledge that the above is true and correct.

Probationer Signature