

MEETING NOTICE

Emergency Medical Services Regulatory Board EDUCATION STANDARDS POST-TRANSITION WORKGROUP

10:00 a.m., Wednesday, June 29, 2016

EMSRB – University Park Plaza

Conference Room A – Fourth Floor

2829 University Avenue SE, Minneapolis, MN 55414

Agenda

- I. **Welcome and Introductions** – Lisa Consie, Chair
- II. **Review of Agenda & Notes**
- III. **Charge of the Workgroup – Provide Recommendation to the Board for:**
 1. Recommendations for Certification of EMTs after March 31, 2016 (Initial & Renewal)
 2. Statute and Rule Changes Necessary for Implementation of Recommendations
 3. Recommend additional Statute and Rule Changes Needed (Licensure vs. Certification)
 4. Recommendations for EMR in Minnesota
 5. Education Program Approval and Re-Approval Requirements
- IV. **Work Group Charge - 1&2 -**
 - Clarification Recommendation 5
 - *“All NCCR components taught in Minnesota are administered by MN approved education programs.”*
 - **Approved – to revisit in two years**
 - **Completed**
- V. **Work Group Charge - 3**
 - Discussion on Licensure versus Certification
 - Possible recommendations – offer both? Qualifications?
- VI. **Work Group Charge - 4**
 - Review Emergency Medical Responder Requirements
 - Possible recommendations
- VII. **Work Group Charge – 5**
 - Advisory Committee – Purpose? Membership? Quality Metrics? Course Approval?
 - Final Review of Instructor equivalencies; review of informational documents;
- VIII. **Next Meeting Date – ?? action**
- IX. **Adjourn**

Note: Additional Documents may be provided at the meeting

Members Attending

Cathy Anderson, Bill Brandt, Lisa Consie (Chair), Joanne Ewen, Erin Glover, Doug Haffield, Ron Lawler, Pat Lee, Susie Olson, Tia Radant, Brett Rima

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the *Internal Operating Procedures* of the Emergency Medical Services Regulatory Board, this meeting notice was posted on June 22, 2016.

EMSRB / NREMT NCCP Requirements for **EMTs**

Purpose of Document: The Minnesota Emergency Medical Services Regulatory Board (Board) has adopted the National Registry of Emergency Medical Technicians (NREMT) – National Continued Competency Program (NCCP) requirements for ongoing recertification of **EMTs** in Minnesota. The following information is a guide for EMS personnel at the EMT certification level to follow to complete education requirements in **all recertification cycles after April 1, 2016**.

The NCCP has three components including the NCCR (National Continued Competency Requirements); LCCR (Local Continued Competency Requirements); and ICCR (Individual Continued Competency Requirements) to complete during an EMS provider's two (2) year certification period.

	NCCR Hours	LCCR Hours	ICCR Hours	Total Hours
EMT	20	10	10	40

Each of these areas is outlined below:

NATIONAL Continued Competency Requirements:

The National Continued Competency Requirements (NCCR) replace the material currently taught in the traditional DOT refresher and represent 50% (20 hrs.) of the overall requirements necessary to renew Minnesota and National EMS Certification. Topics included in the National Continued Competency Requirements are updated every four years based upon input obtained from national EMS stakeholders. An overview of the current NCCR topics for the **EMT** certification level may be found in [Attachment A](#).

Individuals may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the NCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for EMT certification for the national component can be found in Table 1. The total number of DE hours allowed for the NCCR will be decided by the NREMT's Continued Competency Committee and will be published with each change to the component topics.

Table 1: Maximum Number of DE Allowed for the NCCR

	NCCR Maximum Allowable DE
EMT	7 hours

How do I get the NCCR Education?

All National Continued Competency Requirement (NCCR) Components taught in Minnesota are administered by Minnesota-approved education programs.

LOCAL Continued Competency Requirements:

The Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level and represent 25% (10 hrs.) of the necessary requirements for all provider levels. The LCCR topics may be chosen by State EMS Offices, EMS region directors (where applicable), and agency-level administrators (for example Medical Directors and Training Officers). Mechanisms that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Individuals may complete up to 2/3 of the LCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.) The maximum number of DE hours allowed for EMT certification for the local component can be found in Table 2.

Table 2: Maximum Number of DE Allowed for the LCCR

	LCCR Maximum Allowable DE
EMT	7 hours

Practice Performance (Skills) Competency:

As with the traditional recertification model, verification of skill competence is required at the **local level**. **Training Officers are responsible for the attestation of skill competency for EMTs.** A detailed description of the skills requiring verification of continued competence may be found in Table 3. The expectation of validation of this part of the local requirements is that the EMS professional has been verified as competent over every required skill and any necessary remediation has been undertaken.

The following skills must be evaluated as part of the LOCAL Continued Competency Requirements for EMTs:

Table 3:

Patient Assessment/Management

- Medical and Trauma

Ventilatory Management Skills/Knowledge

- Simple adjuncts
- Supplemental oxygen delivery
- Bag-valve-mask
 - o One-rescuer
 - o Two-rescuer

Cardiac Arrest Management

- Automatic External Defibrillator (AED)

Hemorrhage Control & Splinting Procedures

Spinal Immobilization

- Seated and lying patients

OB/Gynecologic Skills/Knowledge

Other Related Skills/Knowledge

- Radio communications
- Report writing and documentation

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical/psychomotor testing, etc.)

INDIVIDUAL Continued Competency Requirements:

The Individual Continued Competency Requirements (ICCR) represents 25% (10 hrs.) of the required continuing education. To satisfy these requirements, **an individual may select any EMS-related education.** There are no limitations on the number of hours in a specific topic, however, an individual **may not use the same course more than once in a renewal cycle.** Individuals may complete all hours of the ICCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.).

Table 4: Maximum Number of DE Allowed for the ICCR

	ICCR Maximum Allowable DE
EMT	10 hours

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Minnesota EMSRB/NREMT Emergency Medical Technician Recertification Requirements

Minnesota Emergency Medical Technicians must meet the following requirements in order to renew their Minnesota and NREMT certification.

National Content Required: 20 Hours		
	Topics	Hours
Airway, Respiration, Ventilations 4 Hours	Ventilation: Minute Ventilation; Effect on cardiac output; Assisted Ventilations, Respiratory failure vs. distress, Adjuncts; Automatic Transport Ventilator, Positioning	3
	Oxygenation	1
Cardiovascular 6 Hours	Post Resuscitation Care: Recognition of ROSC; Oxygenation; Induced hypothermia (limited depth & breadth)	0.5
	Stroke: Assessment (Stroke Scale); Oxygen administration; Time of onset (duration); Transport destination	1
	Cardiac Arrest & Ventricular Assist Device (VAD)	0.5
	Cardiac Rate Disturbance (Pediatric): Tachycardia, Bradycardia, Irregular pulse,	1
	Pediatric Cardiac Arrest: Optimal chest compressions, techniques; Ventilation/compression ratio, 1 & 2 rescuer CPR, AED use	2
	Chest Pain from Cardiovascular Cause (Adult): Medication administration, Nitroglycerin, Aspirin (ASA), Oxygen; Transportation Destination	1
Trauma 2 Hours	CNS Injury: Concussions	0.5
	Tourniquets	0.5
	Field Triage: Model Uniform Core Criteria (MUCC)	1
	Sort, Assess, Lifesaving Interventions, Treatment /Transport (SALT) CDC Trauma Triage Decision Scheme	
Medical 6 Hours	Special Healthcare Needs: Tracheostomy care; Dialysis shunts; How to deal with Pt & Equipment (Feeding tubes, VP shunts, etc.); Cognitive issues	1
	OB Emergency: Abnormal presentations, Nuchal cord; Neonatal resuscitation, Routine suctioning of the neonate	1
	Psychiatric Emergencies: Mental Health; Patient Restraints, Agitated Delirium (limited depth & breadth); Depression/Suicide	1.5
	Endocrine: Diabetes; Metabolic syndrome (limited depth & breath), Insulin resistance, DKA/HHNS; Insulin pumps, Glucometers	1
	Immunological Diseases: Allergic reaction, Anaphylaxis	1
	Communicable Diseases: Hygiene (hand washing); Vaccines; Influenza; Antibiotic resistant infections; Public health—epidemics, pandemics, reporting, etc.; Systematic inflammatory response syndrome (SIRS) vs. Sepsis vs. septic shock, Fluid resuscitation (Oral)	0.5
	At-Risk Populations: Pediatric, Geriatric; Economically disadvantaged; Domestic violence; Human trafficking	0.5
Operations 2 Hours	Pediatric Transport	0.5
	Affective Characteristics: Professionalism; Cultural competency, Changing demographics	0.5
	Role of Research in EMS	0.5
		0.5
Total National Core Content Hours		20

Local Content Required: 10 Hours		
	SUGGESTED Topics	
Local / Agency	Topics designated by primary affiliated EMS agency.	
	<i>Verification of skill competence is required at the local level. Training Officers are responsible for the attestation of skill competency for EMTs.</i>	
Patient Advocacy	Reporting Obligations	
	Professional Accountability	
	Health Care Directive/Living Will	
	End of Life Decisions Safe Havens	
Protocols	Adult	
	Pediatric	
	STEMI	
	Stroke	
	Trauma	
	MCI	
Disaster Preparedness	ICS, Disaster Operations	
	Patient Tracking	
	Local/Entity Disaster Plans	
	Regional/County Disaster Plans	
	State Disaster Plans	
Laws & Regulations	Regulatory Requirements	
	Mandatory Reporting	
	Minnesota EMS related law	
	Penalties	
	Scopes of Practice	
Total Local Core Content Hours		10

Individual Content Required: 10 Hours	
Topics	Hours
Individuals must obtain 10 hours of individual continuing education on EMS topics of personal interest. Education <u>must</u> be related to patient safety or patient care: rescue, extrication, and HAZMAT trainings are approved as long as there is a simulated patient being cared for during the training.	10
**Minnesota requires all EMTs to maintain healthcare provider CPR certification (4 hours can be applied to meet the individual content requirement).	
**Agency medical directors/training officers may require specific individual training courses by agency policy.	
Total EMT Renewal Hours	
Category	Total Hours
National (NCCR)	20
Local (LCCR)	10
Individual (ICCR)	10
Total	40
<p>Guidelines on Distributive Education Distributive Education (DE) is defined as education received when a live, “real time” instructor is not available. The number of DE hours allowed is limited based on the category in which they are obtained.</p> <p>National Content: up to 7 hours of DE is allowed Local Content: up to 7 hours of DE is allowed Individual Content: up to 10 hours of DE is allowed</p> <p><i>Using DE is optional, however, please be mindful of the hour limits if you choose to use them.</i></p>	

A total of 10 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.

EMSRB / NREMT NCCP Requirements for **AEMTs**

Purpose of Document: The Minnesota Emergency Medical Services Regulatory Board (Board) has adopted the National Registry of Emergency Medical Technicians (NREMT) – National Continued Competency Program (NCCP) requirements for ongoing recertification of **AEMTs** in Minnesota. The following information is a guide for EMS personnel at the AEMT certification level to follow to complete education requirements in **all recertification cycles after April 1, 2016**.

The NCCP has three components including the NCCR (National Continued Competency Requirements); LCCR (Local Continued Competency Requirements); and ICCR (Individual Continued Competency Requirements) to complete during an EMS provider’s two (2) year certification period.

	NCCR Hours	LCCR Hours	ICCR Hours	Total Hours
AEMT	25	12.5	12.5	50

Each of these areas is outlined below:

NATIONAL Continued Competency Requirements:

The National Continued Competency Requirements (NCCR) replace the material currently taught in the traditional DOT refresher and represent 50% (25 hrs.) of the overall requirements necessary to renew Minnesota and National EMS Certification. Topics included in the National Continued Competency Requirements are updated every four years based upon input obtained from national EMS stakeholders. An overview of the current NCCR topics for the **AEMT** certification level may be found in [Attachment A](#).

Individuals may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the NCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for EMT certification for the national component can be found in Table 1. The total number of DE hours allowed for the NCCR will be decided by the NREMT’s Continued Competency Committee and will be published with each change to the component topics.

Table 1: Maximum Number of DE Allowed for the NCCR

	NCCR Maximum Allowable DE
AEMT	8 hours

How do I get the NCCR Education?

All National Continued Competency Requirement (NCCR) Components taught in Minnesota are administered by Minnesota-approved education programs.

LOCAL Continued Competency Requirements:

The Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level and represent 25% (12.5 hrs.) of the necessary requirements for all provider levels. The LCCR topics may be chosen by State EMS Offices, EMS region directors (where applicable), and agency-level administrators (for example Medical Directors and Training Officers). Mechanisms that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)

****NOTE:** CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Individuals may complete up to 2/3 of the LCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.) The maximum number of DE hours allowed for AEMT certification for the local component can be found in Table 2.

Table 2: Maximum Number of DE Allowed for the LCCR

	LCCR Maximum Allowable DE
AEMT	8 hours

Practice Performance (Skills) Competency:

As with the traditional recertification model, verification of skill competence is required at the **local level**. **Medical Directors are responsible for the attestation of skill competency for AEMTs.** A detailed description of the skills requiring verification of continued competence may be found in Table 3. The expectation of validation of this part of the local requirements is that the EMS professional has been verified as competent over every required skill and any necessary remediation has been undertaken.

The following skills must be evaluated as part of the LOCAL Continued Competency Requirements for AEMTs:

Table 3:

Patient Assessment/Management

- Medical and Trauma

Ventilatory Management Skills/Knowledge

- Simple adjuncts
- Supplemental oxygen delivery
- Supraglottic airways (PTL, Combitube, King LT)

Cardiac Arrest Management

- Automatic External Defibrillator (AED)

Hemorrhage Control & Splinting Procedures

IV Therapy & IO Therapy

- Medication administration

Spinal Immobilization

- Seated and lying patients

OB/Gynecologic Skills/Knowledge

Other Related Skills/Knowledge

- Radio communications
- Report writing and documentation

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical/psychomotor testing, etc.)

INDIVIDUAL Continued Competency Requirements:

The Individual Continued Competency Requirements (ICCR) represents 25% (12.5 hrs.) of the required continuing education. To satisfy these requirements, **an individual may select any EMS-related education.** There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a renewal cycle. Individuals may complete all hours of the ICCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.).

Table 4: Maximum Number of DE Allowed for the ICCR

	ICCR Maximum Allowable DE
AEMT	12.5 hours

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Minnesota EMSRB/NREMT Advanced Emergency Medical Technician Recertification Requirements

Minnesota Advanced Emergency Medical Technicians must meet the following requirements in order to renew their Minnesota State and NREMT certification.

National Content Required: 25 Hours		
Topics	Hours	
Airway, Respiration, Ventilations 4 Hours	Ventilation: Minute Ventilation; Effect on Cardiac output; Assisted Ventilations, Respiratory failure vs. distress, Adjuncts; Automatic Transport Ventilator, Positioning Oxygenation	3 1
Cardiovascular 6 Hours	Post Resuscitation Care: Recognition of ROSC; Oxygenation, Induced hypothermia (<i>limited depth & breath</i>) Stroke: Assessment (Stroke Scale); Oxygen administration; Time of onset (duration); Transport destination Cardiac Arrest & Ventricular Assist Device (VAD) Cardiac Rate Disturbance (Pediatric): Tachycardia, Irregular pulse, Bradycardia Pedi Cardiac Arrest: Optimal CPR techniques, AED use, Ventilation/compression ratio, 1 & 2 rescuer CPR Chest Pain & ACS: Medication administration, Oxygen, Nitroglycerin, Transportation Destination, Aspirin (ASA)	0.5 1 0.5 1 2 1
Trauma 2 Hours	CNS Injury: Concussions Tourniquets Field Triage: Model Uniform Core Criteria (MUCC) Sort, Assess, Lifesaving interventions, Treatment /Transport (SALT) CDC Trauma Triage Decision Scheme	0.5 0.5 1
Medical 6 Hours	Special Healthcare needs: Tracheostomy care, Dialysis shunts, Feeding tubes, VP shunts, Cognitive issues OB Emergency: Abnormal presentations, Nuchal cord, Neonatal resuscitation, Routine suctioning of the neonate Psychiatric Emergencies: Mental Health, Patient Restraints, Agitated Delirium, Depression/Suicide Endocrine: Diabetes, Metabolic syndrome, Insulin resistance, DKA/HHNS, Insulin pumps, Glucometers Immunological Diseases: Allergic reaction, Anaphylaxis Communicable Diseases: Hygiene (hand washing), Vaccines, Influenza, Antibiotic resistant infections, Public health—epidemics, pandemics, reporting, etc. Systematic inflammatory response syndrome (SIRS) vs. Sepsis vs. septic shock, Fluid resuscitation (Oral)	1 1 1.5 1 0.5
Operations 2 Hours	At-Risk Populations: Pediatric, Geriatric, Economically disadvantaged, Domestic violence, Human trafficking Pediatric Transport Affective Characteristics: Professionalism, Cultural competency, Changing demographics Role of Research in EMS	0.5 0.5 0.5 0.5
ALS 5 Hours	Advanced Life Support EMS Education: AEMTs must complete additional ALS education	5
Total National Core Content Hours		25

Local Content Required: 12.5 Hours		
SUGGESTED Topics		
Local / Agency	Topics designated by primary affiliated EMS agency. <i>Verification of skill competence is required at the local level. Medical Directors are responsible for the attestation of skill competency for AEMTs.</i>	
Patient Advocacy	Reporting Obligations Professional Accountability Health Care Directive/Living Will End of Life Decisions Safe Havens	
Protocols	Adult Pediatric STEMI Stroke Trauma MCI	
Disaster Preparedness	ICS, Disaster Operations Patient Tracking Local/Entity Disaster Plans Regional/County Disaster Plans State Disaster Plans	
Laws & Regulations	Regulatory Requirements Mandatory Reporting Minnesota EMS related law Penalties Scopes of Practice	
Total Local Core Content Hours		12.5

A total of 12.5 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.

Individual Content Required: 12.5 Hours	
Topics	Hours
Individuals must obtain 12.5 hours of individual continuing education on EMS topics of personal interest. Education must be related to patient safety or patient care: rescue, extrication, and HAZMAT trainings are approved as long as there is a simulated patient being cared for during the training.	12.5
Minnesota requires all AEMTs to maintain healthcare provider CPR certification (4 hours can be applied to meet the individual content requirement)??	
**Agency medical directors/training officers may require specific individual training courses by agency policy. **if your EMS training agency did not specify 2.5 hours of department specific training, you must add an additional 2.5 hours of individual education.	
Total AEMT Renewal Hours	
Category	Total Hours
National (NCCR)	25
Local (LCCR)	12.5
Individual (ICCR)	12.5
Total	50
<p>Guidelines on Distributive Education Distributive Education (DE) is defined as education received when a live, “real time” instructor is not available. The number of DE hours allowed is limited based on the category in which they are obtained.</p> <p>National Content: up to 8 hours of DE is allowed Local Content: up to 8 hours of DE is allowed Individual Content: up to 12.5 hours of DE is allowed</p> <p><i>Using DE is optional, however, please be mindful of the hour limits if you choose to use them.</i></p>	

EMSRB / NREMT NCCP Requirements for **Paramedics**

Purpose of Document: The Minnesota Emergency Medical Services Regulatory Board (Board) has adopted the National Registry of Emergency Medical Technicians (NREMT) – National Continued Competency Program (NCCP) requirements for ongoing recertification of **Paramedics** in Minnesota. The following information is a guide for EMS personnel at the Paramedic certification level to follow to complete education requirements in **all recertification cycles after April 1, 2016.**

The NCCP has three components including the NCCR (National Continued Competency Requirements); LCCR (Local Continued Competency Requirements); and ICCR (Individual Continued Competency Requirements) to complete during an EMS provider’s two (2) year certification period.

	NCCR Hours	LCCR Hours	ICCR Hours	Total Hours
Paramedic	30	15	15	60

Each of these areas is outlined below:

NATIONAL Continued Competency Requirements:

The National Continued Competency Requirements (NCCR) replace the material currently taught in the traditional DOT refresher and represent 50% (30 hrs.) of the overall requirements necessary to renew Minnesota and National EMS Certification. Topics included in the National Continued Competency Requirements are updated every four years based upon input obtained from national EMS stakeholders. An overview of the current NCCR topics for the **Paramedic** certification level may be found in [Attachment A](#).

Individuals may use a course only **once** toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the NCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for Paramedic certification for the national component can be found in Table 1. The total number of DE hours allowed for the NCCR will be decided by the NREMT’s Continued Competency Committee and will be published with each change to the component topics.

Table 1: Maximum Number of DE Allowed for the NCCR

	NCCR Maximum Allowable DE
Paramedic	10 hours

How do I get the NCCR Education?

All National Continued Competency Requirement (NCCR) Components taught in Minnesota are administered by Minnesota-approved education programs.

LOCAL Continued Competency Requirements:

The Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level and represent 25% (15 hrs.) of the necessary requirements for all provider levels. The LCCR topics may be chosen by State EMS Offices, EMS region directors (where applicable), and agency-level administrators (for example Medical Directors and Training Officers). Mechanisms that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)

****NOTE:** CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Individuals may complete up to 2/3 of the LCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.) The maximum number of DE hours allowed for EMT certification for the local component can be found in Table 2.

Table 2: Maximum Number of DE Allowed for the LCCR

	LCCR Maximum Allowable DE
Paramedic	10 hours

Practice Performance (Skills) Competency:

As with the traditional recertification model, verification of skill competence is required at the **local level**. **Medical Directors are responsible for the attestation of skill competency for Paramedics.** A detailed description of the skills requiring verification of continued competence may be found in Table 3. The expectation of validation of this part of the local requirements is that the EMS professional has been verified as competent over every required skill and any necessary remediation has been undertaken.

The following skills must be evaluated as part of the LOCAL Continued Competency Requirements for Paramedics:

Table 3:

Patient Assessment/Management

- Medical and Trauma

Ventilatory Management Skills/Knowledge

- Simple adjuncts
- Supplemental oxygen delivery
- Supraglottic airways (PTL, Combitube, King LT)
- Endotracheal intubation
- Chest decompression
- Transtracheal Jet Ventilation/Cricothyrotomy

Cardiac Arrest Management

- Mega-code & ECG recognition
- Therapeutic modalities
- Monitor/defibrillator knowledge (setup, routine maintenance, pacing)

Hemorrhage Control & Splinting Procedures

IV Therapy & IO Therapy

- Medication administration

Spinal Immobilization

- Seated and lying patients

OB/Gynecologic Skills/Knowledge

Other Related Skills/Knowledge

- Radio communications
- Report writing and documentation

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical/psychomotor testing, etc.)

INDIVIDUAL Continued Competency Requirements:

The Individual Continued Competency Requirements (ICCR) represents 25% (15 hrs.) of the required continuing education. To satisfy these requirements, **an individual may select any EMS-related education.** There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a renewal cycle. Individuals may complete all hours of the ICCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.).

Table 4: Maximum Number of DE Allowed for the ICCR

	ICCR Maximum Allowable DE
Paramedic	15 hours

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Minnesota EMSRB/NREMT Paramedic Recertification Requirements

Minnesota Paramedics must meet the following requirements in order to renew their Minnesota and NREMT certification.

National Content Required: 30 Hours		
	Topics	Hours
Airway, Respiration, Ventilations <small>4 Hours</small>	Ventilations	2
	Capnography	1
	Advanced Airway Management in the Perfusing Patient	1
Cardiovascular <small>10 Hours</small>	Post Resuscitation Care: Recognition of ROSC; Oxygenation; Induced hypothermia	2
	Ventricular Assist Device (VAD)	0.5
	Stroke: Assessment (Stroke Scale); Oxygen administration; Time of onset (duration); Transport destination; Fibrinolytics check sheet	1.5
	Cardiac Arrest: Chain of Survival; Optimal chest compressions, Depth, rate, recoil & pause; Airway issues in cardiac arrest, Halting CPR to intubate, Hyperventilation, Supraglottic vs ETT vs BVM; Termination decision criteria; ETOC2 changes during arrest and ROSC	2
	Congestive Heart Failure: Recognition; Treatments	0.5
	Pedi Cardiac Arrest: Optimal CPR techniques; Ventilation/compression ratio, 1 & 2 rescuer CPR; ALS Management, Unique causes of Pedi-Cardiac Arrest, HOCM, Commotio cordis, Long QT, AHA Channelopathy	2.5
	ACS: 12-Lead review; STEMI impostures	1
Trauma <small>4 Hours</small>	CNS Injury: Concussions; ETOC2 monitoring	2
	Tourniquets	0.5
	Field Triage: Model Uniform Core Criteria (MUCC); Sort, Assess, Lifesaving Interventions, Treatment /Transport (SALT); CDC Trauma Triage Decision Scheme	1
	Fluid Resuscitation: Physiology; Effects of over-loading	0.5
Medical <small>7 Hours</small>	Special Healthcare needs: Tracheostomy care; Dialysis shunts; How to deal with patient & equipment, Feeding tubes, VP shunts, CSF shunts; Cognitive issues	2
	OB Emergency: Abnormal presentations, Nuchal cord; Neonatal resuscitation, Routine suctioning of the neonate	1
	Communicable Diseases: Hygiene (hand washing); Vaccines; Antibiotic resistant infections; Influenza; Public health—epidemics, pandemics, reporting, etc.; Systematic Inflammatory Response Syndrome (SIRS) vs. Sepsis vs. septic shock, Fluid resuscitation; Appropriate precautions	1
	Medication Delivery: IM vs SC (e.g., epi), atomized/nasal	1
	Pain Management: NAEMSP recommendations; AAP pediatric pain management	1
	Psychiatric Emergencies: Mental Health; Patient Restraints, Agitated Delirium; Depression/Suicide	1
Operations <small>5 Hours</small>	At-Risk Populations: Pediatric; Geriatric; Economically disadvantaged; Domestic violence; Human trafficking	1
	Pediatric Transport	0.5
	Culture of Safety: Adverse event reporting; Medication safety	0.5
	Affective Characteristics: Professionalism; Cultural competency, Changing demographics	1
	Crew Resource Management	1
	Role of Research in EMS	1
Total National Core Content Hours		30

Local Content Required: 15 Hours		
	SUGGESTED Topics	
Protocols	Adult	A total of 15 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.
	Pediatric	
STEMI		
Stroke		
Trauma		
MCI		
Local / Agency	Topics designated by primary affiliated EMS agency.	Verification of skill competence is required at the local level. Medical Directors are responsible for the attestation of skill competency for Paramedics.
Patient Advocacy	Reporting Obligations	A total of 15 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.
	Professional Accountability	
	Health Care Directive/Living Will	
	End of Life Decisions	
	Safe Havens	
Disaster Preparedness	ICS, Disaster Operations	A total of 15 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.
	Patient Tracking	
	Local/Entity Disaster Plans	
	Regional/County Disaster Plans	
	State Disaster Plans	
Laws & Regulations	Regulatory Requirements	A total of 15 Hours of local/agency topics are required, in any combination of hours and topics. This list offers suggested topics.
	Mandatory Reporting	
	Minnesota EMS related law	
	Penalties	
	Scopes of Practice	
Total Local Core Content Hours		15

Individual Content Required: 15 Hours	
Topics	Hours
Individuals must obtain 15 hours of individual continuing education on EMS topics of personal interest. Education must be related to patient safety or patient care: rescue, extrication, and HAZMAT trainings are approved as long as there is a simulated patient being cared for during the training.	15
Minnesota requires all Paramedics to maintain ACLS. (8 hours can be applied for an ACLS refresher as individual content hours).	
**Agency medical directors/training officers may require specific individual training courses by agency policy.	
Total Paramedic Renewal Hours	
Category	Total Hours
National (NCCR)	30
Local (LCCR)	15
Individual (ICCR)	15
Total	60
Guidelines on Distributive Education	
Distributive Education (DE) is defined as education received when a live, "real time" instructor is not available. The number of DE hours allowed is limited based on the category in which they are obtained.	
National Content: up to 10 hours of DE is allowed	
Local Content: up to 10 hours of DE is allowed	
Individual Content: up to 15 hours of DE is allowed	
<i>Using DE is optional, however, please be mindful of the hour limits if you choose to use them.</i>	

EMR National Continued Competency Program (NCCP)

Note: A total of 16 hours of continuing education is required to recertify.

National Continued Competency Requirements (NCCR) - 8 hours**

Area	Hours	Topic Breakdown
Airway, Respiration, & Ventilation	2	<ul style="list-style-type: none"> Ventilation [1 hrs] Oxygenation [1 hr]
Cardiovascular	2	<ul style="list-style-type: none"> Stroke [1 hr], Cardiac Arrest [0.5 hrs], Post Resuscitation Care [0.5 hrs]
Trauma	1	<ul style="list-style-type: none"> CNS Injury [0.5 hrs], Tourniquets [0.5 hrs]
Medical	3	<ul style="list-style-type: none"> Psychiatric Emergencies [1.5 hrs] Immunological Diseases [1 hr] Communicable Diseases [0.5 hrs]

Local Continued Competency Requirements (LCCR) - 4 hours**

These requirements are developed at the local EMS level and may be specified by your State EMS Office, EMS region directors (if applicable), or agency level administrators (for example Training Officers and Medical Directors). If not specified, you may use any additional state or CECBEMS-approved EMS related education towards these requirements.

Individual Continued Competency Requirements (ICCR) - 4 hours**

You may use any additional state or CECBEMS-approved EMS related education towards these requirements.

**Maximum Distributive Education (DE) Allowances:

Distributive Education (DE) is any instruction method where the student does not have access to an instructor in real time. Examples include: online courses, video reviews, and journal article reviews. Note: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities such as ACLS, PALS, PHTLS, etc.), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education and can be counted as instructor based training.

National Continued Competency Requirements	3	One-third or 3 of the DE hours may be used towards your NCCR.
Local Continued Competency Requirements	3	Two-thirds or 3 of the DE hours may be used towards your LCCR.
Individual Continued Competency Requirements	4	Three-thirds or 4 of the DE hours may be used towards your ICCR.

Nationally Registered
Emergency Medical Responder (NREMR)

National Continued
Competency Program
(NCCP)

EMR
Recertification
Requirements
2015-2016

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™



Nationally Registered Emergency Medical Responder (NREMR)

NCCP Recertification Requirements

To Apply for Recertification You Must:

1. Demonstrate continued cognitive competency by:
Recertification by Examination
or
Documentation of Continuing Education
2. Maintain skills as verified by your Training Officer/ Supervisor (requires a signature or electronic signature on your recertification application validating competency of skills)
3. Submit your completed recertification application by September 30, 2016.

Demonstration of Cognitive Competency Options(2)

1. Recertification by Examination

- OR -

2. Documentation of Continuing Education

1. Recertification by Examination Option

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

- Login to your NREMT account. Complete a recertification by examination application and pay the exam fee. **NOTE:** Be sure you complete the recertification application and **not** the initial entry application. After 24-48 hours, login to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam.
- You may make one attempt to take and pass the exam between **April 1 and September 30, 2016**. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam.
- Return your completed cognitive competency by exam form by **September 30, 2016** with signatures and supporting documentation.

All other recertification requirements (including criminal conviction statement, BLS-CPR for the Healthcare Provider or equivalent, verification of skills, etc.) must still be met and verified.

2. Continuing Education Option*

- Complete a total of **16 hours** of continuing education including:
 - A state or CECBEMS (F1, F2, F3**, F5) approved 8 hour EMR National Continued Competency Requirements course or equivalent state or CECBEMS approved continuing education.
 - 4 hours of Local Continued Competency Requirements (LCCR) additional state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education
 - 4 hours of Individual Continued Competency Requirements (ICCR). Must be state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education.
- Login to your NREMT account and fill out your electronic recertification application.
- Pay the \$10 (US funds only) non-refundable recertification fee at the time of submission of application. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$10.00 recertification fee.*

All continuing education hours, to include the refresher, must be completed within the current certification cycle. Education completed during your previous certification cycle will NOT be accepted. If this is your first time to recertify, only education completed after the date you became nationally certified will be accepted.

**See chart on page 1 of this brochure for detailed continuing education requirements and allowances regarding distributive education.*

Reinstatement

*If you fail to submit your application by September 30, 2016 and all educational requirements have been completed prior to your expiration date, you may seek reinstatement of your National EMS Certification until October 31, 2016 for a \$50 reinstatement fee in addition to your \$10 processing fee (\$60 total). *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification and reinstatement fees.**

Lapsed Certification

If your National Certification lapsed, please review the [Lapsed Certification & Re-Entry Policies](#).

Terms of Recertification

In applying for recertification registrants agree to comply with all recertification requirements, rules and standards of the NREMT. The registrant bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers individuals to be solely responsible for their certification.

Individuals must notify the NREMT within 30 days to the change of mailing address. Change of mailing address can be made via our website: www.nremt.org

Individuals must notify the NREMT within 30 days of any criminal arrests.

Individuals must notify the NREMT within 30 days of any disciplinary action taken by any state that has resulted in the following:

- Suspension, revocation or probation of state license or certification
- Voluntary surrender of state license or certification while under investigation.

Disciplinary Policy/Revocation of Certification

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may consult the [Eligibility, Disciplinary and Appeal Policies](#).

Audits

The NREMT reserves the right to investigate recertification material at any time. You must retain verification of attendance of all education submitted. Failure to submit documentation when audited will result in denial of eligibility to recertify.

National Registry of Emergency Medical Technicians®

6610 Busch Blvd.
Columbus, OH 43229
614-888-4484
www.nremt.org

The Nation's EMS Certification™

NREMR- National Component 8 hours total

Airway, Respiration & Ventilation	
<i>Ventilation [1 hours]</i>	2 total hours of Airway Respiration & Ventilation
<ul style="list-style-type: none"> Assisted Ventilation <ul style="list-style-type: none"> Respiratory failure versus distress Adjuncts Positioning 	
<i>Oxygenation [1 hour]</i>	

Cardiovascular	
<i>Stroke [1 hour]</i>	2 total hours of Cardiovascular
<ul style="list-style-type: none"> Assessment (Stroke scale) Oxygen administration Time of onset (duration) Transport destination 	
<i>Cardiac Arrest [0.5 hours]</i>	
<ul style="list-style-type: none"> Ventricular Assist Devices 	
<i>Post Resuscitation Care [0.5 hours]</i>	
<ul style="list-style-type: none"> Recognition of Return of Spontaneous Circulation (ROSC) 	

NREMR- National Component 8 hours total

Trauma	
<i>CNS Injury [0.5 hours]</i>	1 total hour of Trauma
<ul style="list-style-type: none"> Concussion 	
<i>Tourniquets [0.5 hours]</i>	

Medical	
<i>Immunological Diseases [1 hour]</i>	3 total hours of Medical
<ul style="list-style-type: none"> Allergic reaction Anaphylaxis 	
<i>Communicable Diseases [0.5 hours]</i>	
<ul style="list-style-type: none"> Hygiene (hand washing, etc.) Vaccines Influenza 	
<i>Psychiatric Emergencies [1.5 hours]</i>	
<ul style="list-style-type: none"> Mental Health Patient restraint <ul style="list-style-type: none"> Agitated delirium Depression/suicide 	

FREQUENTLY ASKED QUESTIONS

NATIONAL CONTINUED COMPETENCY PROGRAM

MARK KING INITIATIVE

THE FOLLOWING ARE ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE NATIONAL CONTINUED COMPETENCY PROGRAM

1. Identify who declares Local Continued Competency Requirements (LCCR) & Individual Continued Competency Requirements (ICCR) competencies and specifically how? Is there is a process? National Continued Competency Requirements (NCCR) is clear, but these are not.

Hours at the LCCR level are developed at the local EMS level. These can be State, Region or Agency specific. At the agency level these could be developed by the Medical Director or the Training Officer. These topics can include things like:

- ~ State or Local protocol changes
- ~ Tasks that require remediation based on QA/QI review
- ~ High criticality/low frequency calls
- ~ Topics chosen from run reviews
- ~ Skills evaluations

The education methods stay the same.

Hours at the ICCR level are determined by the individual and can include any EMS related topic. The education methods stay the same.

2. What about CEU hours done prior to April 1, 2016?

If you recertify in 2017, then all CEU hours done between April 1, 2015 & March 31, 2016 will count toward your recertification in 2017.

3. Will the National Continued Competency Program (NCCP) be required for those that recertify in 2017?

The NCCP model of education replaced previous re-certification requirements beginning April 1, 2016, so, **YES** the NCCP will be required for those that recertify in 2017. All certified EMS personnel in Minnesota will be required to have the number of hours required by the NCCP model for the level appropriate to their certification. The NCCR portion of the requirements replace the “traditional” refresher class. Individuals re-certifying in 2017 should attempt to obtain as many of the NCCR topics as possible moving forward, however, any education received prior to April 1, 2016 will count toward your re-certification in 2017. Education Programs must replace their “traditional” refresher with the NCCR requirements moving forward from April 1, 2016, so those hours will be available to those that rely on a “refresher” to get those hours.

4. How will the NCCP Categories transition into re-certification classes?

The NCCP is broken into three categories:

- ~ The NCCR – it is developed at the National Level by the NREMT. This content replaces the “traditional refresher”. This is developed by a national panel of experts and allows for education designed from evidence based medicine, position papers, national trends and new scope of practice initiatives. It is provided from the NREMT on a four-year rotation.
- ~ The LCCR – it is developed at the local level – meaning state, region or agency specific. This content can pertain to state or local protocol changes, QA/QI research or run reviews.
- ~ The ICCR – At this level the individual is free to take any EMS related education.

For more information specific to your certification level: [EMT](#) [AEMT](#) [Paramedic](#)

5. What if I don't want or need NREMT again – Can I keep doing the “old refresher” until I retire?

NO – All EMS personnel in the State of Minnesota will need to complete the requirements of the NCCP whether they choose to hold NREMT certification or not. Those choosing to hold state only certification also need to follow these requirements. This requirement ensures that there will be no confusion as to what is expected of EMS personnel for re-certification in Minnesota.

6. If you do not opt to get your national certification back, what continuing education is required?

All certified EMS personnel will be required to obtain the same education requirements appropriate to the level of certification. This education must follow the NCCP guidelines – paramedic = 60 hrs., AEMT = 50 hrs., EMT = 40 hrs. Please see the specific requirements: [EMT](#) [AEMT](#) [Paramedic](#)

7. What years were EMT-only certification given?

We believe this question refers to when “Minnesota- only “certification was granted without needing NREMT certification. Approximately 2005-2006.

8. How do those who are state only certified transition to national certification.

The State of Minnesota has made an official request of the NREMT to participate in the Mark King Initiative offered by the NREMT. This initiative allows EMS personnel who hold current state certification to regain their NREMT certification at the level they last held, without testing. This would include almost all currently certified personnel in Minnesota, because Minnesota requires NREMT certification for initial State of Minnesota certification.

THE FOLLOWING ARE ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE MARK KING INITIATIVE

9. How do you get national certification back under the Mark King Initiative (MKI)?

The EMSRB is currently working with the NREMT to determine those eligible for participation in the MKI. Once that is determined, all you need to do is create an application on the NREMT website and pay the appropriate fee for the level for which you are applying.

10. When will the decision be made about the Mark King Initiative (MKI)?

The decision to participate in the MKI has already been made. This recommendation of the Post Transition Education Workgroup was approved by the EMS Regulatory Board at its February 18, 2016 meeting. EMSRB staff is currently working with NREMT staff to determine the timeline as to when this process will begin. An announcement will be made shortly.

11. When can I apply for the Mark King Initiative and regain my National Registry?

EMSRB staff is working with NREMT staff to determine eligibility and timelines for the application process to start. Staff met with the NREMT May 4, 2016 to further discuss this process.

12. Why would someone not wish to have National Registry certification if the hours are the same?

There are a myriad of reasons which may include not planning on moving to another state or not wanting to pay the fee. It is strictly a personal decision.

13. If I am not actively providing EMS services can I get my National Registry back through the Mark King Initiative process?

Yes – as long as you have current State of Minnesota certification. The NREMT would grant your NREMT certification as “inactive”. This is a designation for nationally certified personnel who are not currently providing patient care at their certification level.

14. If I am from out-of-state and hold NREMT certification, will Minnesota automatically issue state certification?

Minnesota will grant certification – **however** – it is not automatic. A person who holds current NREMT certification must complete an application with the EMSRB and meet agency-eligibility requirements in order to receive certification in the State of Minnesota.

15. Do I have to re-register with the EMSRB and the NREMT? Doesn't NREMT cover it now?

YES - you will need to apply at both agencies. NREMT certification verifies that you have met the educational competencies to be certified at a particular level. State certification is required to act as a required crewmember for any ambulance service licensed in the State of Minnesota and requires a that the individual complete a board-approved application form which includes disclosure questions in accordance with statute.

16. Will there be a way to upload a NREMT card when you do a disclosure? Can there be?

First of all – there is no disclosure, per se. All personnel must complete an application to the State of Minnesota for certification in the state. The EMSRB is currently working on a new, on-line, Licensing platform. We are hoping to integrate many of these types of “conveniences” into the design of that system.

17. What if I expired in 2015? I'm not NREMT, do I use the NCCP content or previously required hours? Do I still do a practical test?

According to Minnesota Statute, if you expired in 2015 you have a four-year grace period in which to meet the re-certification requirements and complete a “Re-entry of Expired Personnel” application. Since your last education was prior to the Transition to the New Education Standards, you will need to complete the requirements of the transition period which include the transition course and the seven station NREMT psychomotor exam.

18. What are the recertification requirements for Emergency Medical Responders?

At this time, there are no changes to the requirements for re-registration for Emergency Medical Responders in Minnesota. This is one of the charges to the Post Transition Education Workgroup from the EMS Regulatory Board, however, there has been no discussion on this topic at this time. So the current requirements as stated in statute remain. Once the workgroup makes any recommendations, it will follow the same processes as with the recommendations for EMTs and above. There will be a focus on communicating the information on the recommendations for EMR to the EMS community, prior to the recommendations going to the Board for approval.

Please do not hesitate to contact the EMSRB if you would like clarification with any of these answers or if you have additional questions.



The EMSRB has proposed information explaining the “state approved” continuing education courses and how they may be obtained.

The EMSRB would establish guidelines for “state approved” continuing education in response to the NREMT’s statement: “The NREMT accepts continuing education that has received official approval through your State EMS office and/or the Continuing Education Board of Emergency Medical Services (CECBEMS)” (NREMT Winter Newsletter, February 2016).

The EMSRB would pre-approve continuing education that fits into one or more of the following criteria:

- Courses offered by an EMSRB Approved Education Program **and** issued a course number through the EMSRB e-License portal.
- Classes offered by an accredited higher education institution (college/university):
 - Courses must be directly related health care (Examples include: anatomy, biology, cardiology, patient care, pharmacology, nursing courses, medical school courses, physician assistant courses, and research courses)
 - 8 hours of CE may be applied per 1 college credit hour
 - Courses must be passed with an ‘A or B’ and verifiable on an official transcript
 - No more than 20 CE hours can be applied per recertification cycle
- NAEMT sponsored courses
- Federally sponsored courses related to EMS operations (CDC Triage, Traffic Incident Management, NIMS, ICS)
- Classes offered by a Fire/Rescue instructor related to patient access, extrication, rescue. A course completion certificate must be issued.
- Local Conferences / Seminars pre-approved by the EMSRB
- EMS Education approved by another State Office of EMS
- Common EMS Specialty Courses
 - ACLS (AHA or ASHI): Hour for hour of instruction, up to 16 hours:
 - PALS (AHA or ASHI): Hour for hour of instruction, up to 16 hours
 - Professional CPR or Healthcare Provider CPR: Hour for hour of instruction, up to 8 hours
 - PHTLS: Hour for hour of instruction, up to 16 hours
 - BTLS: Hour for hour of instruction, up to 16 hours
 - PEPP: Hour for hour of instruction, up to 16 hours
- ADLS, BDLS, and CDLS classes: Hour for hour of instruction, up to 16 hours

It should be noted: EMS personnel recertifying in 2017 will have the benefit of the reduced hours of the NCCP model and blended educational content. The NCCP model for recertification will be mandatory for EMS professionals recertifying in 2018, 2019 and all subsequent years.

THIS DOCUMENT IS INTENDED TO ANSWER QUESTIONS RELATED TO WHAT COURSES WOULD BE “PRE-APPROVED” FOR LCCR & ICCR COMPONENTS. TO BE REVIEWED.



On May 19, 2016, at its board meeting, the EMSRB approved and adopted the following recommendation of the Post Transition Education Workgroup:¹

All National Continued Competency Requirement (NCCR) Components taught in Minnesota are administered by Minnesota-approved Education Programs.

WHAT DOES THIS MEAN?

Under the new National Continued Competency Program (NCCP), the traditional DOT “refresher” no longer exists. This has been replaced by the National Continued Competency Requirements (NCCR) put forth by the National Registry of EMTs NCCP guidelines at each certification level. Fifty percent of the total hours required for recertification under the NCCP model fall into the NCCR component. Minnesota-approved Education Programs will be responsible for the administration of these requirements. (See table 1 for hour requirements).

Minnesota-approved Education Programs are responsible for the development of course content based on the Educational topics outlined in the NCCR Guidelines. Subject matter experts and/or special topic instructors may be utilized provided the Approved Education Program Director has vetted the course to ensure it meets the NCCR guidelines.

[EMT NCCR Guidelines](#)

[Paramedic NCCR Guidelines](#)

[Training Officer Guide](#)

Table 1. NCCP Hour Requirements by Level (Every 2 Years)

	National (50%)	Local (25%)	Individual (25%)	Total Hours
Paramedic	30	15	15	60
AEMT	25	12.5	12.5	50
EMT	20	10	10	40

Anticipated Questions:

1. If I am medical director, may I teach National Continued Competency Requirements (NCCR) topics of the NCCP?

Yes, as long as the topic you are teaching is administered by a Minnesota-approved Education Program. If your service is already an approved education program, you need to have the program director add you to the approved list of instructors. If your service is not an approved education program, you may be able to affiliate with a local college or private organization that is an approved education program, and then you may teach the NCCR required courses.

¹ The Board requested that this recommendation be re-visited in two years (2018).

2. *If I am a medical director of a Minnesota EMS service, may I still teach my topics of choice?*

Yes, under the Local Continued Competency Requirements or LCCR section of the National Continued Competency Program (NCCP), you may decide what the 10, 12.5, or 15 (EMT, AEMT, Paramedic) hours of continuing education hours may be for your service.

3. *How do conferences approve NCCR required topic courses?*

There are a number of ways that this could be accomplished. Here are a couple of examples: A conference may affiliate or work in conjunction with a local approved education program. The Approved Education Program Director would be responsible to ensure a given course meets the NCCR guidelines. Courses that have been approved as meeting NCCR criteria by another State EMS Office would be considered “pre-approved”.

4. *What can a Minnesota-approved education program teach?*

Education Programs in Minnesota are approved by the Board as long as they meet all requirements of Minn. Stat. § 144E.285. Under the new NCCP, the traditional DOT “refresher” no longer exists. Hours for recertification are accomplished through CEU hours that meet certain educational topics and objectives as outlined by the NREMT Education Guidelines. If these topics and objectives are compared – many are the same or similar for each level – the depth and breadth may expand for each level. A class or topic may be offered for EMTs and Paramedics together and may be used for each person’s recertification as long as the objectives for the topic are met for each level (EMT/AEMT/Paramedic).

5. *How many states currently use the NREMT NCCP format?*

As of April 4, 2016, there are 22 states and one territory that use the NCCP format and three states where the format is optional. The U.S. Department of Homeland Security, State Department, and the Air Force also utilize the NCCP.

6. *Do courses I take in Iowa or North Dakota count under my NCCR hours?*

Yes, they may. This recommendation only applies to education taught in Minnesota. If a class from another state meets the required topics as delineated by the NCCR, it may be used for your NCCR hours requirement. As of April 1, 2016, there are several states bordering Minnesota that have adopted then NCCP and often will advertise courses as compliant with NCCR requirements.

7. *Why can’t I take any class and have it count under my NCCR hours?*

By having Minnesota-approved education programs teach the NCCR required hours, there is no confusion that the hours meet the requirements. This also ensures that appropriate education is being delivered in the state as determined by the EMSRB in its regulatory function.



In 2012, the NREMT introduced a new recertification model, the National Continued Competency Program (NCCP). While reduced hours are just one of the many benefits with the new model, the change allows a platform for evidence-based medicine to reach EMS professionals all over the country. The new model streamlines the recertification process into three categories of continuing education: National, Local, and Individual. Part of this model includes the need for state offices to recommend and approve continuing education content areas for EMS professionals. Based on NREMT's requirements, the Minnesota Emergency Medical Services Regulatory board (EMSRB) has compiled the topics and hours for recertification at three certification levels: EMT, AEMT, and Paramedic.

EMS personnel recertifying in 2017 will have the benefit of the reduced hours of the NCCP model and blended educational content. The NCCP model for recertification will be mandatory for EMS professionals recertifying in 2018, 2019 and all subsequent years.

(insert links to documents)

THIS DOCUMENT IS INTENDED TO BE AN "INTRODUCTION" ON THE WEBSITE WITH LINKS TO THE THREE "CHARTS" OUTLINING THE NCCP REQUIREMENTS. TO BE REVIEWED.



Post Transition Education Workgroup Recommendation (06/14/16) to the EMSRB:

Under Minn. Stat. 144E.283 Instructor Qualifications, the following list is recommended to the Board as qualifications:

1. Licensure:

- ~ Current NREMT certification at or above the level teaching (if required by state certification requirements)
- ~ Current Minnesota certification at or above the level teaching.

2. Experience and Education:

- ~ Associate's Degree... AND... 4 years of verifiable experience at or above the level teaching
- ~ 5 years of verifiable experience at or above the level teaching

3. Adult Education:

- ~ Complete the NAEMSE EMS Instructor (Level 1) Course OR
- ~ Complete the DOT NHTSA EMS Instructor Course OR
- ~ Fire Instructor I Certification OR
- ~ Possess a Bachelor's Degree in Education OR
- ~ Possess a Master's Degree or higher in any field of study OR
- ~ Successful completion of the MnSCU faculty credentialing process

This recommendation should go to the EMSRB Legislative Committee to determine how best to fit it into the recommended statute.

Instructor Type	Credentialed By	Notes
Primary Instructor	Program Director Verified by EMSRB	See the requirements detailed in Minn. Stat. 144E.283. <i>Primary Instructors are required to deliver at least 50% of the total didactic course material.</i>
Assistant Instructor	Program Director	Supplemental instructors may deliver up to 50% of a total course content under the supervision of a Primary instructor.
Special Topic Instructor	Program Director	
Subject Matter Expert	Program Director	
Skills Instructor	Program Director	Must have sufficient knowledge, skill and education to function in the role.
Clinical Instructor	Program Director	

National Association of
State EMS Officials



Personnel Licensing Policies, Practices and
Procedures of State EMS Offices
(And Variances for Military EMS Personnel)

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Personnel Licensing Policies, Practices and Procedures of State EMS Offices (And Variances for Military EMS Personnel)

Executive Summary

This National Association of State EMS Officials (NASEMSO) monograph describes contemporary state EMS licensing authority practices and requirements for the licensure of EMS personnel. It also discusses variations in practices and requirements that may exist for military-related EMS personnel (those separating from the military, members of guard or reserve units, and military spouses). The monograph is based on data collected from state EMS agency websites, state EMS agency staff interviews, and other sources during the Fall and Winter of 2014 with verification of the data reported by virtually all state EMS agencies in July 2015, just prior to publication.

The monograph provides summaries of licensing practices and requirements in chart, map, and table summary formats as well as specific discussion.

Licensure reciprocity for EMS personnel has been a historically irksome proposition: often discussed in NASEMSO meeting venues but to date not implemented (though NASEMSO's REPLICA project shows promise through the adoption of practice compacts among states for certain purposes). This is because of the complexity of requirements that have evolved for licensure in states over the years.

The data collected for this report demonstrate that initial state EMS licensure generally demands completion of a core education course appropriate to the level of licensure, additional peripheral skills courses (e.g. CPR, advanced cardiac life support), and passing an exam. The same is true for licensure renewal except that the education requirement is more often continuing education in virtually all states, rather than the older practice of a refresher course, and an exam is less prevalent for renewal and is often satisfied by National Registry of EMTs (NREMT) certification. In the past thirty years, NREMT certification has become recognized and employed by the vast majority of states for licensure purposes as an exam and proof of education tool. Most other requirements reported in this monograph display wide variation.

This is also the case discussed in a section on background checks for criminal and other history, though most states do now employ state or federal criminal and other background data sources, at least for initial licensure. The monograph provides not only summaries of these practices but a table that presents the specific practices for background checks and denials of licensure that may result.

Finally, in a section on licensing practice variations for military-related personnel, the vast majority of states report:

- Military-specific differences in processing personnel licenses,
- Military-specific EMS laws or rules, and/or
- Military-specific EMS legislation having been passed or which is in process.

However, less than a quarter of states:

- Require the National Registry of EMTs Certification for licensing military medics (though increasingly required in the military),
- Expedite licensing specifically for military-related personnel, or

- Recognize military EMS training experience explicitly or on a case-by-case judgment basis.

This last section provides state-by-state descriptions of practices, with hot links to the state EMS websites detailing these.

1. Introduction

The purpose of this monograph is to inform state emergency medical services (EMS) office staff, applicants for EMS personnel licenses, military-related EMS personnel who may seek state licensure to work in the civilian workforce, and others, of current personnel licensing practices in the states, territories and District of Columbia (generally referred to as “states” below). It also addresses licensing practices specific to military-related EMS personnel: those separating from active military service, members of guard and reserve units, and military spouses. Unless otherwise specified, these are referred to as “military” or “military-related” personnel.

Staff of the National Association of State EMS Officials (NASEMSO) began collecting pertinent data from state EMS office websites, through interviews with state EMS office staff members, and through other sources in the Fall and Winter of 2014. The resulting data presentations were verified for accuracy by most state EMS offices in July 2015, just preceding publication release of this monograph. Just prior to roll-out at the NASEMSO Fall Meeting in 2015, all states had verified their information and this October, 2015 version was released.

In almost all states, state EMS offices are responsible for the licensure of EMS personnel. Four exceptions exist:

- **Alaska** - The Alaska State Medical Board is the governing body for Paramedic licensure.
- **Delaware** - The Delaware State Fire Prevention Commission certifies EMTs, while operating under the State Medical Director’s medical license. Paramedics are issued their certification by the Division of Public Regulation, Board of Medical Licensure and Discipline.
- **Montana** – The Board of Medical Examiners licenses Paramedics and EMTs.
- **South Dakota** - Paramedics are licensed by the Board of Medical and Osteopathic Examiners

This monograph is divided into four further sections below, which describe:

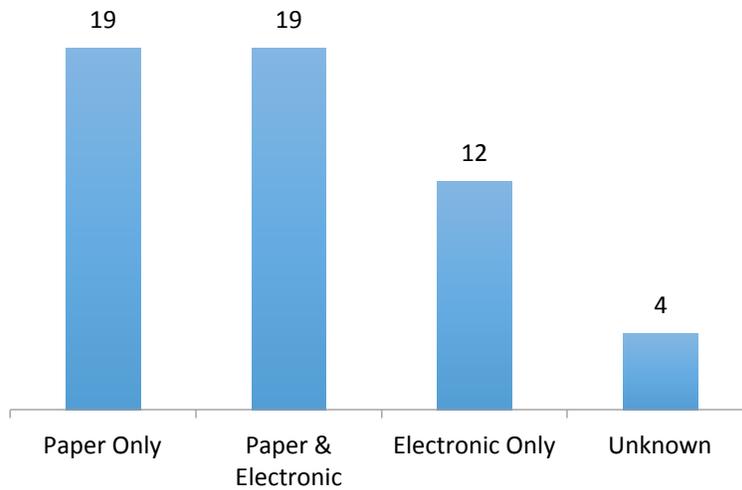
- Minimum requirements for initial licensure
- Requirements for license renewal
- Background checks and license denial
- Variances in licensing practices for military EMS personnel

Generally speaking, an applicant for EMS licensure presents an application and certain credentials attesting to the required educational, experiential, testing and other requirements for the level (Emergency Medical Responder, EMT, Advanced EMT, or Paramedic) of licensure sought. At one time, this was an all paper process conducted in person at an EMS licensing office or through the mail. Today, at least 30 states offer electronic, online options (Chart 1-1).

Once the credentials are assessed, the EMS licensing staff generally conduct a criminal and other background check to see if the applicant meets any criteria for denial of licensure. A license may then be granted for a period of, depending on state, one to five years, at which time the licensee must apply for license renewal and the application process is repeated for the most part.

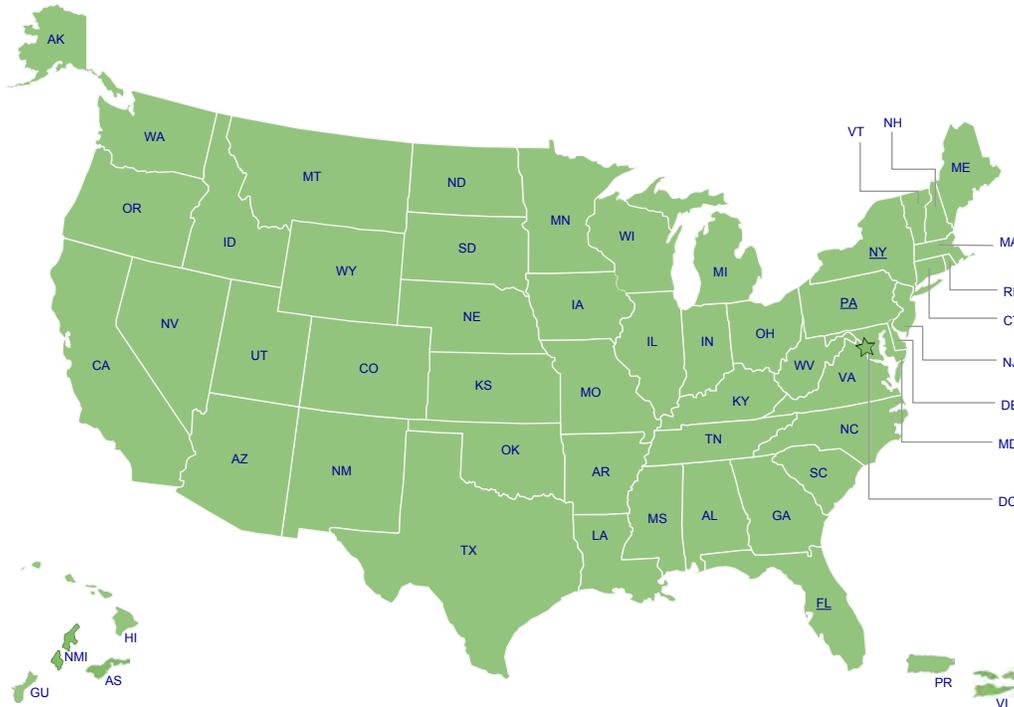
The vast majority of states have special licensing provisions for military-related EMS personnel, though these vary greatly.

Chart 1-1: How Applicants Apply for Personnel Licenses



Map 1-1 is presented here as a labeled key to state identities, since maps presented below are not labeled by state.

Map 1-1: Key to the identification of States in the Monograph



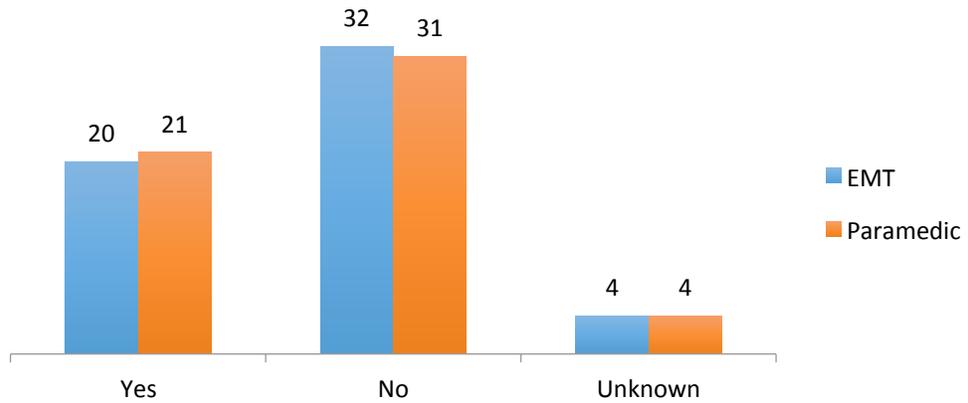
2. Minimum Requirements for Initial Licensure

In addition to the requirements listed below, states may require criminal or other background checks. These are discussed in Section 4 “Background Checks and Licensure Denial”.

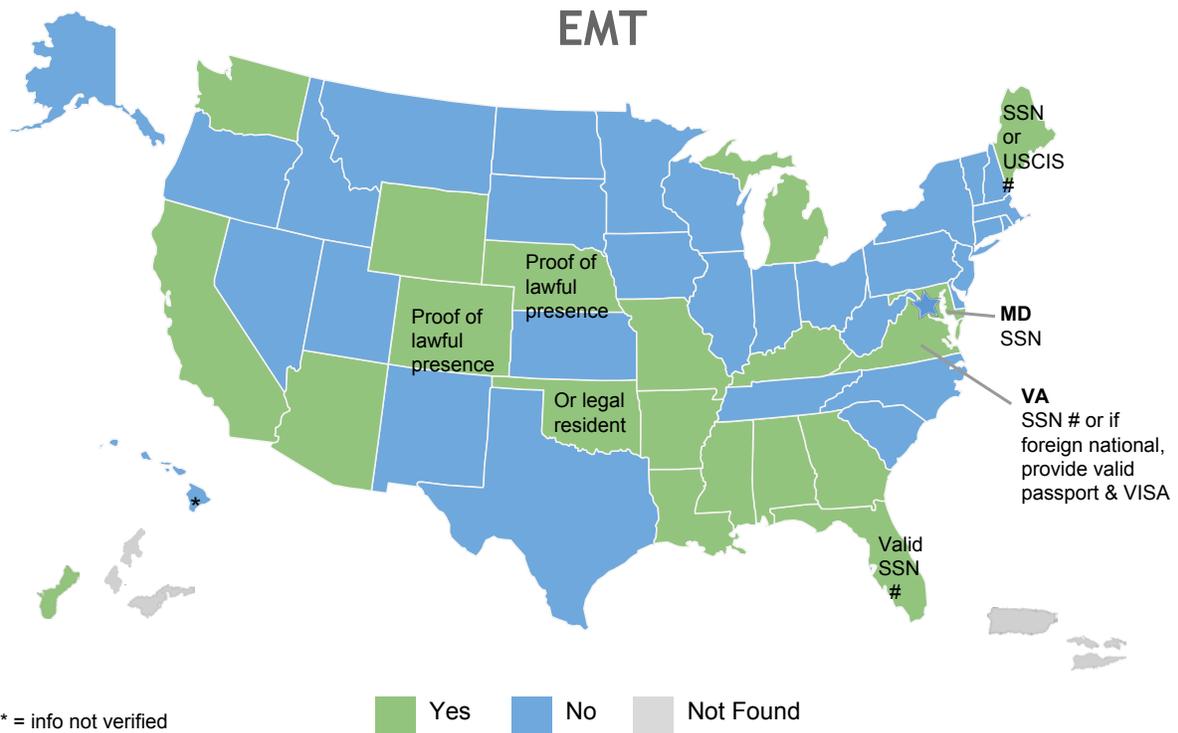
a. Proof of Citizenship

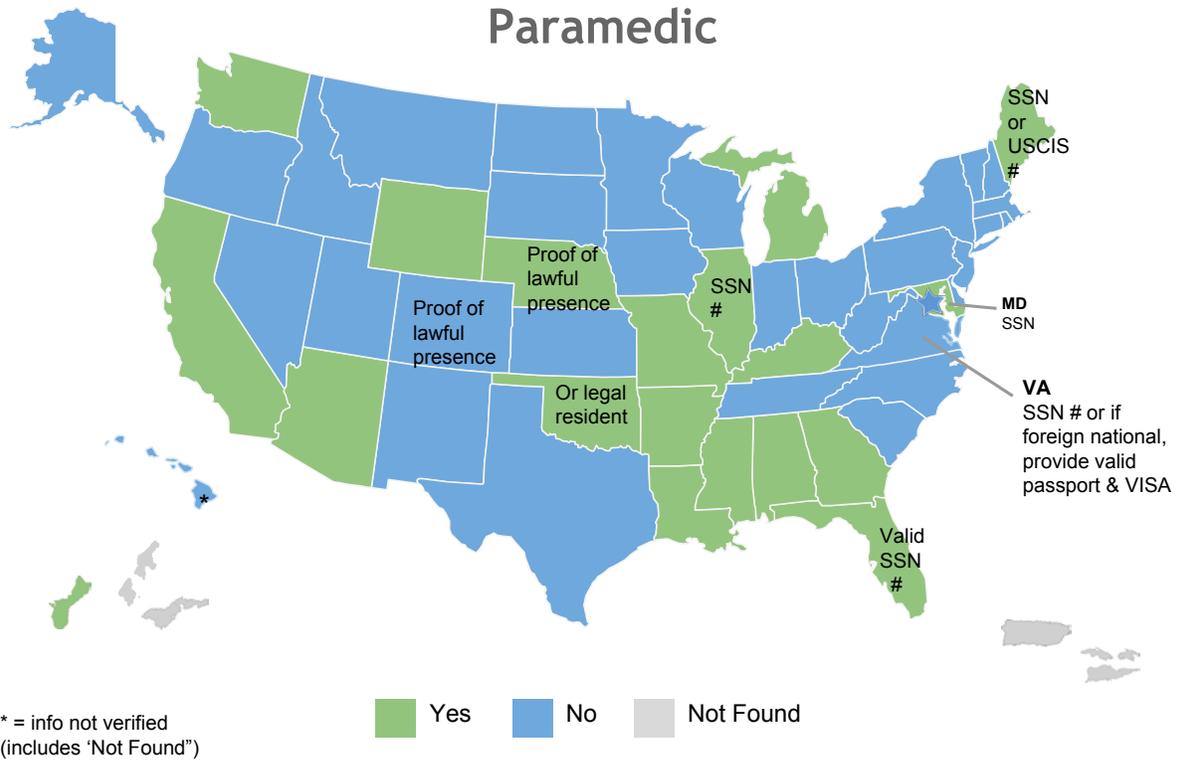
Over 30 states do not require a proof of citizenship or legal residency (e.g. “proof of lawful presence”, United States Citizenship and Immigration Services [USCIS] “Green Card” or other documentation), or that an applicant have a Social Security Number (SSN), but at least 20 do (Chart 2-1 and Map 2-1).

Chart 2-1: Proof of Citizenship



Map 2-1: Proof of Citizenship

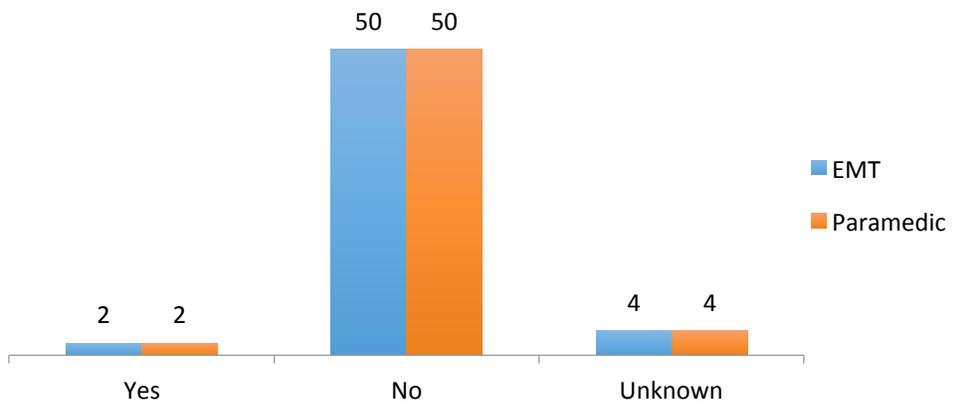




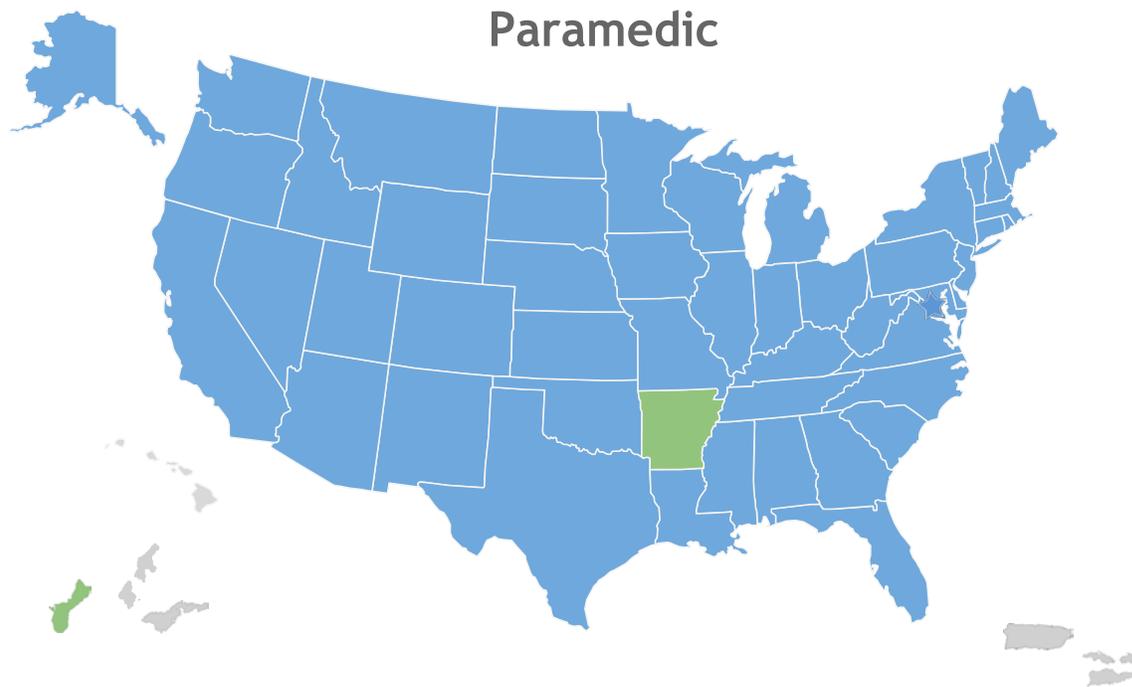
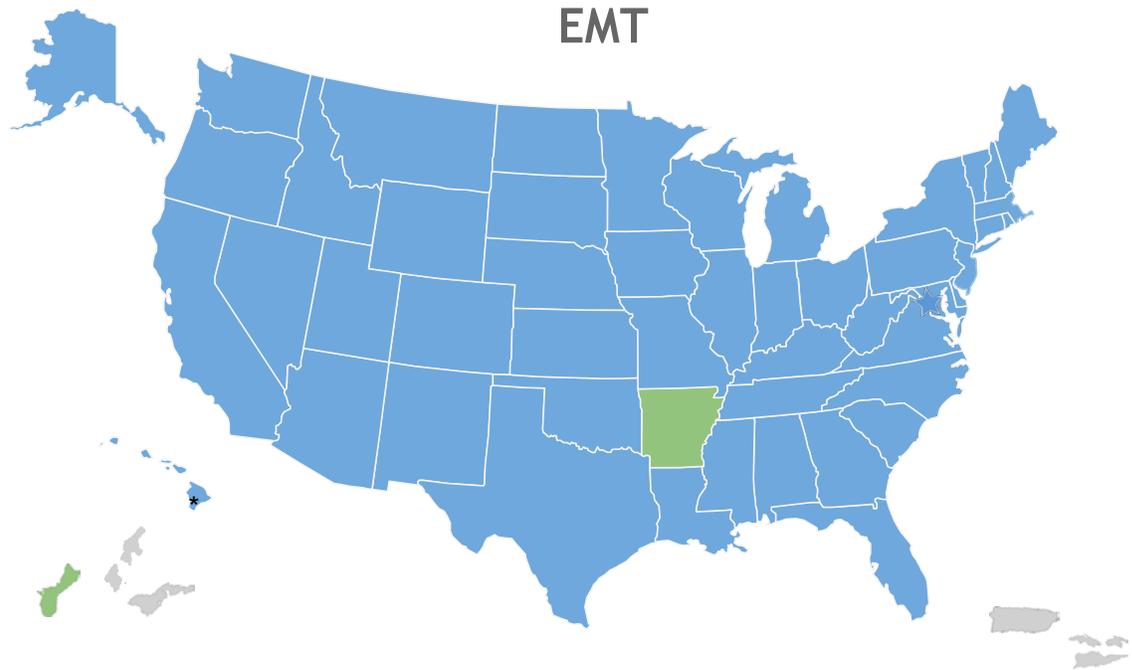
b. State Residency

State residency is generally not a requirement for EMS licensure, though in two states (Arkansas and Guam) it is (Chart 2-2 and Map 2-2).

Chart 2-2: State Residency



Map 2-2: State Residency



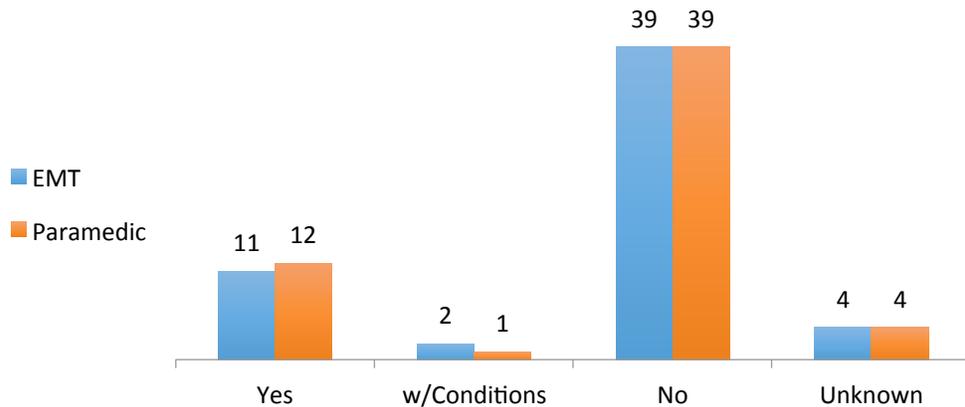
* = info not verified
(includes 'Not Found')

■ Yes ■ No ■ Unknown

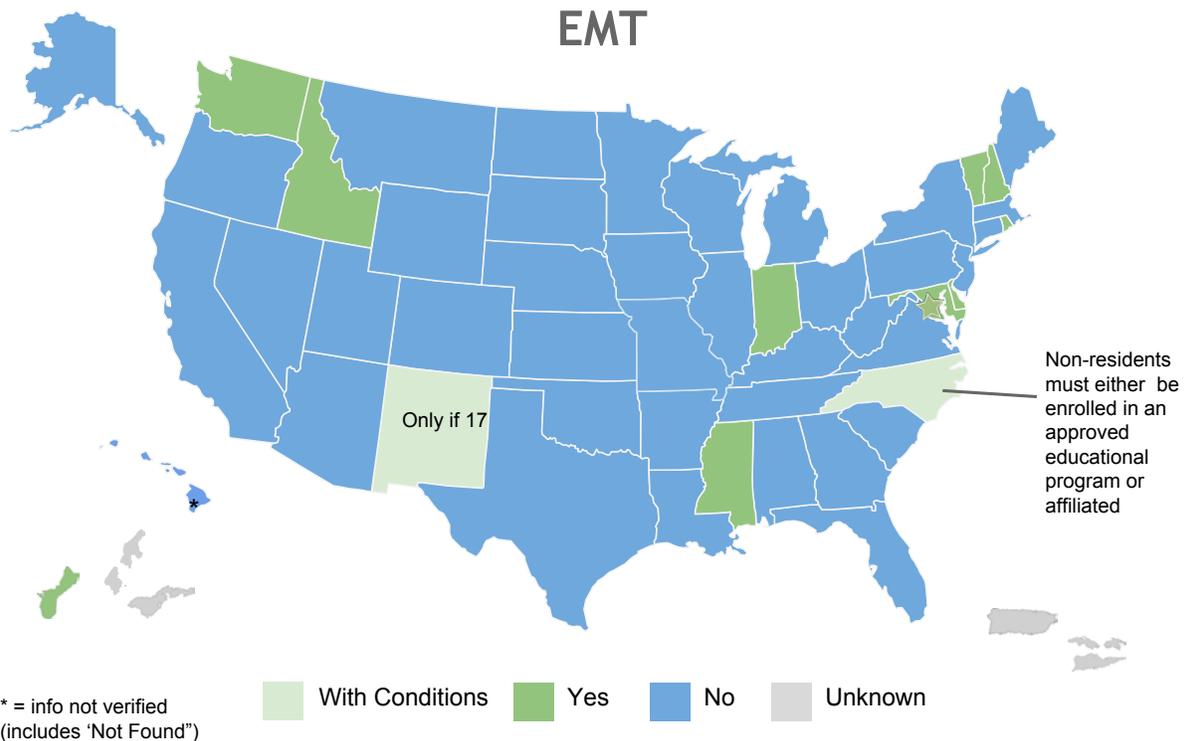
c. Agency Affiliation

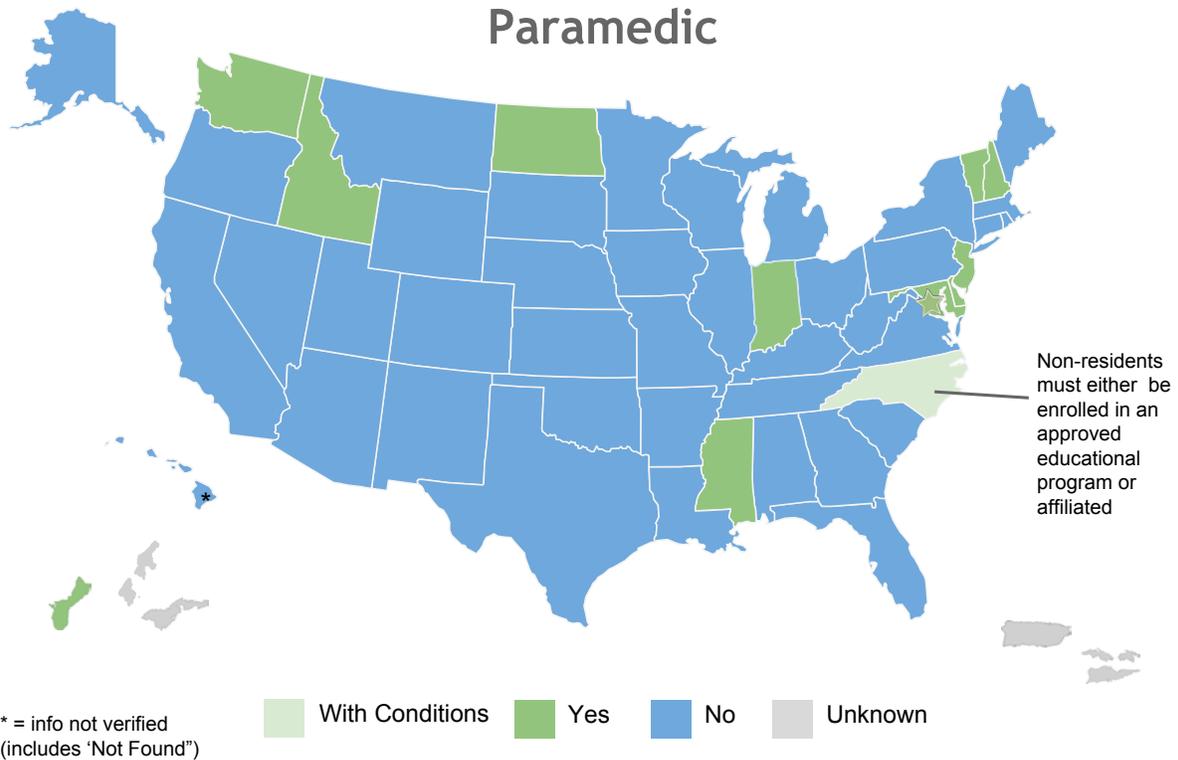
Approximately a dozen states require an EMS agency affiliation for personnel licensure (Chart 2-3 and Map 2-3). This is used to provide some assurance that an individual has been judged acceptable for volunteer or paid employment. It is also administratively difficult data to maintain, if a state does so, because EMS personnel often work for multiple services. Thirty-nine states have no such requirement. A couple of states have “conditions” such as a requirement of agency affiliation or enrollment in an educational program.

Chart 2-3: Agency Affiliation



Map 2-3: Agency Affiliation



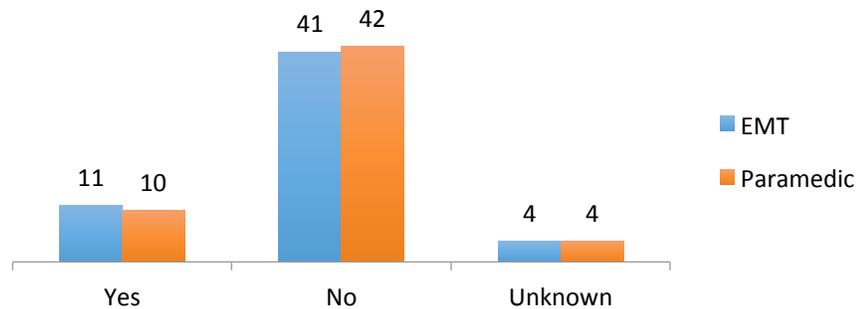


d. Physical Requirements

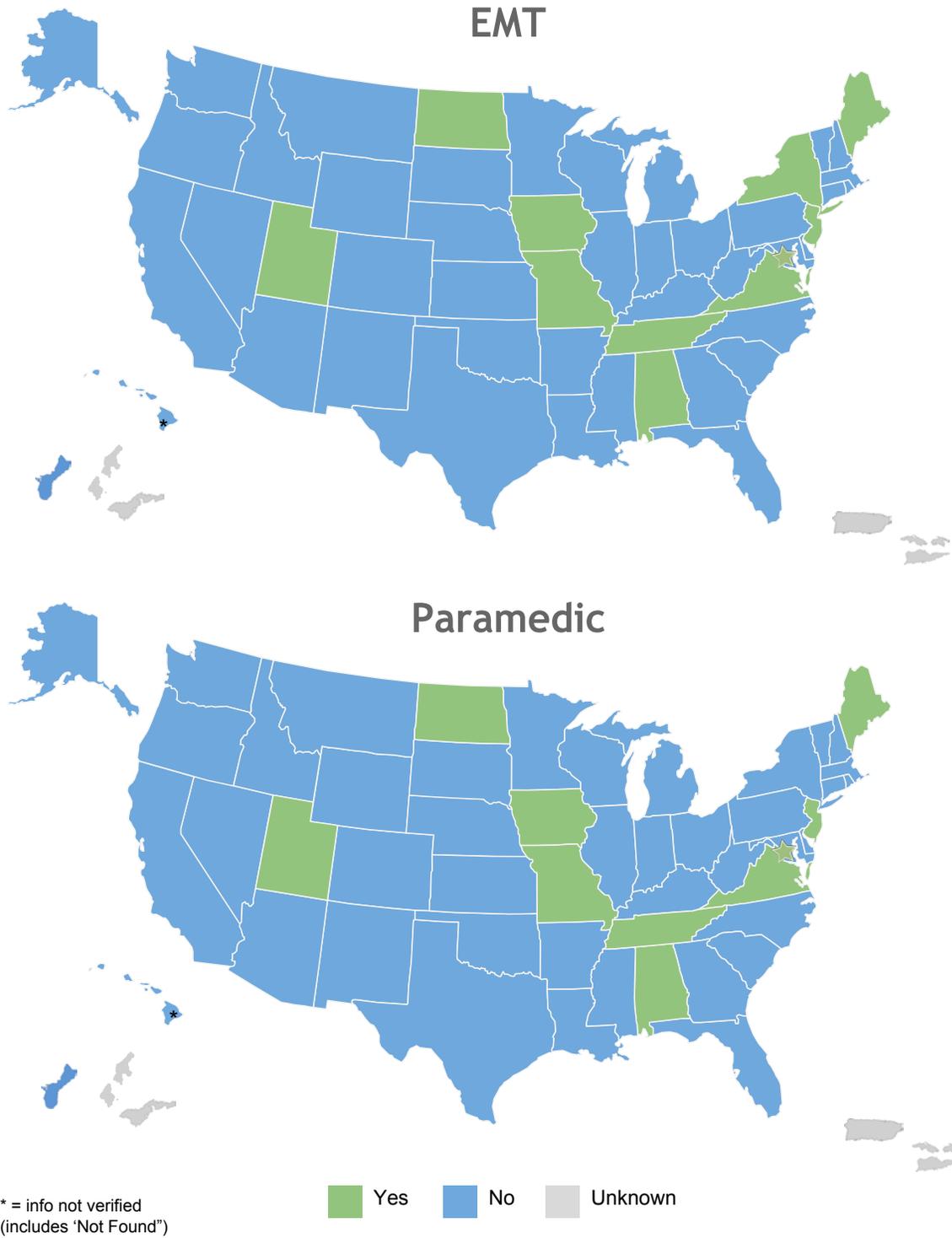
Most states have no specific minimum physical ability requirements (Chart 2-4 and Map 2-4). Those that do, generally require a statement that the applicant meets the essential job function requirements for the license for which he or she applied, or have no impairments which would interfere with carrying out the essential functions of the role. An example of a functional position description used by one state may be found at <http://www.maine.gov/ems/documents/Functional%20Position%20Description%20for%20EMS%20Providers.pdf>.

State EMS offices occasionally encounter applicants or potential applicants with a physical disability that would not allow them to perform an essential function of the job (e.g. a legally blind person who could not see to assess a patient condition). This has been a reason for some states to adopt and enforce essential function job descriptions.

Chart 2-4: Physical Requirements



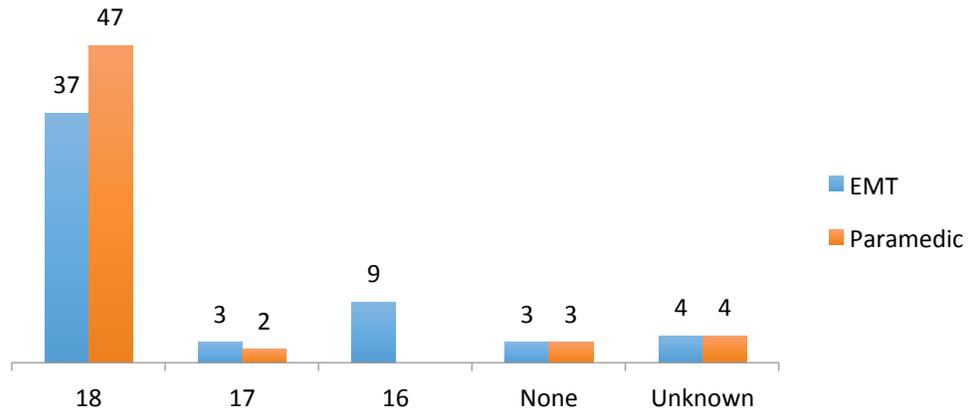
Map 2-4: Physical Requirements



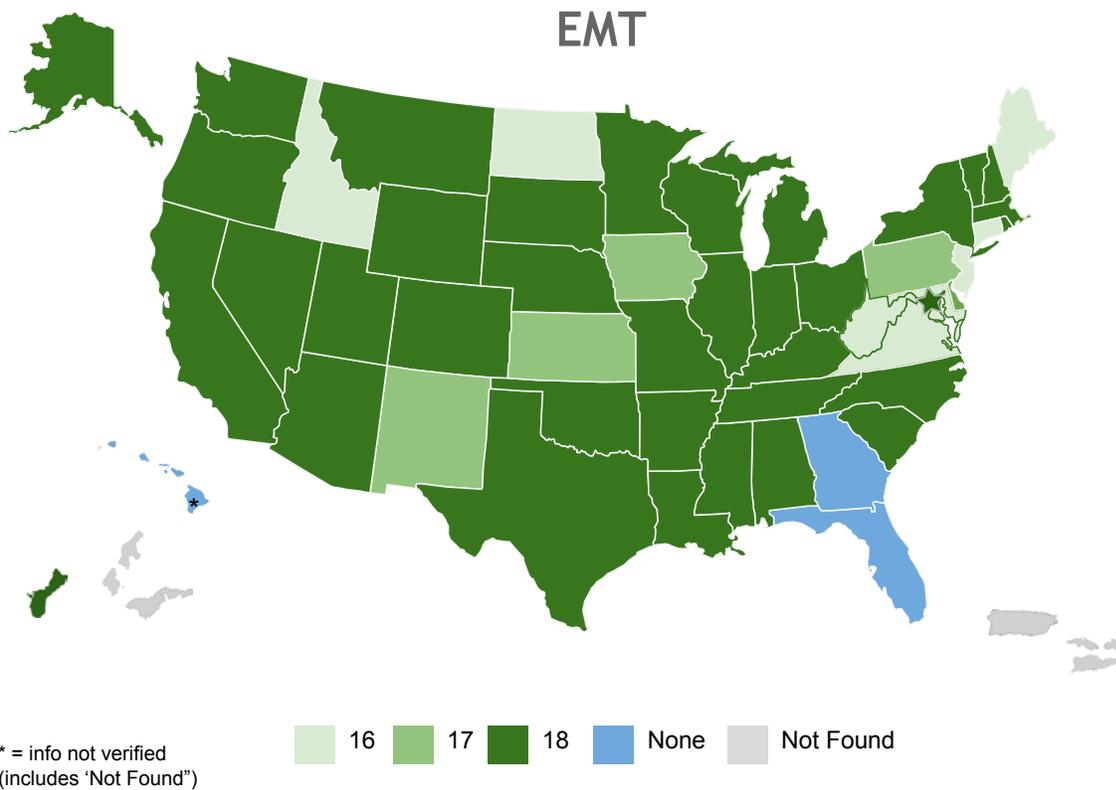
e. Minimum Age

In Florida, Georgia, and Hawaii there is no minimum age requirement to license in EMS (Chart 2-5 and Map 2-5). In approximately a dozen states, 16 or 17 is the minimum age and, in the remainder, 18 is the minimum age (more so for paramedic than EMT licensure).

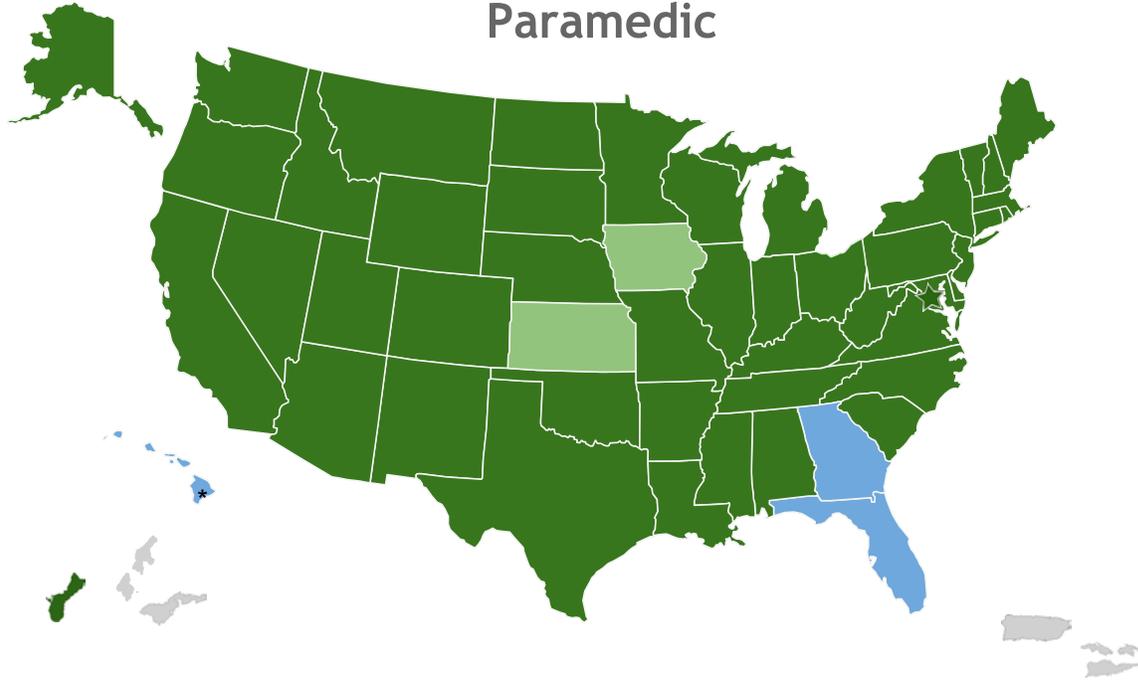
Chart 2-5: Minimum Age Requirements



Map 2-5: Minimum Age Requirements



Paramedic



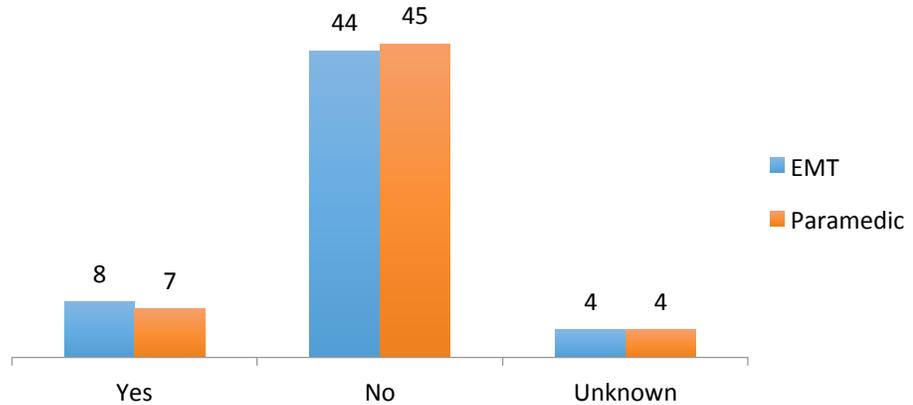
* = info not verified
(includes 'Not Found')



f. Driver's License

Chart 2-6 and Map 2-6 indicate that the vast majority of states don't require a driver's license to license in EMS. This does not mean that EMS licensees can operate ambulances without a driver's license.

Chart 2-6: Valid Driver's License



g. Licensing Fees

More often than not, there is an application fee for EMS licensure (Chart 2-7). These range from under \$100 in a quarter of the states to \$210 or \$300 for Paramedics in Oklahoma and California respectively (Map 2-7 and Chart 2-8).

Chart 2-7: Application Fees

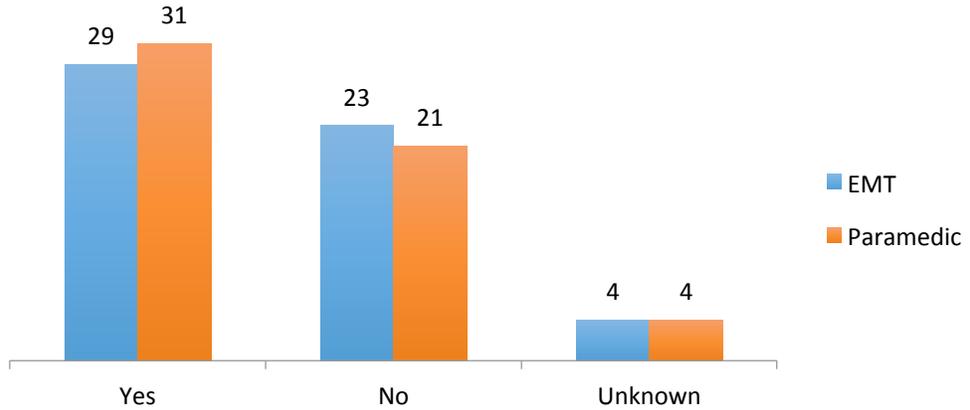
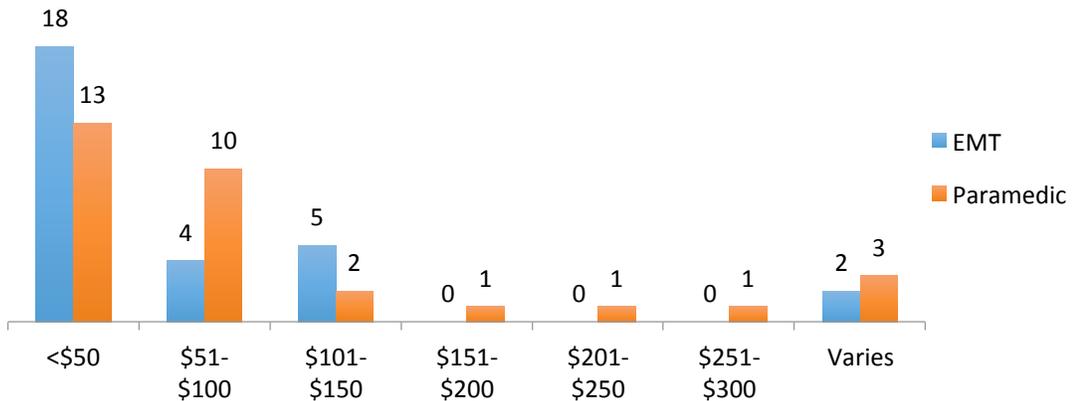
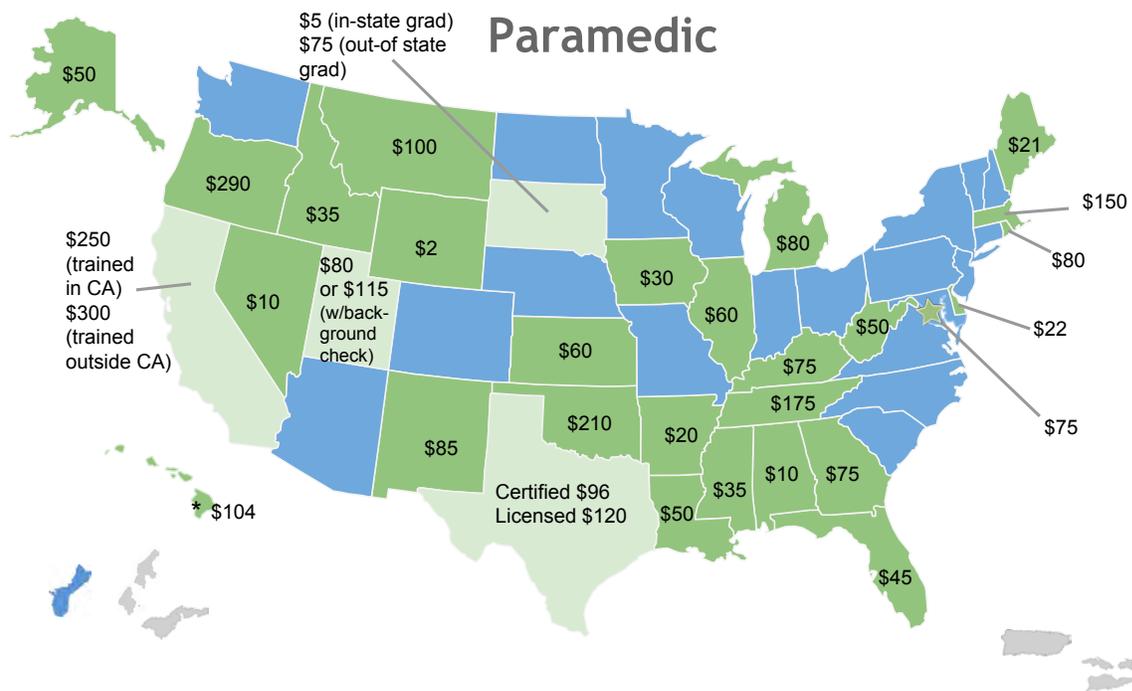
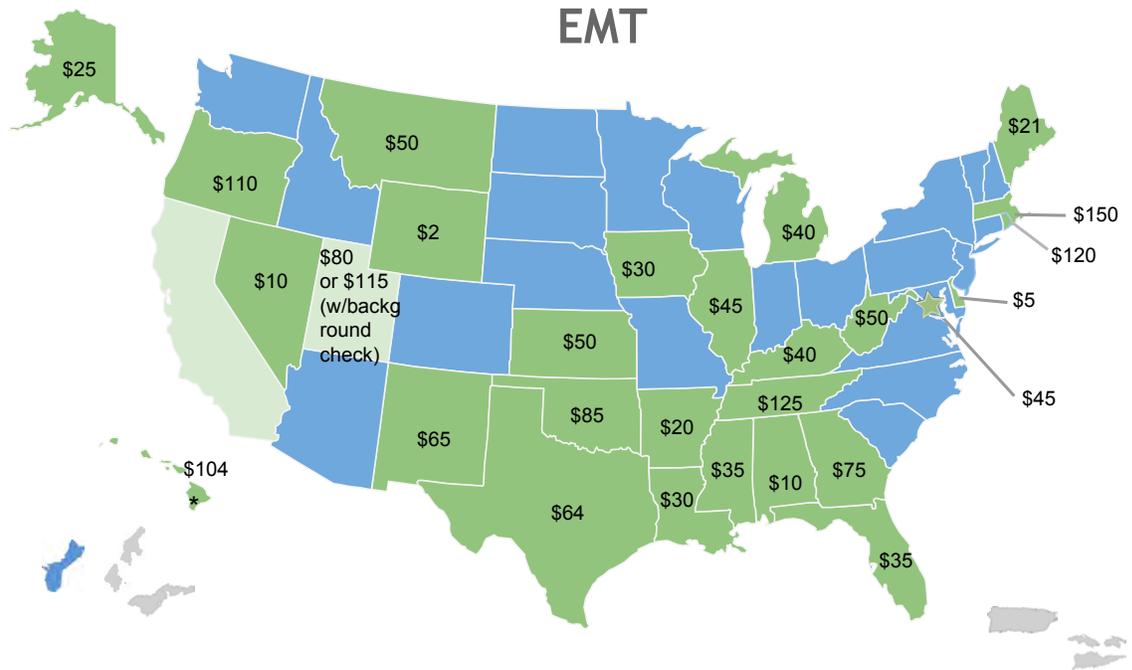


Chart 2-8: Application Fee Amounts



Map 2-7: Application Fees and Amounts



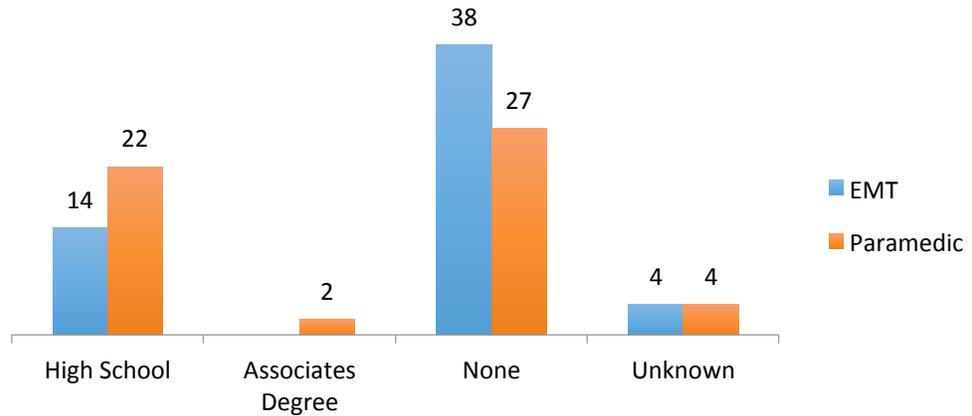
* = info not verified (includes 'Not Found')

Varies Yes None Not Found

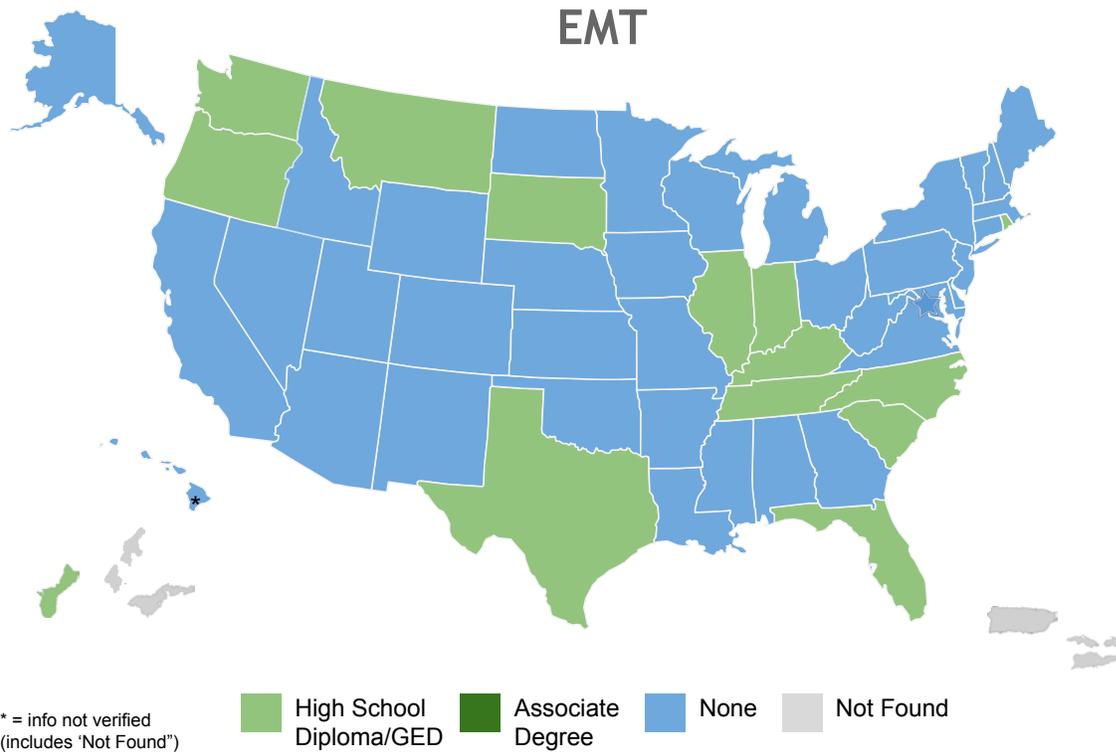
h. Education

Most states do not have a general (as opposed to EMS) educational requirement for EMT licensure but at least 22 states require high school or equivalency for paramedic licensure (Chart 2-9 and Map 2-8). Texas and Oregon require associate degrees for Paramedic licensure.

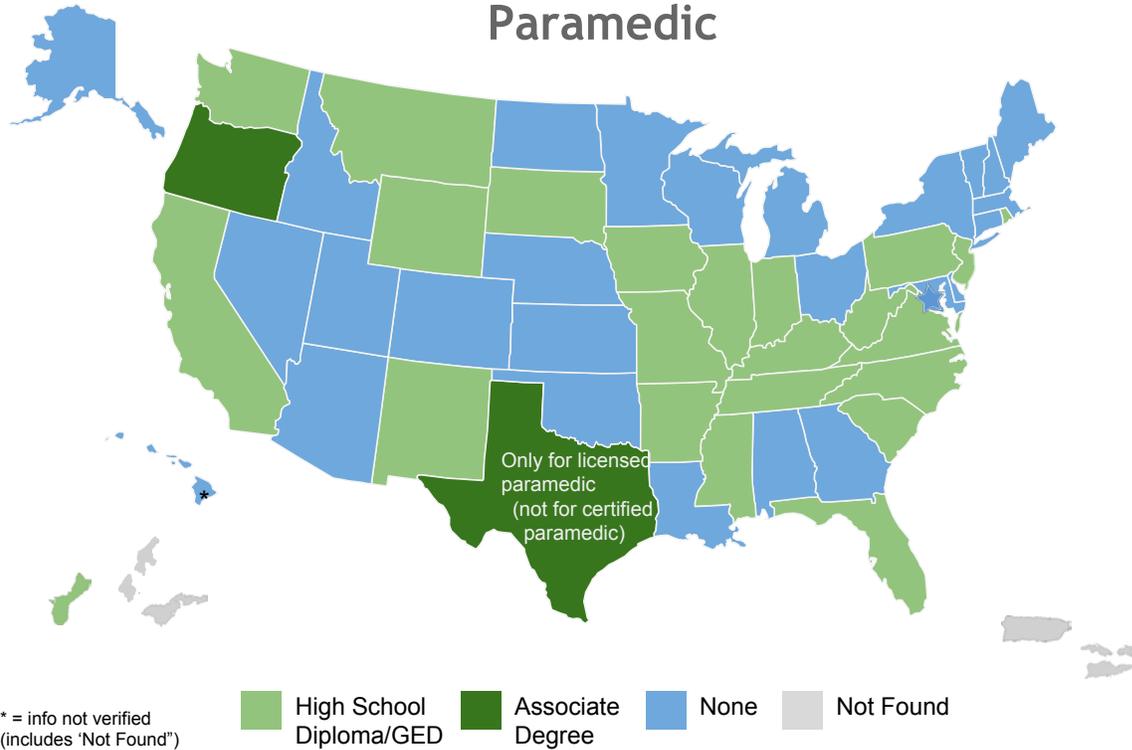
Chart 2-9: Education Requirements



Map 2-8: Education Requirements

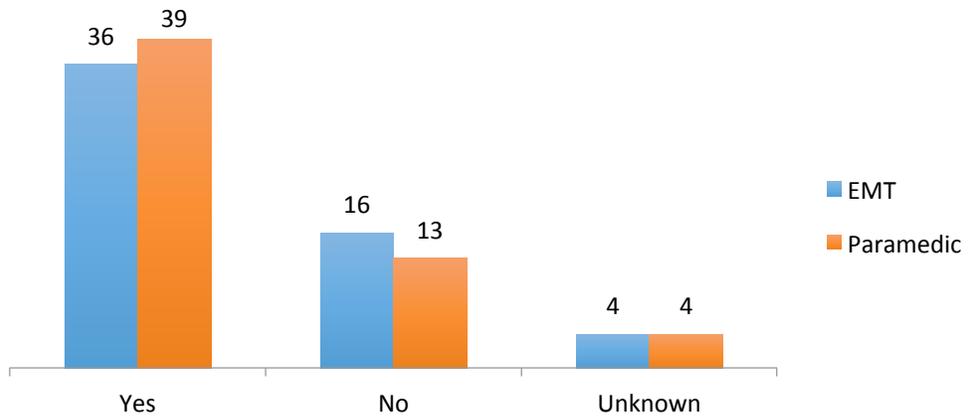


Paramedic

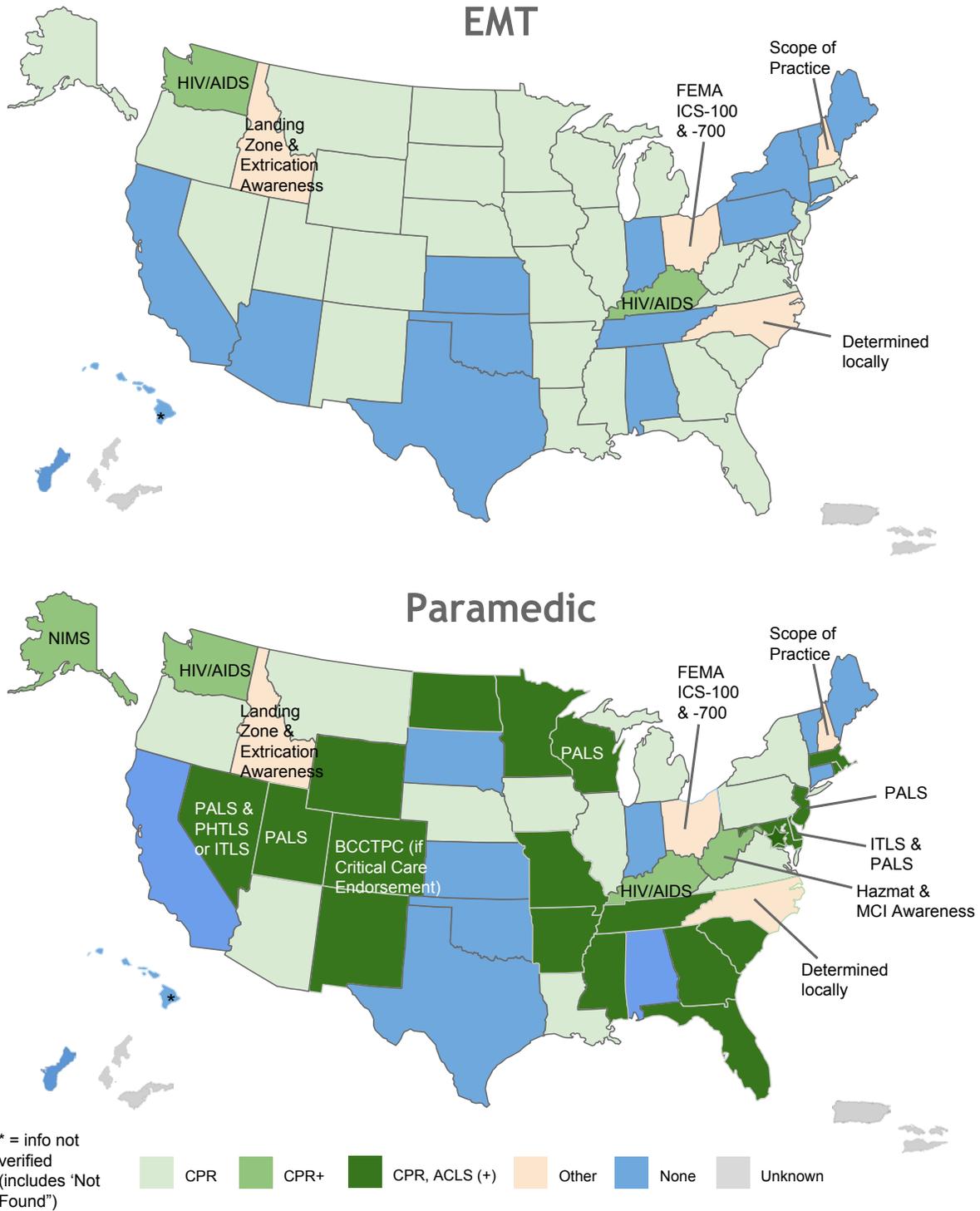


Just under 40 states have requirements for additional training or certification (e.g. Board of Critical Care Transport Paramedic Certification for critical care paramedics) beyond the core educational program for each license level (Chart 2-10 and Map 2-9). These are generally special skill courses such as CPR and advanced cardiac life support.

Chart 2-10: Other Course Completion



Map 2-9: Course/Program Requirements



i. Licensing Exams

Over the past three decades, states have been transitioning from state-generated EMS licensing exams to exams developed by the National Registry of EMTs (NREMT) for its certification. Licensure exams are subject to legal challenges, so the creation process must meet standards which make that process complex and potentially expensive.

Less than half the states have a state licensure exam requirement (Chart 2-11, Map 2-10) while six or less do not accept the NREMT exam for initial licensure (Chart 2-12 and Map 2-11). Some states, such as Connecticut (for the New England states: Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) have exam/licensure reciprocity with other states.

Chart 2-11: State Licensure Exam

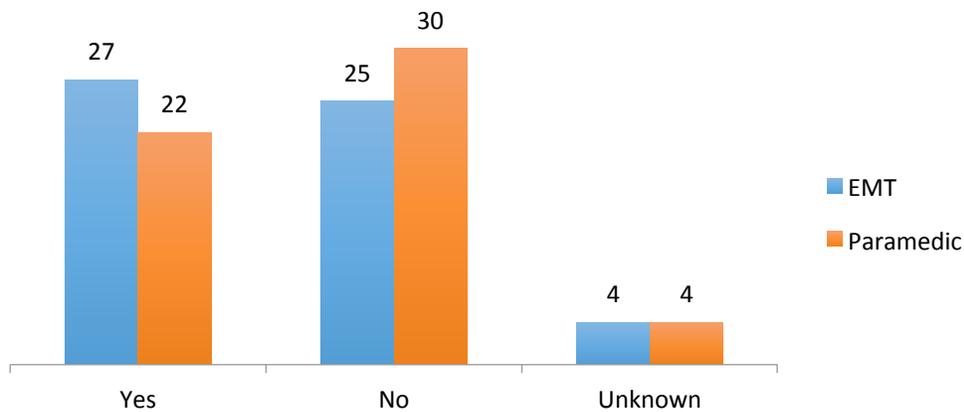


Chart 2-12: NREMT Requirements

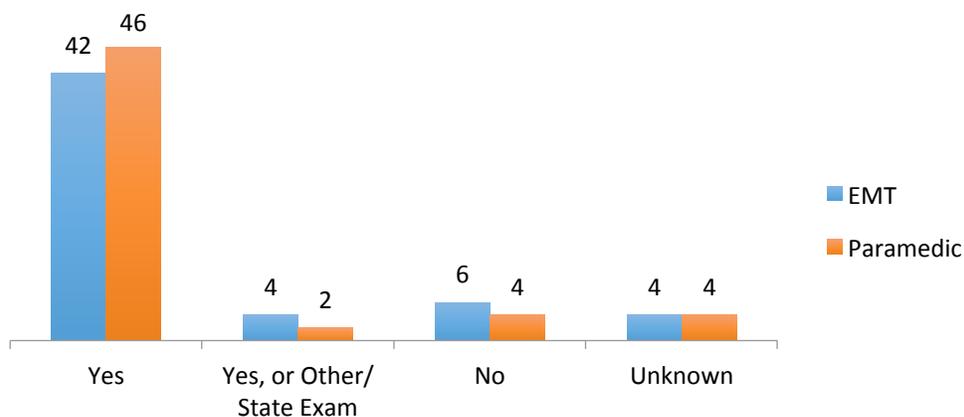
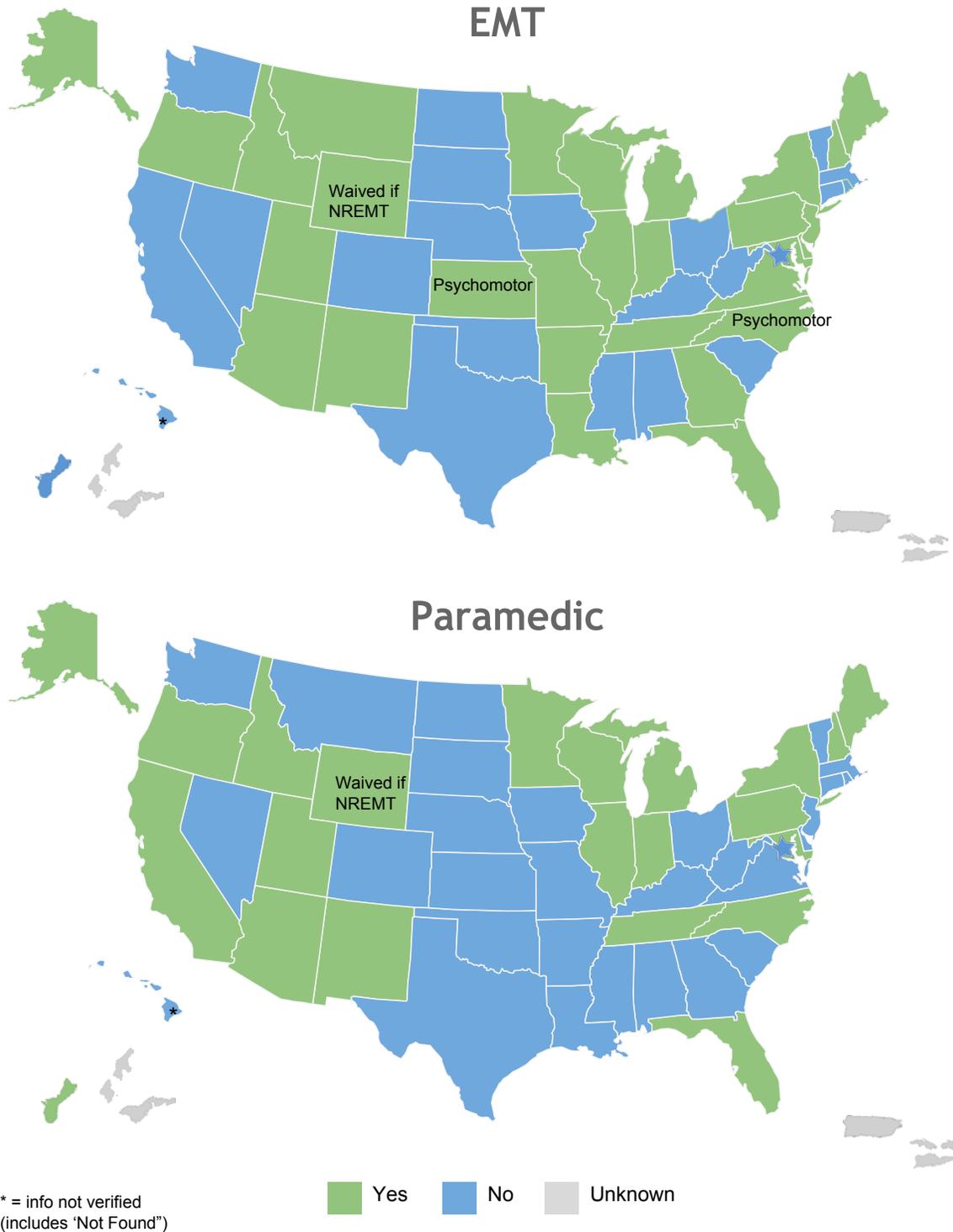
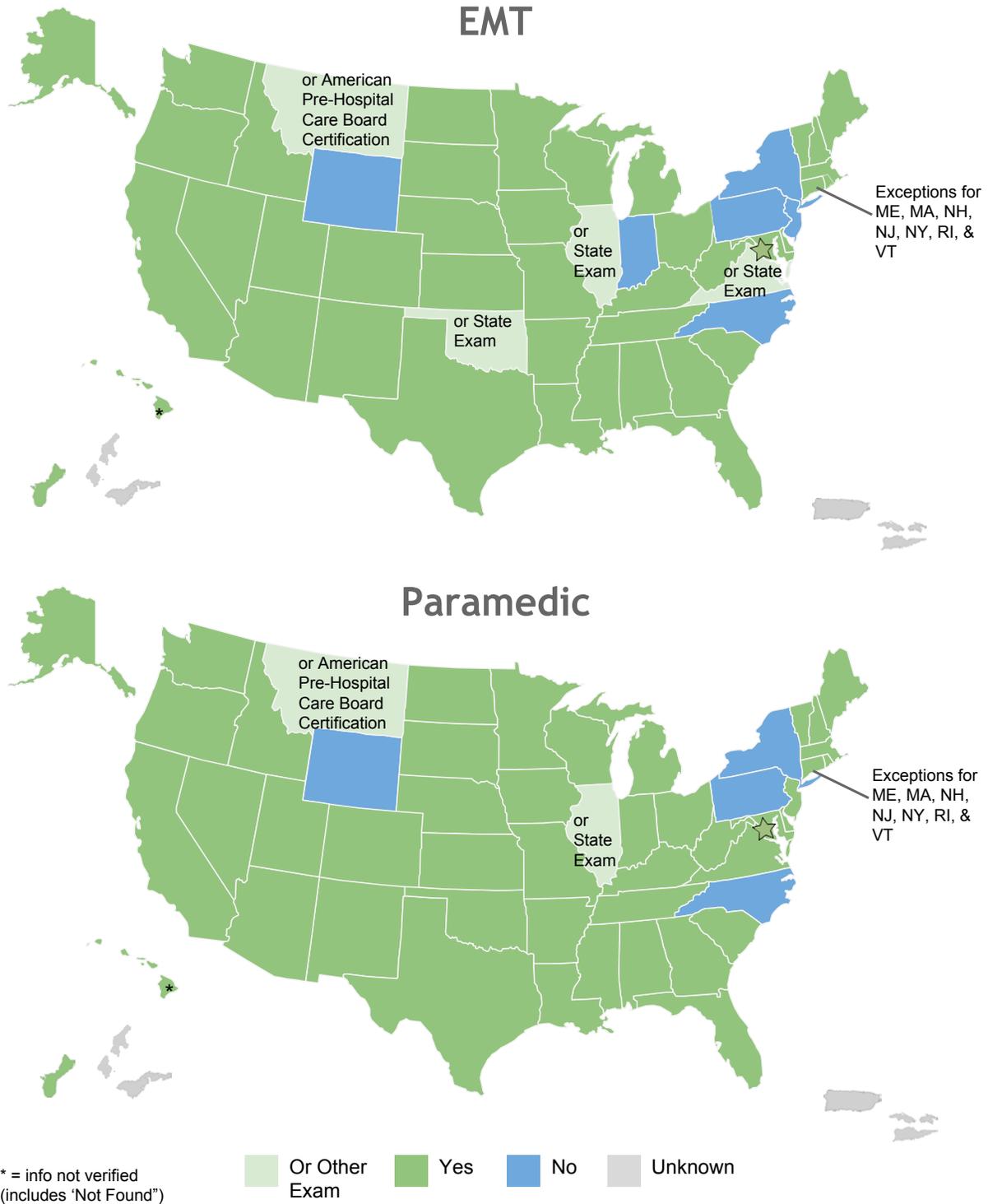


Chart 2-12:

Map 2-10: State Licensure Exam



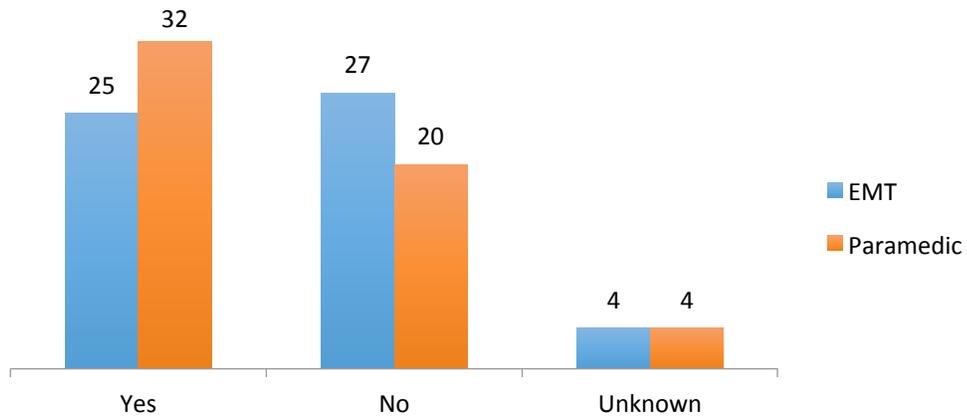
Map 2-11: NREMT Requirements



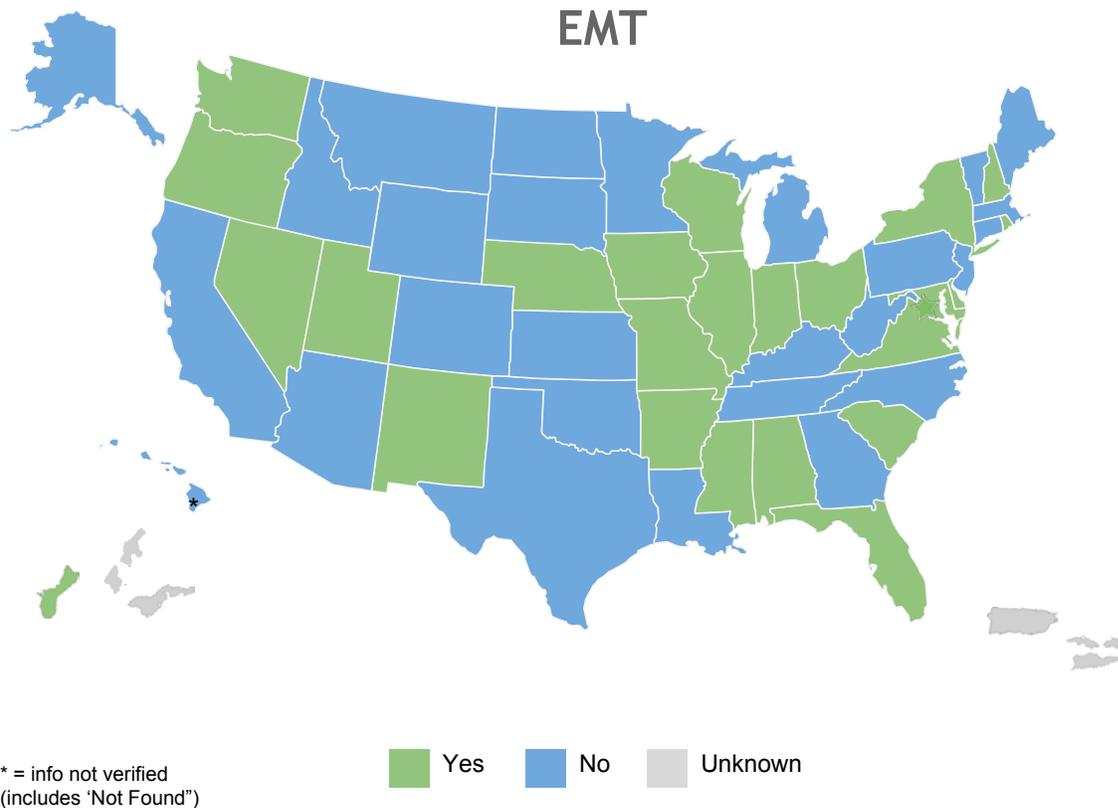
j. Medical Director Approval

Some states require that an EMS medical director (usually for an EMS agency, municipality, or region) approve the licensee applicant before they are allowed to practice as a licensee (Chart 2-13 and Map 2-12). This is the case for EMTs in 25 states and Paramedics in 32 states (more common than EMTs because of the more advanced nature of the skills practiced).

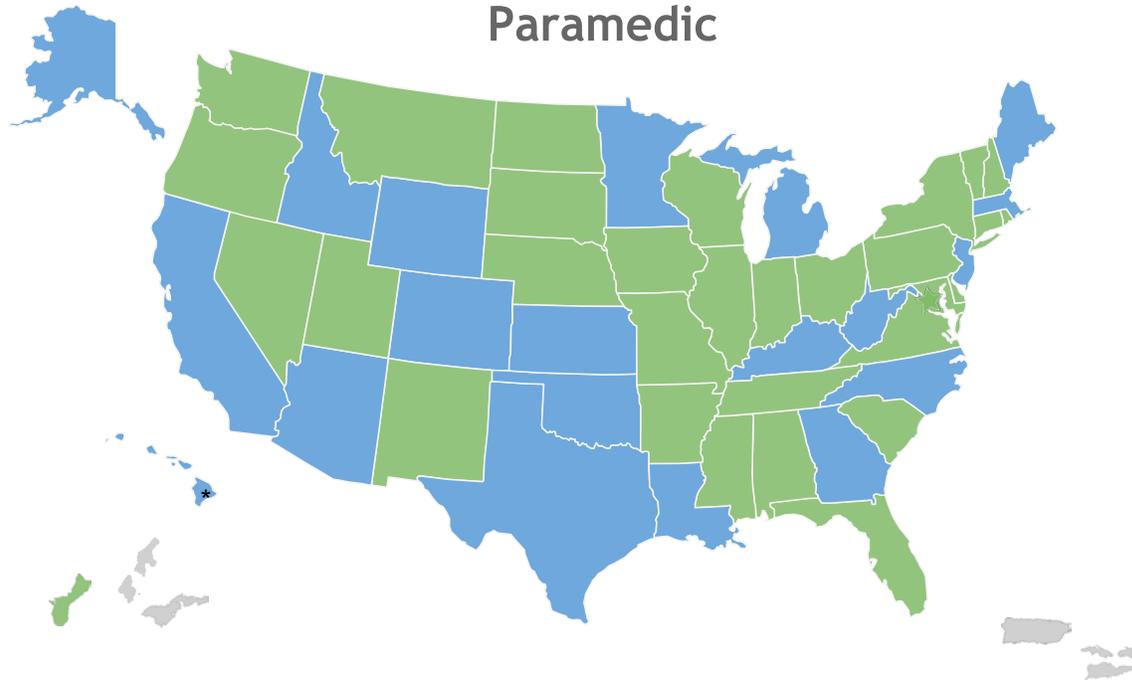
Chart 2-13: Approval by Medical Director



Map 2-12: Approval by Medical Director



Paramedic



* = info not verified
(includes 'Not Found')

Yes No Unknown

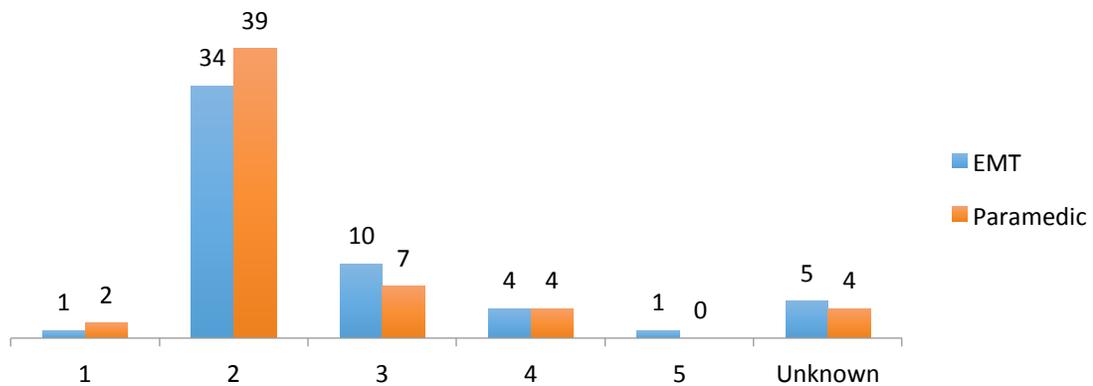
3. Requirements for License Renewal

In addition to the requirements listed below (Sections 3a through 3g), states may require criminal or other background checks. These are discussed in Section 4 “Background Checks and Licensure Denial”.

a. Length of Licensure Before Renewal

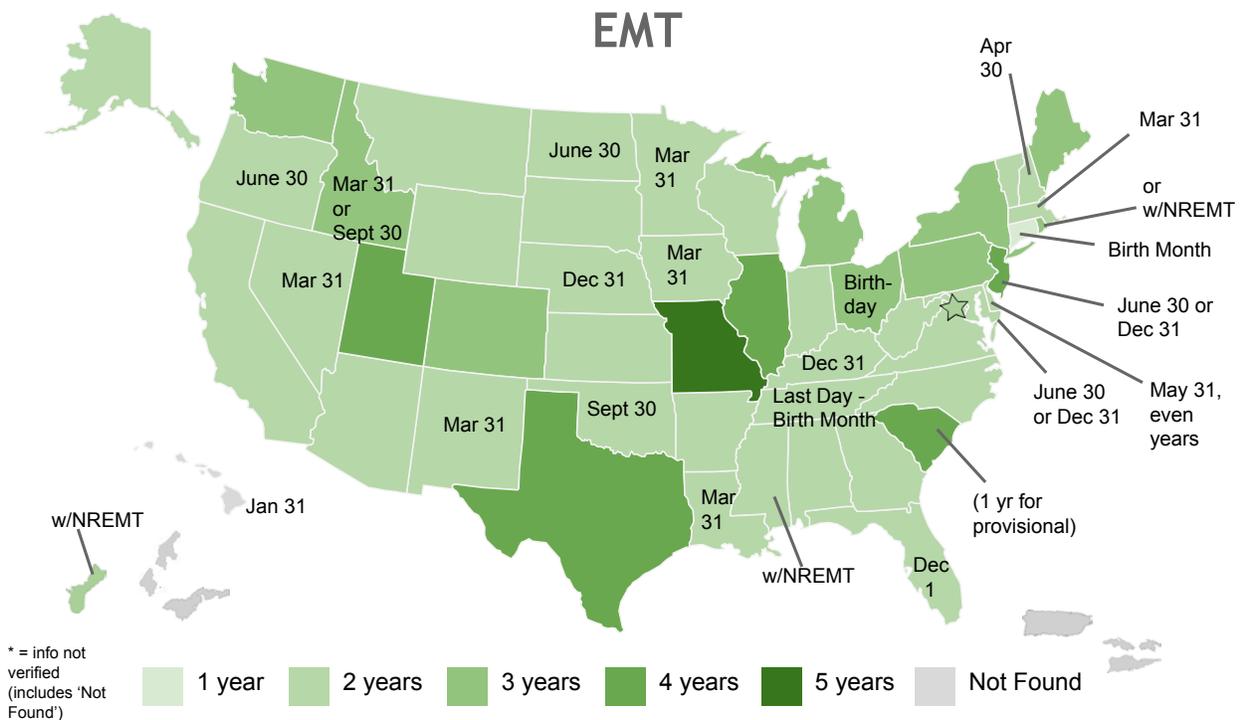
States most commonly issue two-year licenses (Chart 3-1 and Map 3-1), but the range is one year to, five years. Licenses may expire on the anniversary of the date last licensed, the licensee’s birthday, or a date specific to that state (see Map 3-1). While occasionally discussed, the topic of permanent licensure, such as that for doctors and nurses, is not practiced.

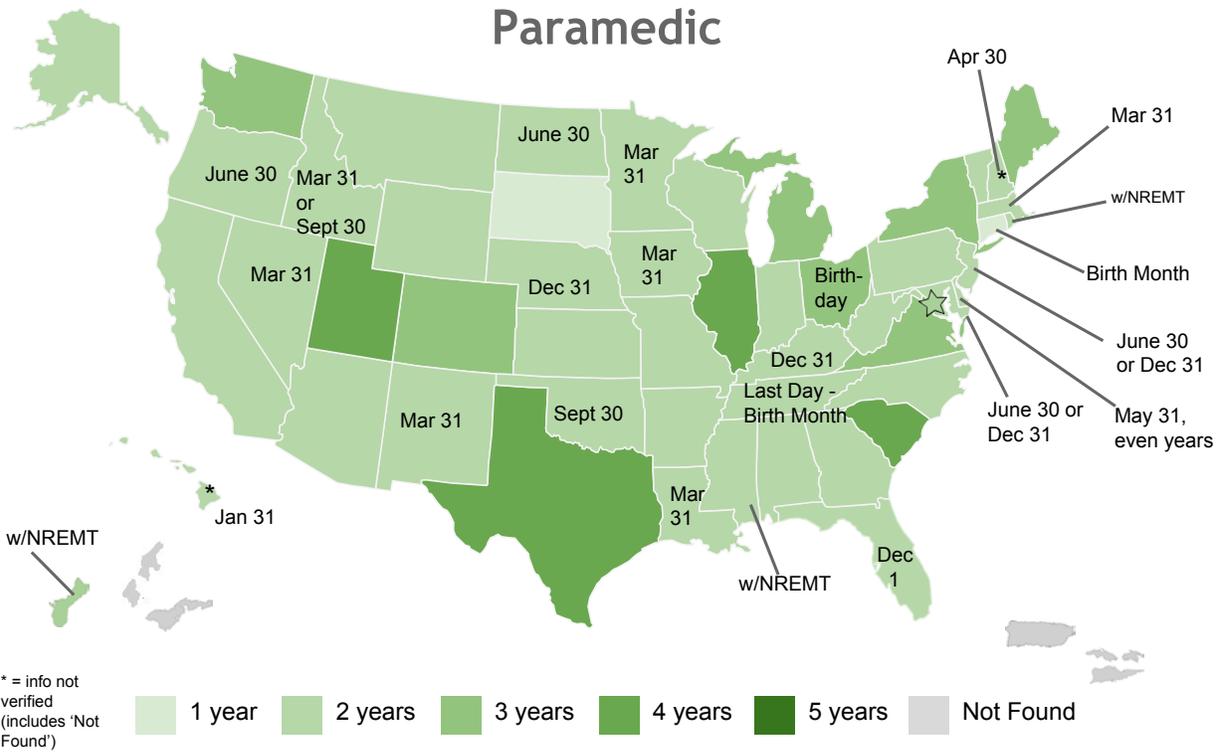
Chart 3-1: Renewal Length (in years)



Map 3-1: Renewal Length & Expiration Dates

Licenses expire on the date of issuance unless otherwise indicated.

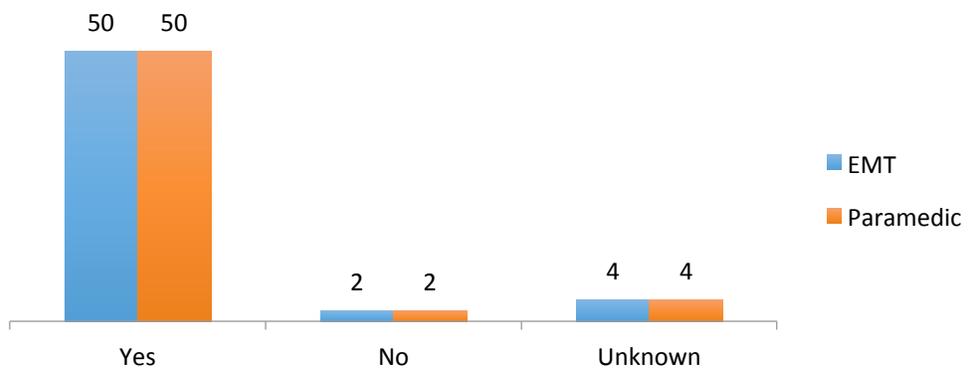




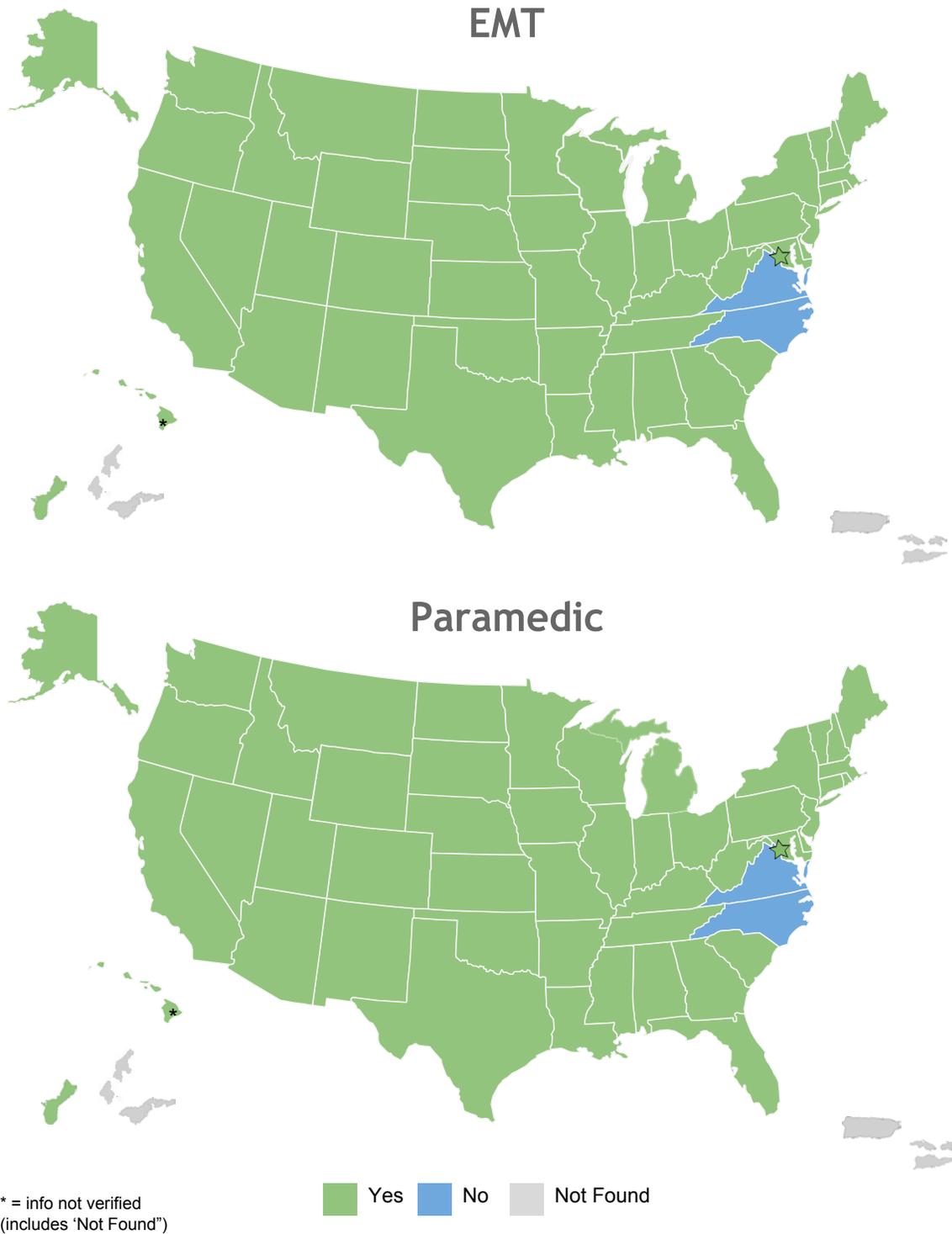
b. Application

Renewals do not occur without an application filed except in North and South Carolina (Chart 3-2 and Map 3-2).

Chart 3-2: Renewal Application



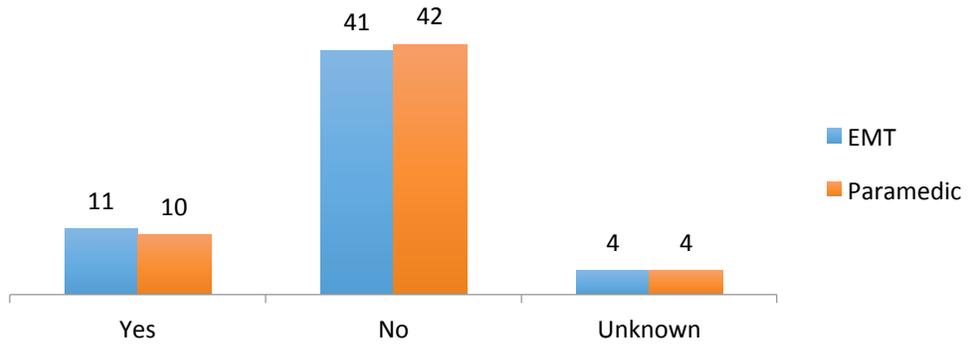
Map 3-2: Renewal Application



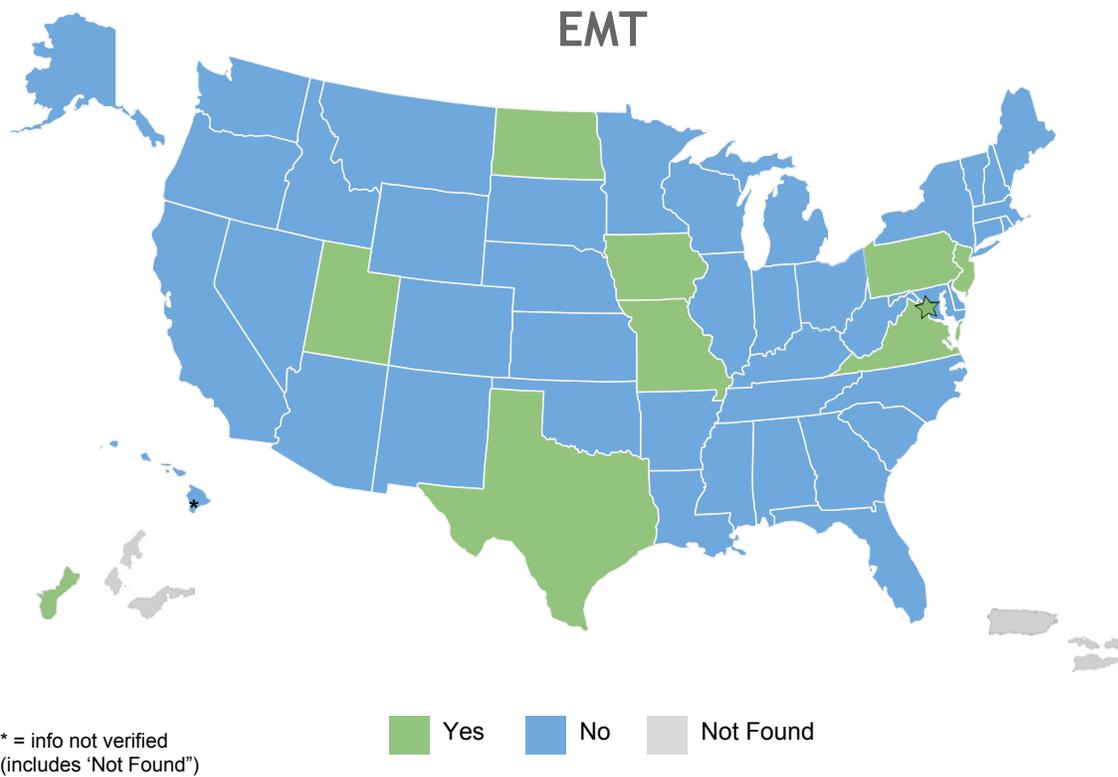
c. Physical Requirements

Slightly fewer states require certain physical requirements for renewal licensure than for initial licensure (compare Charts 2-4 {page 12} and 3-3 and Maps 2-4 {page 13} and 3-3).

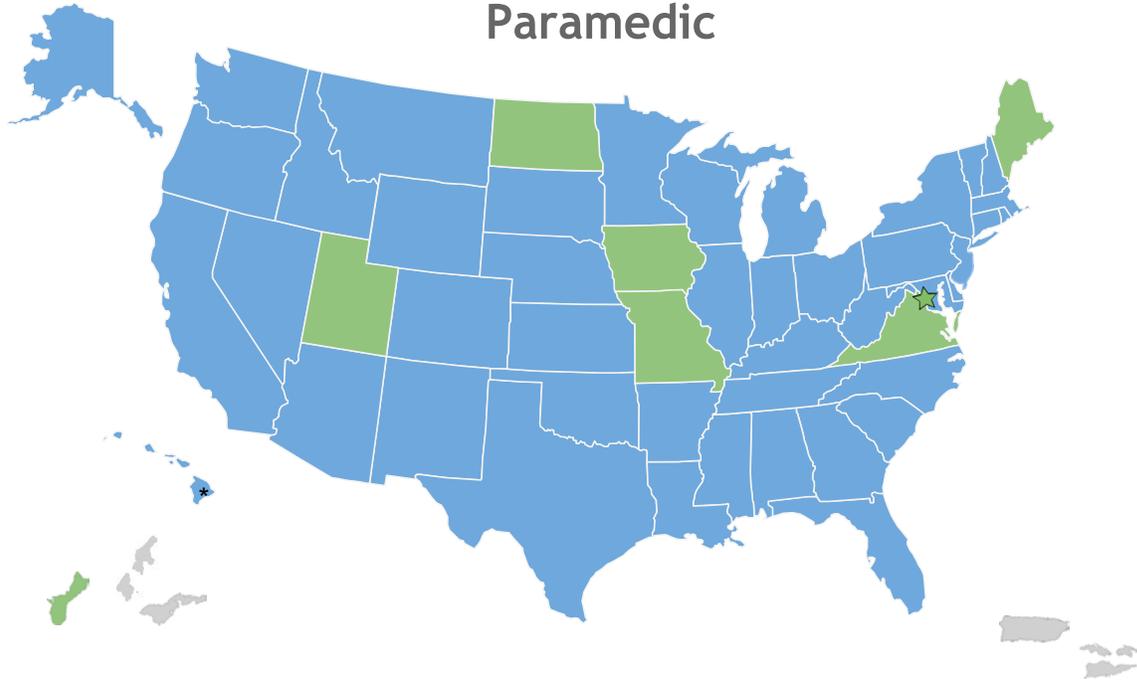
Chart 3-3: Physical Requirements



Map 3-3: Physical Requirements



Paramedic



* = info not verified
(includes 'Not Found')

Yes No Not Found

d. Licensing Fees

Slightly fewer states require fees for EMT licensing renewal than initial licensure, and one less state requires it for Paramedics (compare Charts 2-7/2-8 and Map 2-7 {pages 17 and 18} with Charts 3-4/3-5 and Map 3-4).

Chart 3-4: Renewal Fee

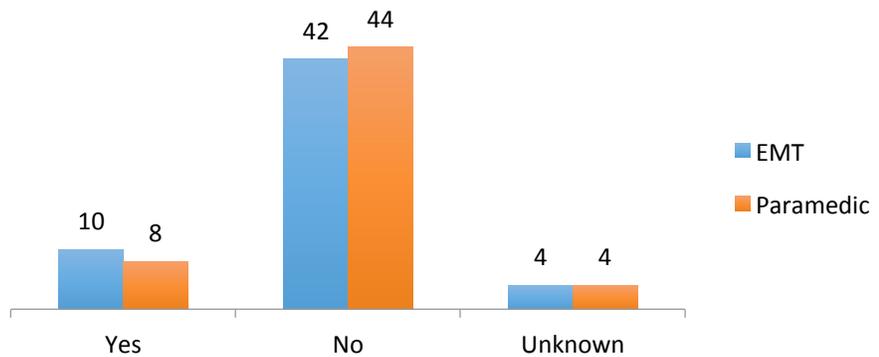
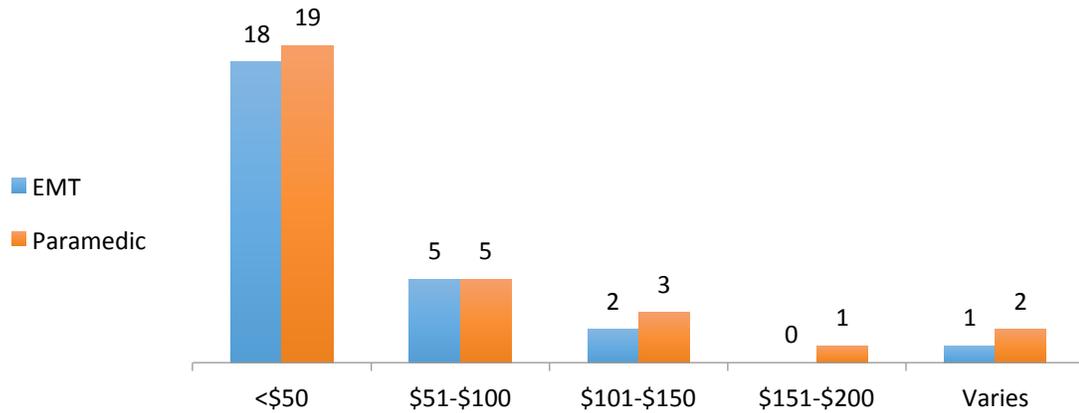
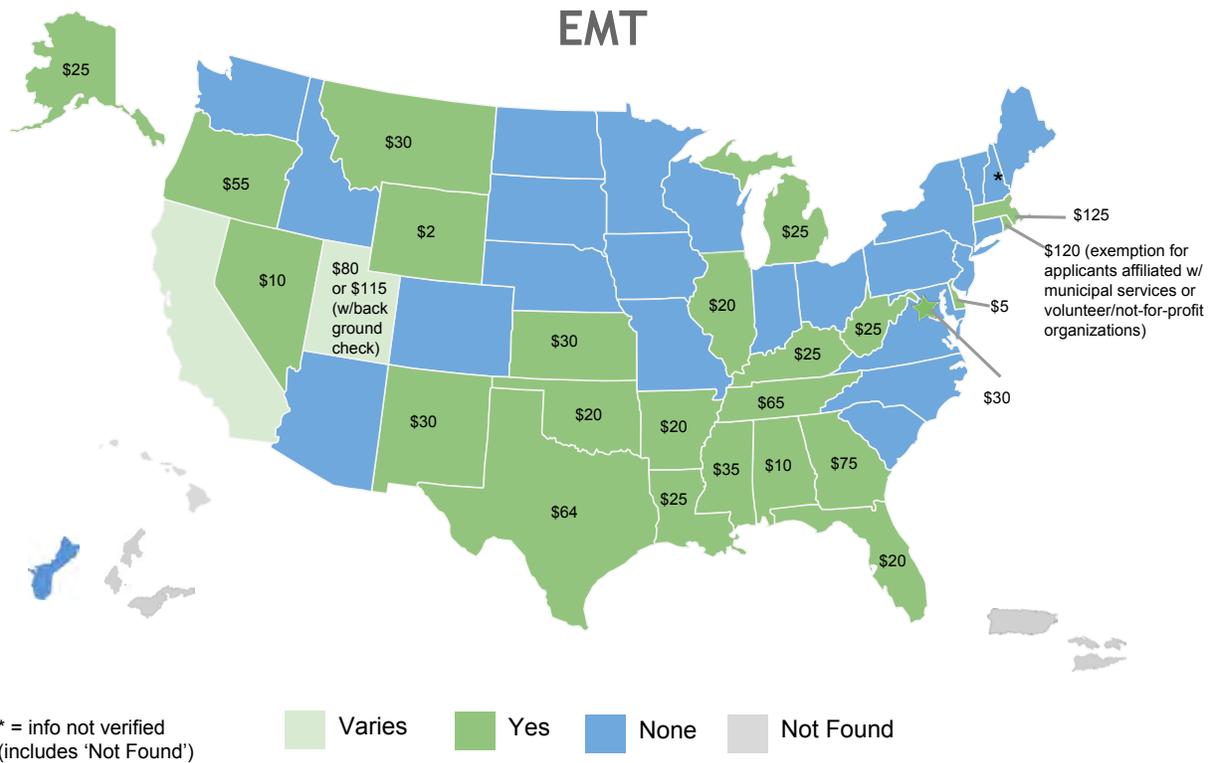
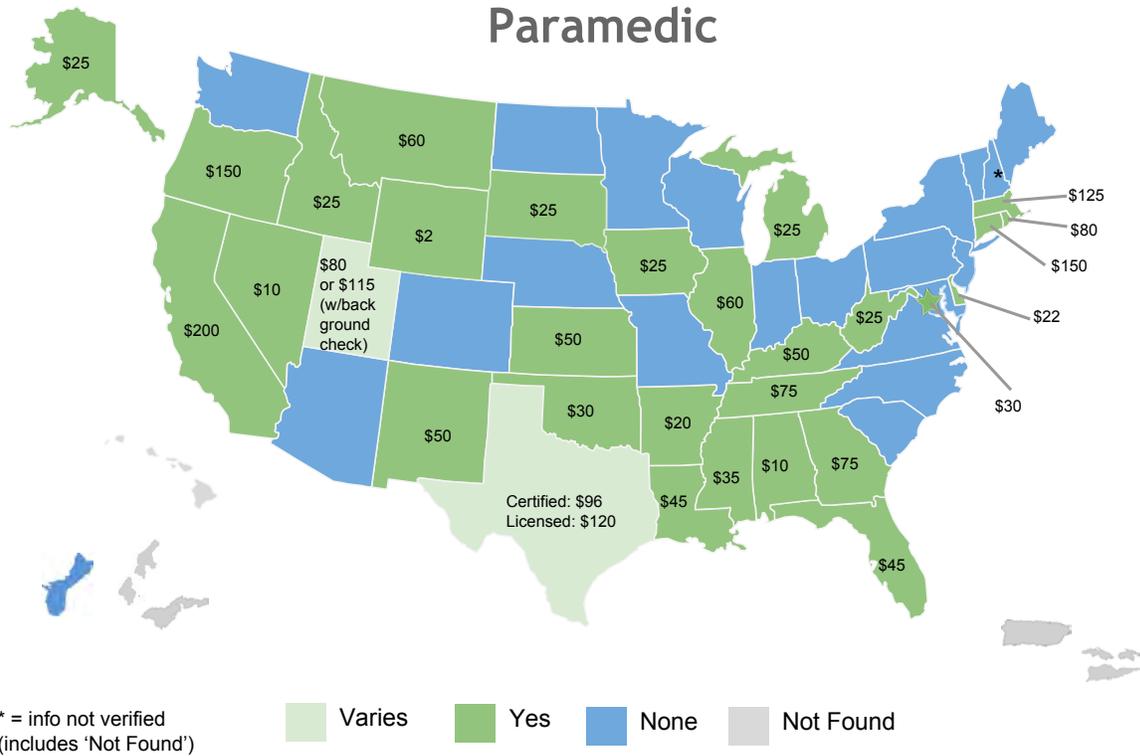


Chart 3-5: Renewal Amounts



Map 3-4: Renewal Amounts



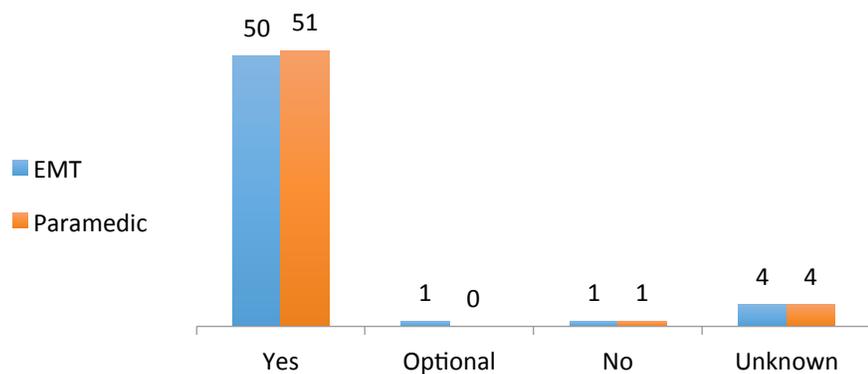


e. Education and Training

All states have their own continuing education requirements, or use NREMT's (Chart 3-6 and Map 3-5).

Approximately 30 states require CPR, advanced cardiac life support and/or other specialty skill training for renewal, while approximately 20 states do not (Chart 3-7 and Map 3-6).

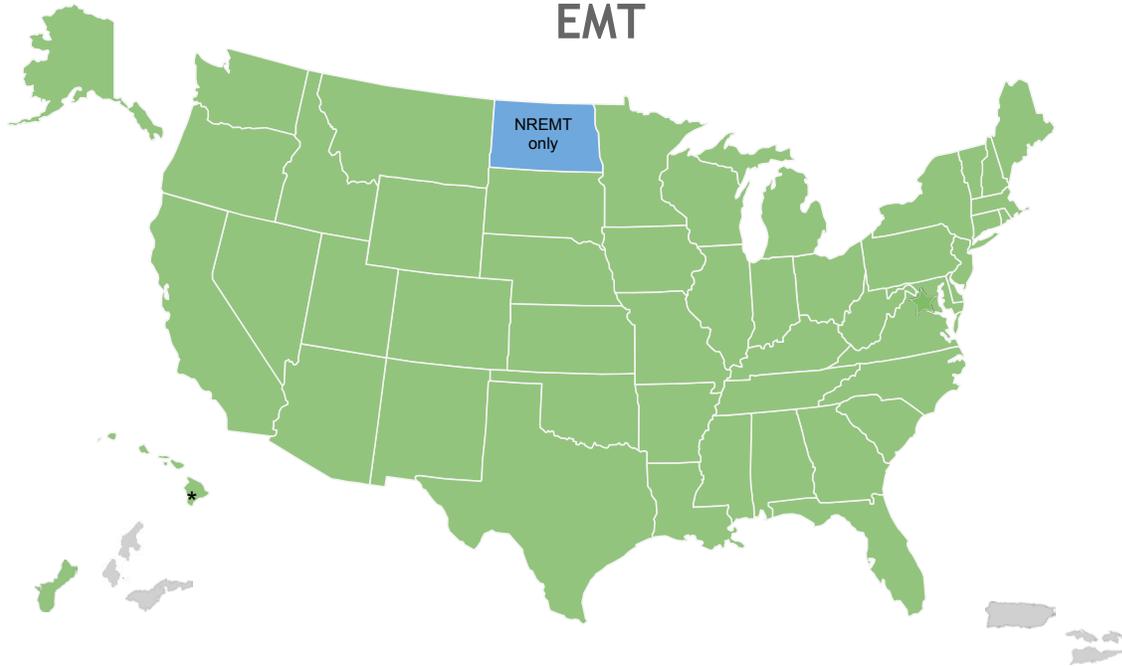
Chart 3-6: Continuing Education



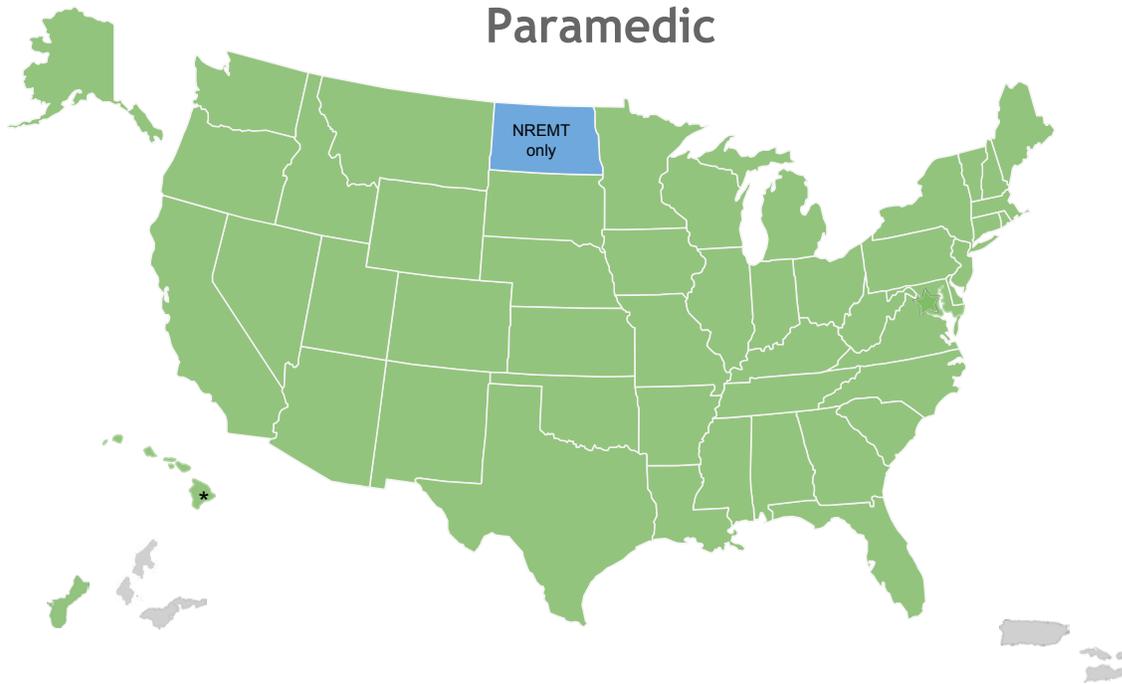
Map 3-5: Continuing Education

Continuing Education

EMT



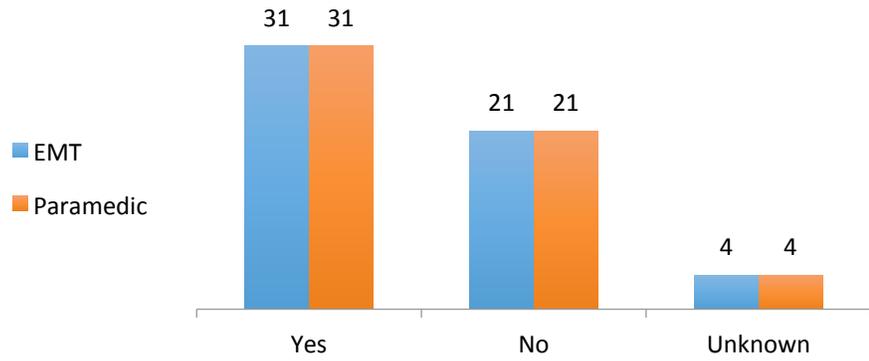
Paramedic



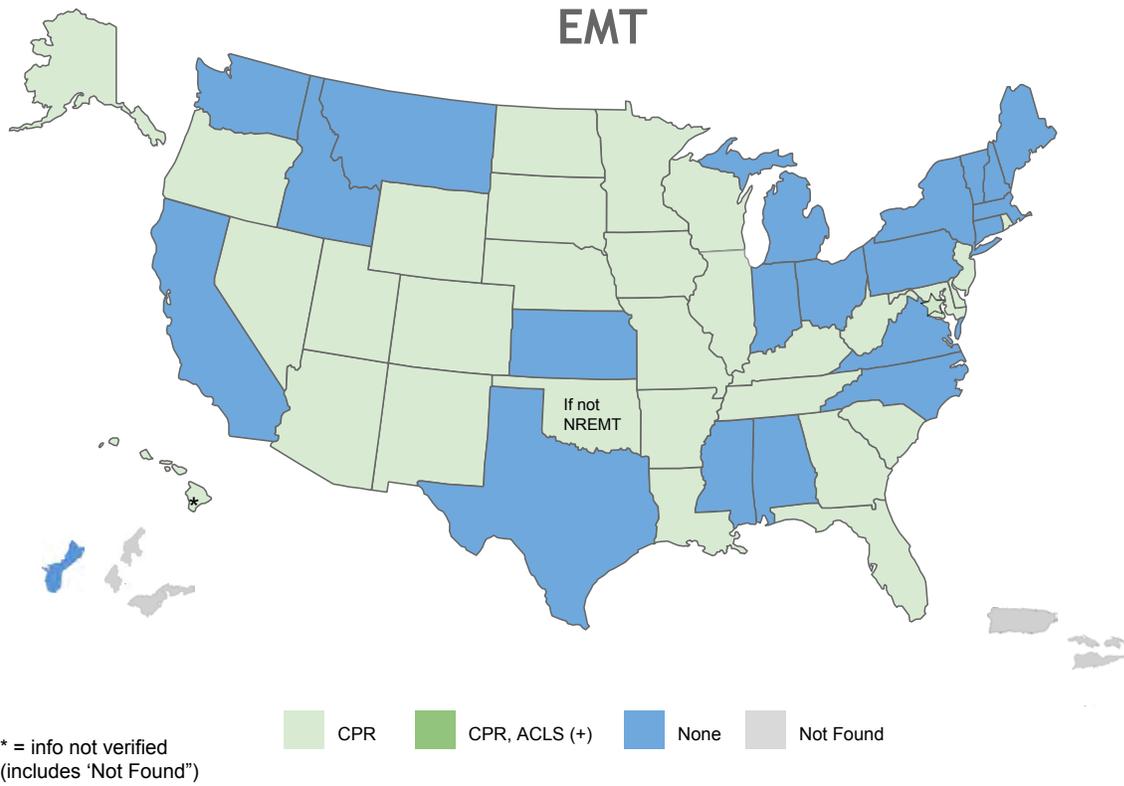
* = info not verified
(includes 'Not Found')

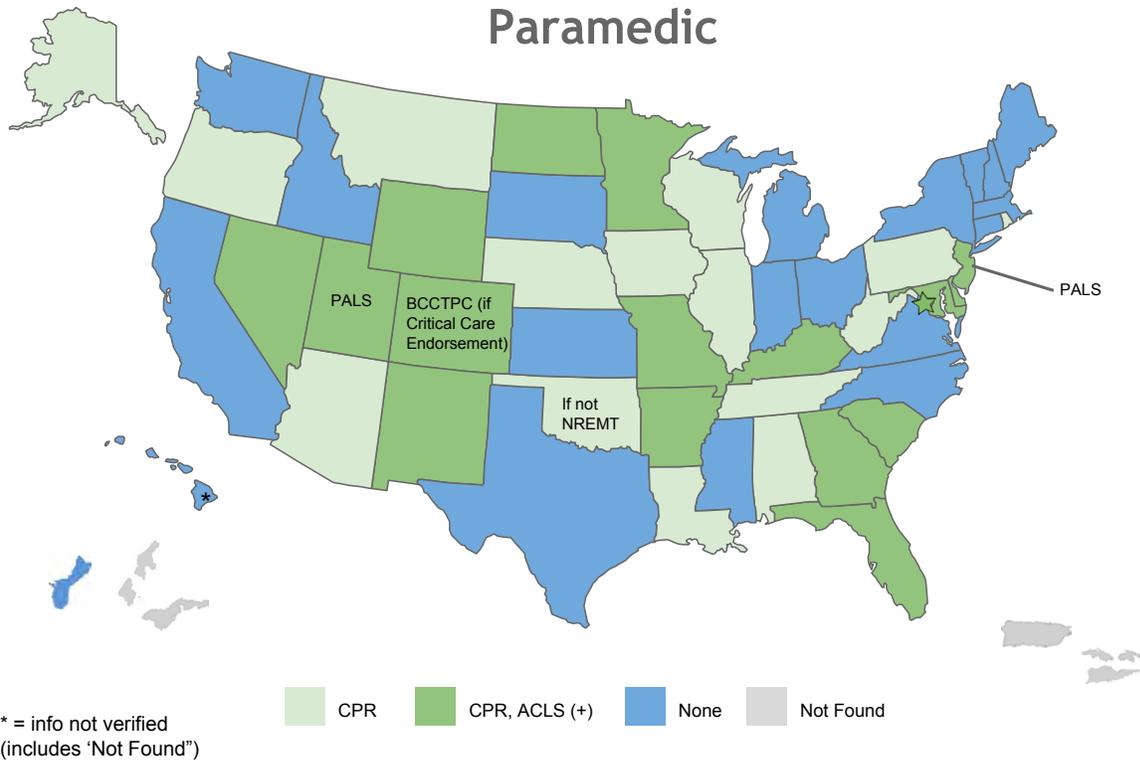
Yes No Not Found

Chart 3-7: Other Required Courses



Map 3-6: Other Required Courses

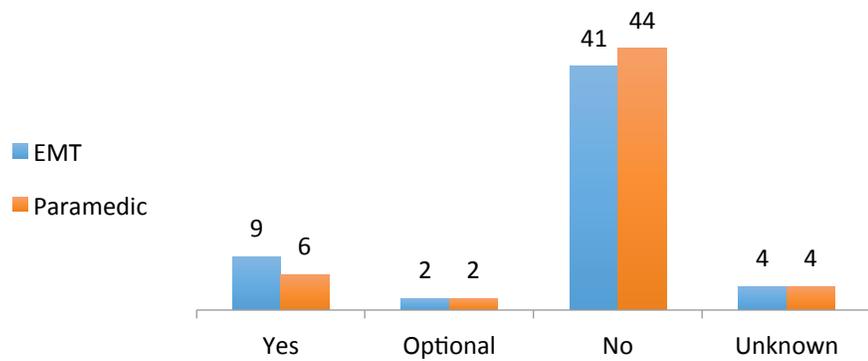




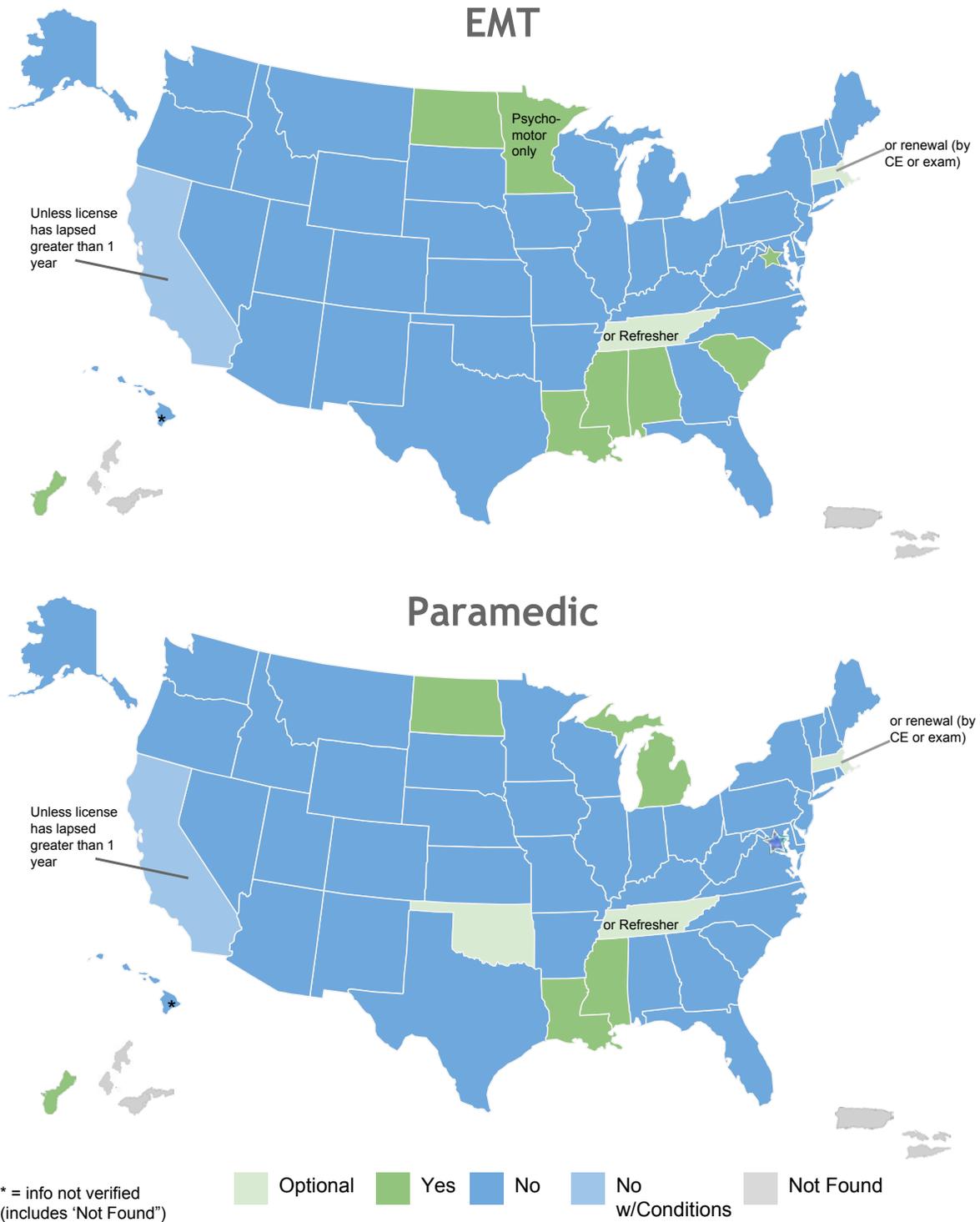
f. Licensing Exams

Licensing renewal exams are uncommon with less than ten states requiring them through NREMT certification (Chart 3-8, Map 3-7).

Chart 3-8: NREMT



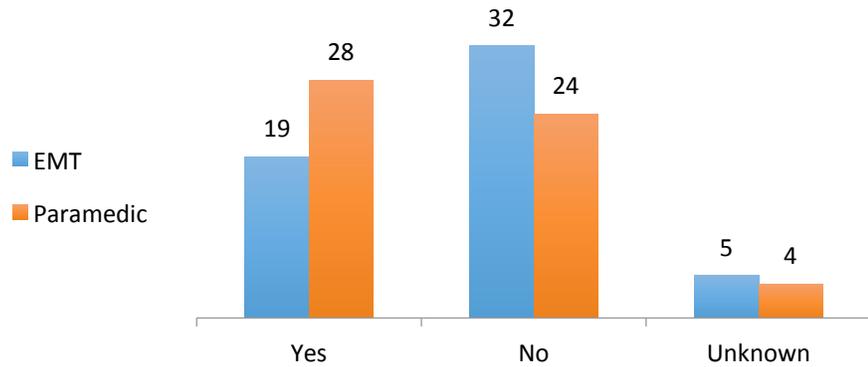
Map 3-7: NREMT



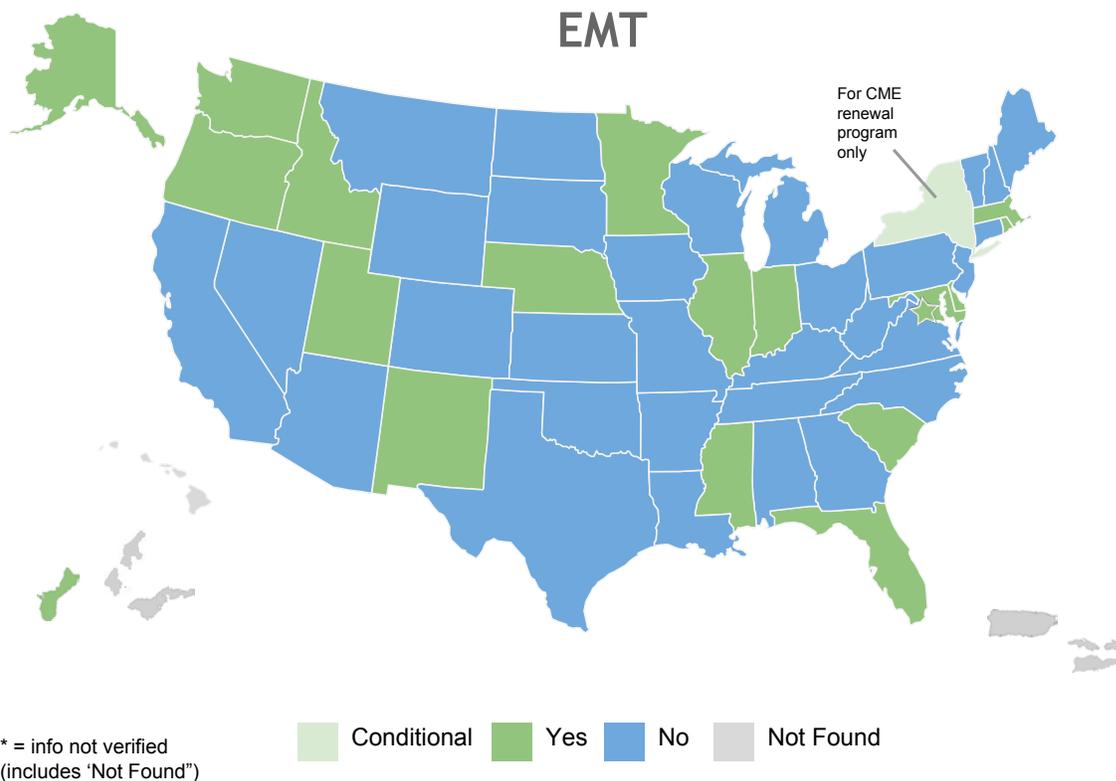
g. Medical Director Approval

Comparing Chart 3-9 with Chart 2-13 (initial licensure; page 25) there are fewer states requiring medical director approval for renewal than initial licensure (19 versus 25 for EMT and 28 versus 32 for Paramedic). Maps 2-13 and 3-8 show where this occurs.

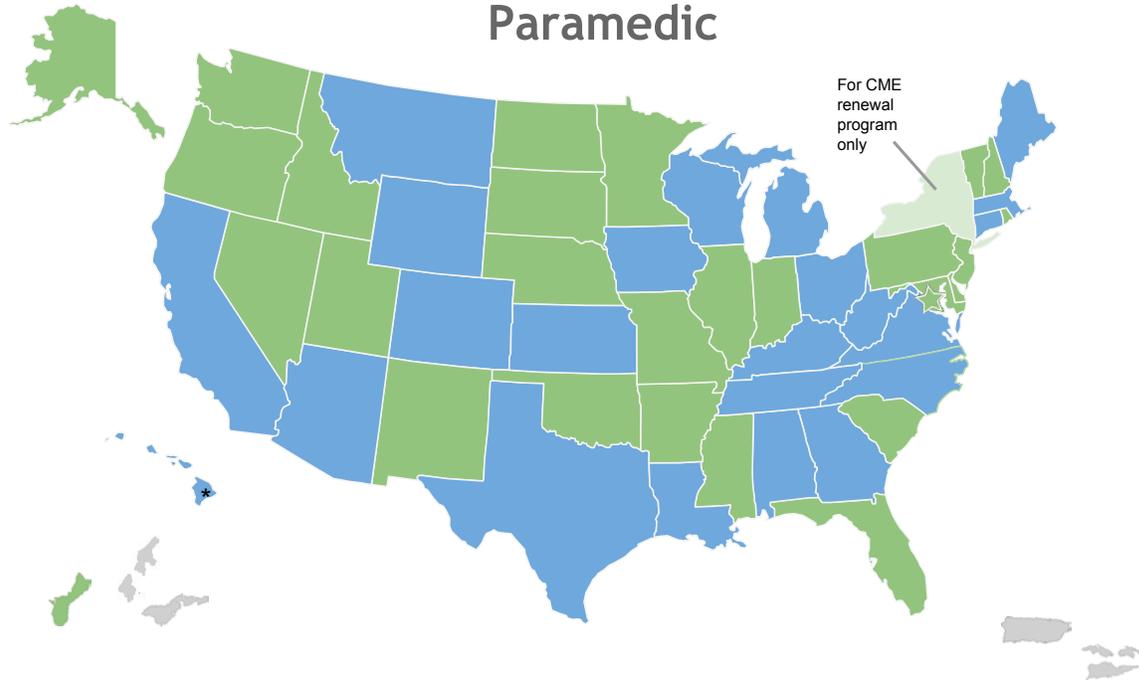
Chart 3-9: Approval by Medical Director



Map 3-8: Approval by Medical Director



Paramedic



* = info not verified
(includes 'Not Found')

Conditional Yes No Not Found

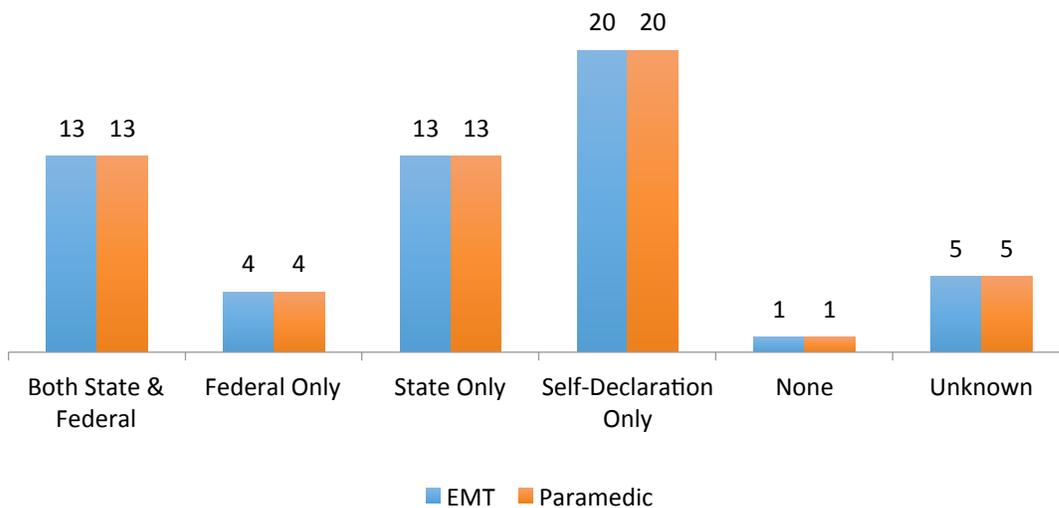
4. Background Checks and License Denial

a. Initial Licensure

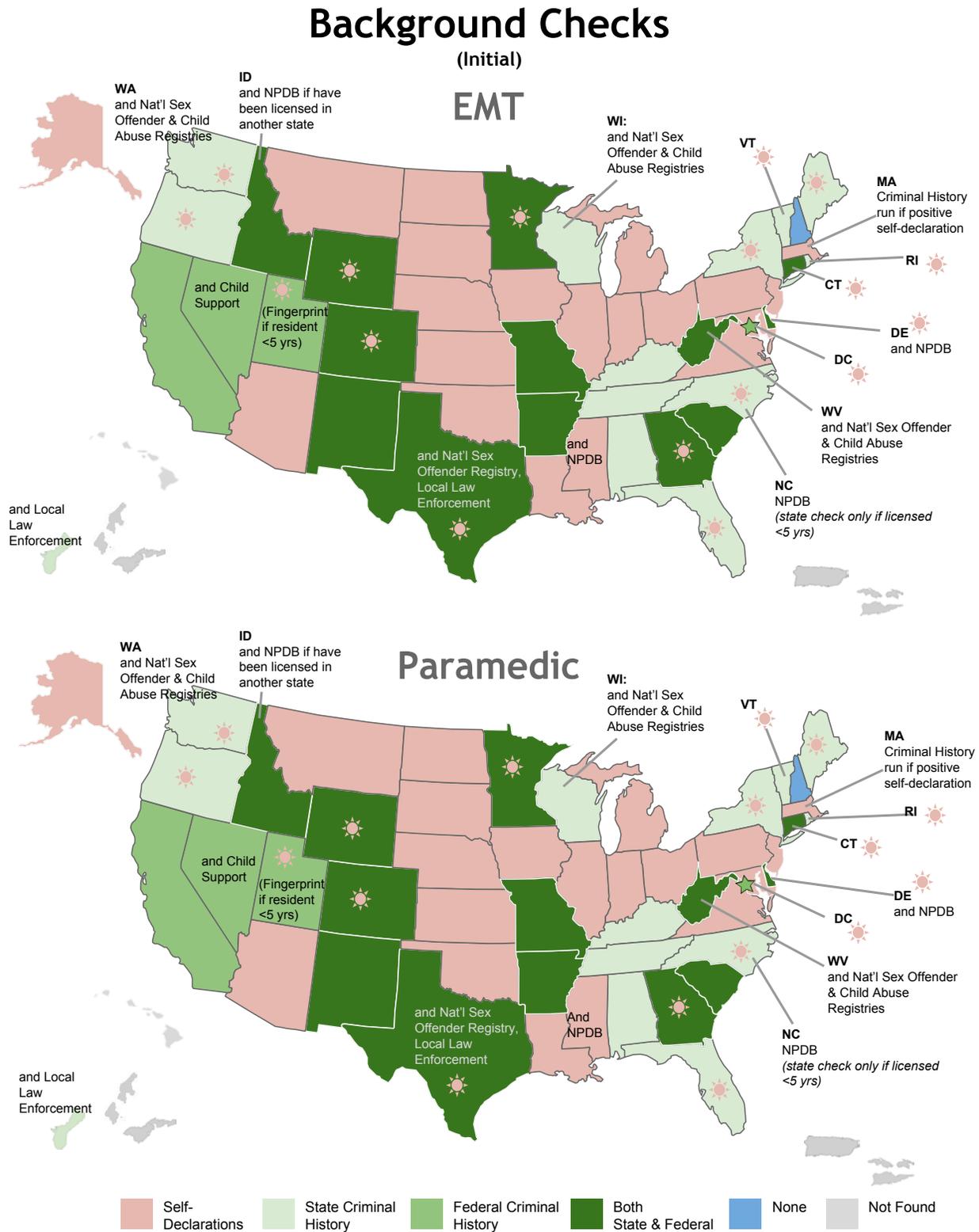
States can require criminal, sex offender, child abuse and other background checks (e.g. National Practitioner Data Bank [NPDB]), generally paid for by the applicant where there is a charge by the agency providing the information. Chart 4-1 and Map 4-1 describe current practices for initial licensure. Some states that require a state or federal background check may also ask for a self-declaration (e.g. Maine, Oregon, Vermont).

For initial licensure, twenty states require only that the applicant declare criminal convictions and other specific history, generally with penalties for providing false information. Thirteen states utilize state criminal history data sources, four states use federal sources, and twelve states use both.

Chart 4-1: Background Checks (Initial Licensure)



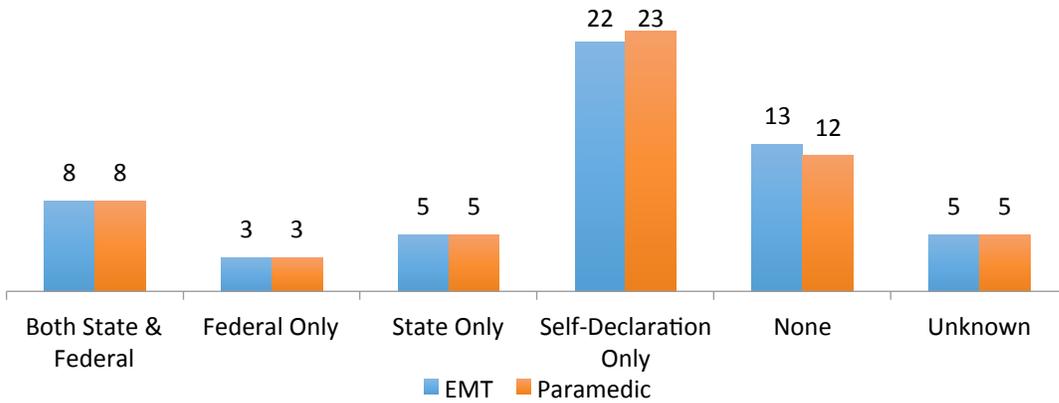
Map 4-1: Background Checks (Initial Licensure)



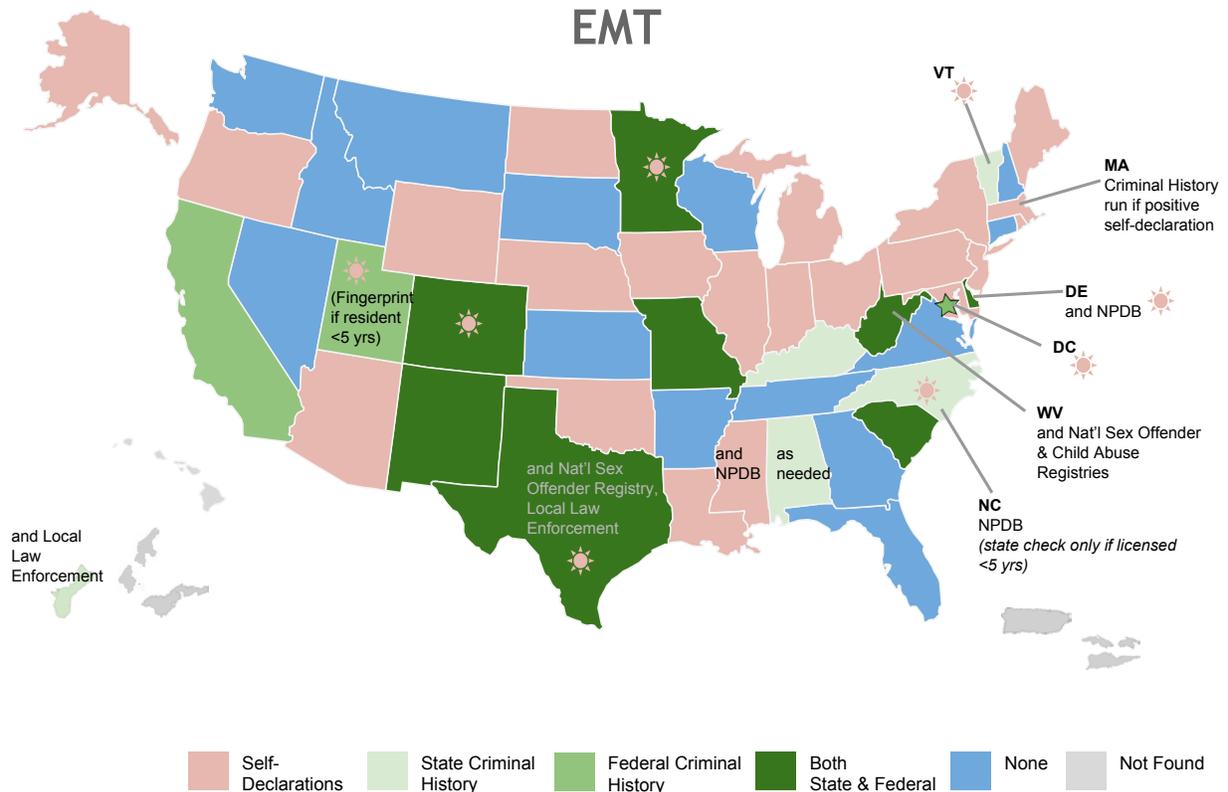
b. Renewal Licensure

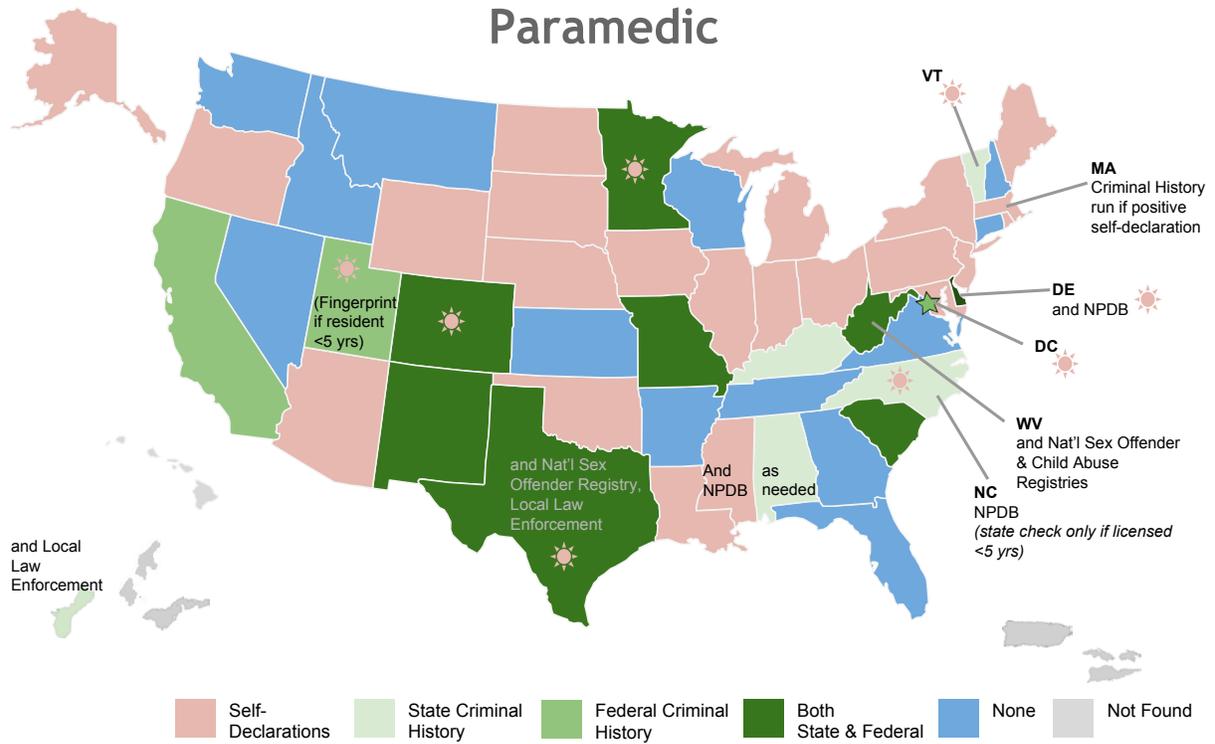
The number of states using state or federal sources for background checks drops from 30 for initial licensure to 16 for renewals, while those requiring nothing in this area increase from zero states to a dozen states (compare Charts 4-1 and 4-2 and Maps 4-1 and 4-2). Those states relying on self-declarations only do not change significantly. This may be attributed to some states trusting that current licensees convicted of a crime or otherwise violating a significant trust of their licensed practice will come to the state EMS office’s attention before renewal.

Chart 4-2: Background Checks (Renewal)



Map 4-2: Background Checks (Renewal)





c. Background Check and Denial of License Procedures

Table 4-3 provides specific information on procedures involving background checks and processes for denial of EMS licensure in those states that reported this information.

Table 4-3: Background Check and Licensure Denial Procedures

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
AK	<p>EMT: convictions of a felony or class A misdemeanors that involves a crime against the person (AS 11.41) crimes against the public order (AS 11.61), misconduct involving controlled substances (AS 11.71), driving under the influence (AS 28.35.030) or refusal to submit to a chemical test (AS 28.35.032) will result in the department revoking, suspending or refusing to issue certification as an EMT.</p> <p>Paramedic: Process for denying a license application based on criminal history check findings: The application would go to our investigative team and then onto the Board for review. The Board has the authority to deny a license.</p>	<p>EMT: All applicants for Alaska State Emergency Medical Technician Certifications, regardless of level and including out-of-state applicants are required to declare their criminal history as indicated on the application forms. Failure to declare a criminal conviction on any application is GROUNDS TO REVOKE, SUSPEND, OR DENY CERTIFICATION OR RECERTIFICATION. 7 AAC 26.950</p>	
AL	According to type of conviction.	Code of Alabama, 1975, Section 22-18-6 http://www.adph.org/ems/index.asp?id=6696	
AR	Felony	http://law.justia.com/codes/arkansas/2010/title-20/subtitle-2/chapter-13/subchapter-11/20-13-1106	
AZ	<p><u>Currently:</u> Incarcerated, on parole, on supervised release or on probation for a criminal conviction.</p> <p><u>Within 10 years:</u> 1st or 2nd degree murder (or attempted); Sexual assault (or attempted) Sexual abuse of a minor (or attempted); Sexual exploitation of a minor (or attempted); Commercial sexual exploitation of a minor (or attempted); Molestation (or attempted) of a child; A dangerous crime against children (defined in A.R.S. 13-705).</p> <p><u>Within 5 years:</u> has been convicted of a misdemeanor involving moral turpitude or a felony; has had EMCT certification or recertification revoked.</p> <p>Knowingly provides false information.</p>	Arizona Administrative Code R9-25-402 (A,B)	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
CA	Denial/Revocation Standards set in regulation.	Section 100173, Chapter 4, Paramedic Regulations, Title 22, Division 9, California Code of Regulations. http://www.emsa.ca.gov/Legislation_Regulation	
CO	The denial of an application is made on a case-by-case basis as authorized by the Colorado Revised Statutes, 25-3.5-203 and Chapter One – Rules pertaining to EMS Education and Certification, 6 CCR 1015-3, Section 6. Copies can be found on the Colorado Secretary of State website – www.sos.state.co.us .	https://www.colorado.gov/pacific/sites/default/files/EMTS_Criminal-Conviction-Policy.pdf	
CT	Connecticut General Statutes 19a-14 – Powers of department concerning regulated professions.	https://www.lawserver.com/law/state/connecticut/ct-laws/connecticut_statutes_19a-14	
DC	(a) A felony involving sexual misconduct in which the victim's failure to affirmatively consent is an element of the crime, such as forcible rape; (b) A felony involving the sexual or physical abuse of children, the elderly, or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person; (c) A crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.	http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=29-512 http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2013-0022%20EMS%20Certifications%20with%20Issuance%20of%20PBJ.pdf	
DE	Felony, crime where victim is a patient	License may be denied based on the medical practice act statute	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
FL	401.411(1)(b)(e)FS 112.011 FS 120.60(1)(2)(3)FS 64J-1.017FAC	Review the application, criminal history/probation documentation, letters of reference and review of applicable statutes and administrative rules.	
GA	<p>The department shall deny any license application submitted by an applicant who has been convicted of a felony, crime of violence, or moral turpitude and may deny any license application submitted by an applicant who has been convicted of a DUI or possession of controlled substances.</p> <p>The department shall deny any license application submitted by an applicant with unresolved criminal charges, whether initiated by an arrest warrant, information, accusation, or indictment (not including minor traffic offenses).</p>	All Criminal History Information is evaluated by the Licensing Coordinator. When a license denial determination is made, the candidate is notified in writing & provided an opportunity for a hearing. An applicant may seek reconsideration of a denial on the grounds that the conviction has been set aside, pardoned, expunged or overturned on appeal OR the criminal charges were finally resolved in the applicant's favor OR they have demonstrated significant efforts toward rehabilitation (e.g. the candidate can be trusted with the care of sick/injured patients & their property).	All applicants for licensure must submit to a fingerprint-based criminal history records check from the Georgia Crime Information Center and the FBI's NCIC utilizing Cogent Systems through the Georgia Applicant Processing Services (GAPS) AND must self-declare all arrests and convictions.
GU	Felonies of any kind, crimes involving sexual offenses, minors, elderly, disabled, abuse of any sort, drugs and alcohol.	10 Guam Code Annotated Public Law 31-146 NREMT Felony Policy	
IA	Case-by-case basis based on previous actions.	https://www.legis.iowa.gov/docs/ACO/chapter/64.1.131.pdf 131.7, 131.10. 131.12	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
ID	<p>a. Disqualifying crimes described in Section 210 of these rules;</p> <p>b. A relevant record on the Idaho Child Abuse Central Registry with a Level 1 or Level 2 finding;</p> <p>c. A relevant record on the Nurse Aide Registry;</p> <p>d. A relevant record on either the state or federal sex offender registries; or</p> <p>e. A relevant record on the state or federal Medicaid Exclusion List, described in Section 240 of these rules.</p>	<p>16.01.07 Rules Governing EMS-Personnel Licensing Requirements: 009. Criminal History & Background Check Requirements. Licensed EMS personnel must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks," to include: 01. Initial Licensure. http://adminrules.idaho.gov/rules/current/16/0107.pdf</p> <p>16.05.06 Rules Governing Criminal History and Background Checks: 200. UNCONDITIONAL DENIAL. An individual who receives an unconditional denial is not available to provide services, have access, or to be licensed or certified by the Department. http://adminrules.idaho.gov/rules/current/16/0506.pdf</p>	<p>Department of Health & Welfare, Idaho State Police and FBI checked. NPDB for providers who have been or are currently licensed in another state</p>
IL	<p>Individuals with felony convictions go through a personal history review and have to submit fingerprints for a criminal background check. Decision to issue licenses are made on a case by case basis with input from legal counsel.</p>	<p>http://www.ilga.gov/commission/jcar/admincode/077/077005150A01900R.html</p>	
IN	<p>Reviewed on an individual, case-by-case basis</p>	<p>Indiana Code (IC) 16-31-3-14</p>	
KS	<p>If the individual declares on the application that they have a felony or misdemeanor conviction, the criteria is that it must be determined that the individual has been sufficiently rehabilitated to warrant the public trust.</p>	<p>K.S.A. 65-6133 grants the board the authority to deny. The process is an investigation into the circumstances of the conviction to present to the committee for their determination that the individual has been sufficiently rehabilitated to warrant the public trust</p>	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
KY	Be convicted of, have entered a guilty plea to, have entered an Alford plea to a felony offense, or completed a diversion program for a felony offense.	KRS 311A.050 Letter and E-Mail to applicant stating applicable statutory citation, and subsequent reason for denial. Telephone call to applicant of denial with documentation of conversation in applicant account. Applicant Account Locked. http://kbems.kctcs.edu/en/Certification_and_Licensure/Background_Checks.aspx	KBEMS requests/pays, for renewal <u>EMT</u> : Through Verified Credentials Background Check link on KBEMS website only <u>Paramedic</u> : Through Administrative Office of the Courts (if licensed by KY at any time prior to paramedic certification) or Verified Credentials Background Check link on website.
LA	Crimes of violence.	Denials due to criminal history can occur administratively at the state office level, and via recommendation from the EMS Certification Commission after formal hearing.	
MA	Reviewed on an individual, case-by-case basis.	Involvement between Office of EMS, Office of General Council, and Commissioner of Public Health	State-to-State verification for previous licensure.
MD	Pled guilty to, pled nolo contendere to, or received PBJ with respect to any crime other than minor traffic violation.	Prohibited Conduct 30.02.04: http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=30.02.04.* Disciplinary Procedures 30.02.05: http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=30.02.05.*	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
ME	Any criminal conviction.	http://maine.gov/ems/documents/Rules_Effective_May_1_2013.pdf Chapter 11 of the Rules http://www.mainelegislature.org/legis/statutes/32/title32ch2-Bsec0.html §88 (3) of statute	
MI	Consideration taken for applicant's record, crime committed, and time since crime.	https://www.michigan.gov/documents/2001-016_EMS_Rules_95431_7.pdf R 325.22338	
MN	This is completed through our investigation process and determined by the Complaint Review Panel of the Board on a case-by-case basis.	https://www.revisor.mn.gov/statutes/?id=144E.28	
MO	All criminal backgrounds identified are investigated individually and issue/probation/deny decisions made on a case-by-case basis.	1) Convictions are investigated (obtain police reports, official Court records, criminal probation and parole records). 2) Applicant invited to attend an informal conference. 3) If decision to deny, a complaint is filed with our Administrative Hearing Commission.	Checks run on all applicants (initial and relicensure) @ State level checks (highway Patrol) if applicant has lived in-state for five consecutive year. Federal level for all others.
MS	Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.	Compliance Officer is notified. Investigation started if needed. NREMT notified if Needed.	
MT	When self-declared this is brought before the Board of Medical Examiners for review and either licensure or denial.	http://leg.mt.gov/bills/mca_toc/37_1_2.htm http://leg.mt.gov/bills/mca/37/1/37-1-316.htm http://www.mtrules.org/gateway/RuleNo.asp?RN=24%E156%E2705	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
NC	Conviction in any court of a crime involving moral turpitude, a conviction of a felony, or conviction of a crime involving the scope of practice of credentialed EMS personnel.	10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS; Authority G.S. 131E-159(f),(g); 143-508(d)(10); S.L. 2011-37; Eff. January 1, 2013.	An individual who applies for EMS credentials, seeks to renew EMS credentials, or holds EMS credentials is subject to a criminal background review by the Department. At the request of the Department, the EMS Disciplinary Committee, shall review criminal background information and make a recommendation regarding the eligibility of an individual to obtain initial, renew, or maintain EMS credentials. The Department and the EMS Disciplinary Committee shall keep all information obtained pursuant to this subsection confidential. The Medical Care Commission shall adopt rules to implement provisions of this subsection, including rules to establish a reasonable fee to offset the actual costs of criminal history information obtained.
ND	Is under indictment for or has been convicted of a felony which has a direct bearing upon the person's ability to serve the public in a capacity certified or licensed by this chapter, or has been convicted of a crime that requires the person to register as a sex offender in any state. Persons certified or licensed who are under indictment for or have been convicted of a felony or required to register as a sex offender in any state must report the information to the department.	NDAC 33-36-01-05	Also self-declaration of previous healthcare licensure limitations. For Renewal: Must submit an EMS registration form either by paper or electronically and background statement must be answered. Self-declaration

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
NE	Determined on a case-by-case basis.	http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-011.pdf 11-003.04	
NH	Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the practice of an emergency medical care provider. A certified copy of the record of conviction or plea of guilty is prima facie evidence of a violation.	http://www.gencourt.state.nh.us/rules/state_agencies/saf-c5900.html (Saf-C 5903.07) http://www.gencourt.state.nh.us/rsa/html/LV/541-A/541-A-29.htm (RSA 541-A:29) http://www.gencourt.state.nh.us/rsa/html/XII/153-A/153-A-13.htm (RSA 153-A:13, I)	
NJ	a. The nature and duties of the occupation, trade, vocation, profession or business, a license or certificate for which the person is applying; b. Nature and seriousness of the crime; c. Circumstances under which the crime occurred; d. Date of the crime; e. Age of the person when the crime was committed; f. Whether the crime was an isolated or repeated incident; g. Social conditions which may have contributed to the crime; h. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have or have had the applicant under their supervision.	http://www.state.nj.us/corrections/pdf/OTS/NJ%20Rehabilitated%20Convicted%20Offenders%20Act.pdf 2A168A-2 EMT: http://www.nj.gov/health/ems/documents/njac840ar.pdf 8:40A-7.1 General Information Paramedic: http://www.nj.gov/health/ems/documents/njac841ar.pdf 8:41A-4.1	If self-declaration is positive, fingerprint check done

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
NM	Felonies or misdemeanors involving moral turpitude.	http://archive.nmems.org/documents/EMS-BackgroundScreening-Rule.pdf	
NV	Non-compliance of Child Support & Conviction of certain felonies or misdemeanors.	Nevada Admin. Code: 450B.320 http://www.leg.state.nv.us/register/2014Register/R024-14A.pdf	
NY	Each case is looked at individually.	Chapter VI of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations 800.6(f)	
OH	Felony conviction, a misdemeanor involving moral turpitude, or a misdemeanor committed in the course of practice.	http://codes.ohio.gov/oac/4765-10-03	
OK	Conviction of assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery; murder or attempted murder; manslaughter, except involuntary manslaughter; rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering; child abuse; abuse, neglect or financial exploitation of any person entrusted to his care or possession; burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm; arson, substance abuse, or any such other convictions or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public. Each decision shall be determined on a case-by-case basis.	http://www.ok.gov/health2/documents/2009rulesandregs.pdf	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
OR	Determined on a case-by-case basis.	http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_265.html 333-265-0025	If you have lived, worked, or attended school for 60 or more consecutive days outside Oregon in the last five years, OHA requires a fingerprint based criminal history check. This includes license renewal applicants who have lived (or currently live), worked, or attended school outside Oregon for 60 or more consecutive days since their last license was issued.*
PA	Reviewed on an individual, case-by-case basis.	EMS Provider Certification Applications submitted with a positive criminal history are individually reviewed. The review may result in approval, denial, or an opportunity for an informal conference with the Director of the Bureau of EMS and/or Chief Hearing Officer official proceeding.	Felony & Misdemeanor convictions require submission of certified court documents.
RI	RI Criminal Convictions Guidelines https://drive.google.com/file/d/0ByqjffoWqG7ET2tiVOJNMENSS1k/view?pli=1	Rules and Regulations Relating to Emergency Medical Services [R23-4.1EMS], part IV	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
SC	Felonies, crimes where victim is a patient or a “vulnerable adult” or child. We also have statutory authority to investigate all felony convictions and deny based on nature.	For the “auto-rejections” listed above, we send a formal denial letter with the appeals process enclosed. For those that are felonies not listed as automatic denials we have a Background Committee of three that meets with the subject who brings all applicable documentation they can acquire to state their case. We evaluate all the evidence, the time that’s passed, the nature, and the history since. The panel of three then makes a recommendation and we either certify or don’t. We have a much higher approval than denial rate; probably close to 85%.	
SD	EMT: student is asked to contact NREMT & if NREMT accepts them & will allow them to test, then SD allows them to test Paramedic: must prove good moral character, and meet the General Guidelines for Criminal History http://www.sdbmoe.gov/sites/default/files/General%20Guidelines%20on%20Criminal%20History_1.pdf	http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=20:78 http://legis.sd.gov/statutes/DisplayStatute.aspx?Statute=1-26&Type=StatuteChapter	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
TN	<p>The Commissioner or Commissioners Designee approves license. Law allows for denial for</p> <ol style="list-style-type: none"> 1. Any criminal statue of any state or Canadian province, or of the United States or Canada which involves moral turpitude or reflects upon the person's ability to fulfill such person's responsibilities 2. Habitual intoxication or personal misuse or any drugs or the use of intoxicating liquors, narcotics, controlled substances, controlled substance analogues or other drugs or stimulants in such manner as to adversely affect the delivery, performance or activities in the care of the patients requiring medical care. Office of EMS reviews and will deny if: If they have been incarcerated for crime in a state or federal prison. 3. Sex offenders. 4. More history of more than two DUIs in three years require TNPAP evaluation if treatment is needed must complete treatment and enter into monitoring agreement will give Conditional license. Refuses evaluation or treatment licensed denied. 	<p>Anyone denied by the Office of EMS may appeal the denial or conditional license to state EMS Board. Any one denied a license by the Office of EMS will receive a written letter notification of denial which includes how to appeal the denial.</p>	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
TX	<p>Crimes within the last 5 years, crimes relating to job duties, sexually violent offense (5) A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervisor or deferred disposition, on or after September 1, 2009, for:</p> <p>(A) an offense listed in Code of Criminal Procedure, Article 42.12, §3g(a)(1)(A) - (H), as follows: (i) murder; (ii) capital murder; (iii) indecency with a child; (iv) aggravated kidnapping; (v) aggravated sexual assault; (vi) aggravated robbery; (vii) substance abuse offenses, (viii) sexual assault;</p> <p>(B) an offense, other than an offense described by subparagraph (A) of this paragraph, committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.</p>	<p>22 TAC157.36 & 157.37 http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=157&sch=C&rl=Y Texas Health and Safety Code Chapter 773 EMS Sec.773.0615</p>	
UT	<p>Sexually violent crimes, child abuse, crimes of violence against persons, crimes where the victim is a patient</p>	<p>R426-5-2600. Refusal, Suspension, or Revocation of Certification.</p>	<p>Fingerprint if candidate has lived outside the state sometime in past five years</p>
VA	<p>Felonies; crime where victim is an out-of-hospital patient; Violent crimes.</p>	<p>http://law.lis.virginia.gov/admincode/title12/agency5/capter31/section910/</p>	

State/ Territory	Criteria/Process for Denying Application Based on Criminal History	Criminal History Denial Process Rule and/or Link	Additional Comments
VT	Crime conviction history is considered on a case-by-case basis. We review the court records and in some cases, we meet with the applicant. There are no automatic denials, although in a few rare and egregious incidences, we have issued summary suspensions with the opportunity to appeal within 30 days. See Section 11 of the Rules link.	http://www.healthvermont.gov/regs/emrules.pdf	VT EMS does look-ups of all applicants in the Vermont Crime Information Center database
WA	Credentialing staff review the application and supporting documents to make an initial determination of eligibility. The nursing education adviser and licensing manager review and approve applications with questionable verifying documents or otherwise “red flag” applications. Some applications are forwarded to discipline for review and a board member for decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.	http://app.leg.wa.gov/rcw/default.aspx?cite=18.130.064	
WI	Arrest or conviction history substantially related to the performance of duties as an EMS professional, as determined by the department.	We use statute: chapter 12, 256 and DHS 110	
WV	Reviewed on an individual, case-by-case basis.	http://www.wvoems.org/media/135851/background%20check%20policy.pdf http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=26815&Format=PDF (Section 7)	
WY	Offense against a person, a felony, offence against morals, decency and family.	http://www.health.wyo.gov/sho/ems/RulesandRegulations.html	

5. Variances in Licensing Practices for Military EMS Personnel

This section presents summary information in the form of Maps 5-1 through 5-7 on various aspects of how state EMS personnel licensure is treated differently for military-related EMS personnel than for the civilian workforce. Then, in Table 5-1, there is specific information for each state and territory on its EMS licensing and military-related licensing practices and characteristics. Table 5-1 has hot links to the respective state webpages where this information may be found.

All states have webpages to guide EMS personnel licensing except for Guam (and no information was found for American Samoa, the Northern Mariana Islands, the Virgin Islands, or Puerto Rico). Table 5-1 and Map 5-1 show which 21 states have webpages that specifically discuss military-related licensure.

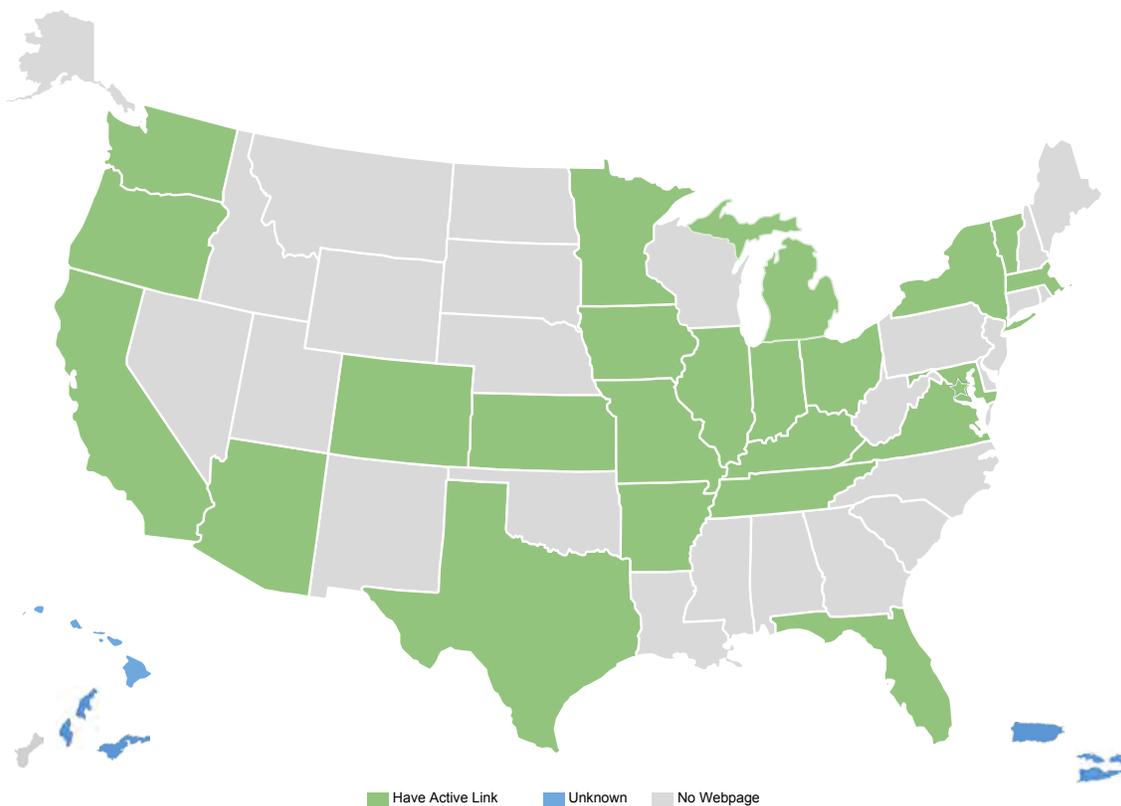
The vast majority of states have:

- Military-specific differences in processing personnel licenses (Map 5-2)
- Military-specific EMS laws or rules (Map 5-3)

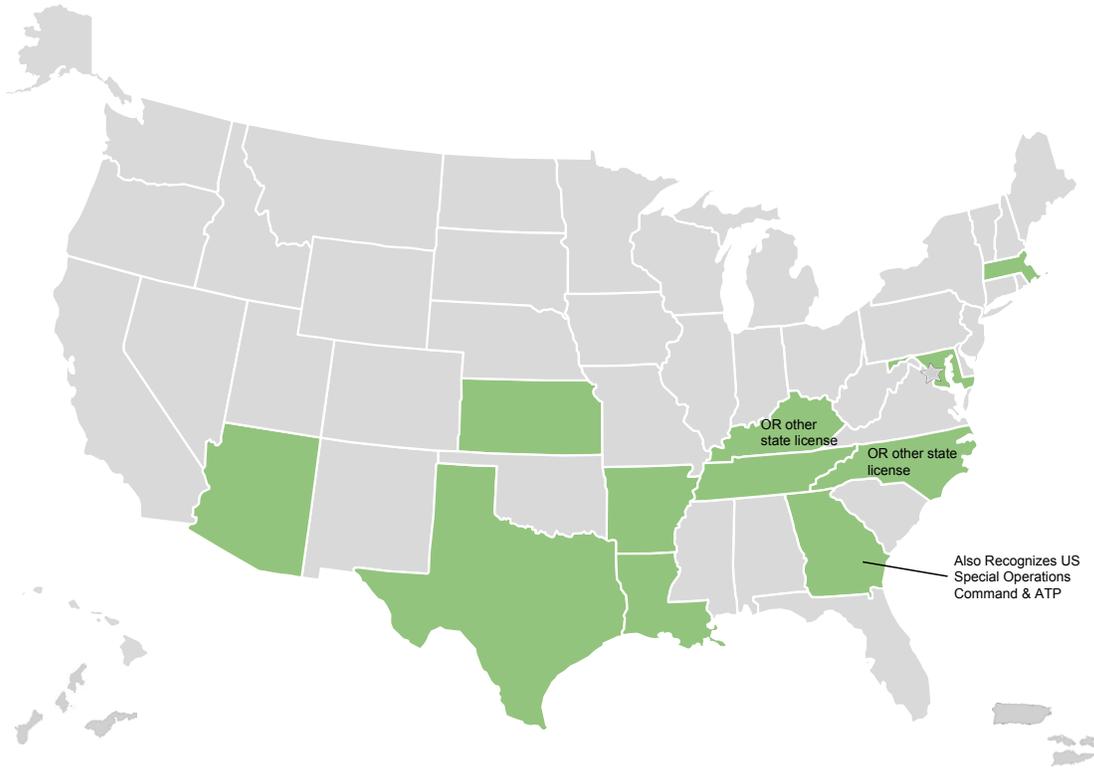
Less than a quarter of states:

- Require the National Registry of EMTs Certification for licensing military medics, though use of NREMT is on the increase in the military (Map 5-4)
- Expedite licensing specifically for military-related personnel (Map 5-5)
- Recognize military EMS training experience explicitly or on a case by case judgment basis (Map 5-6)

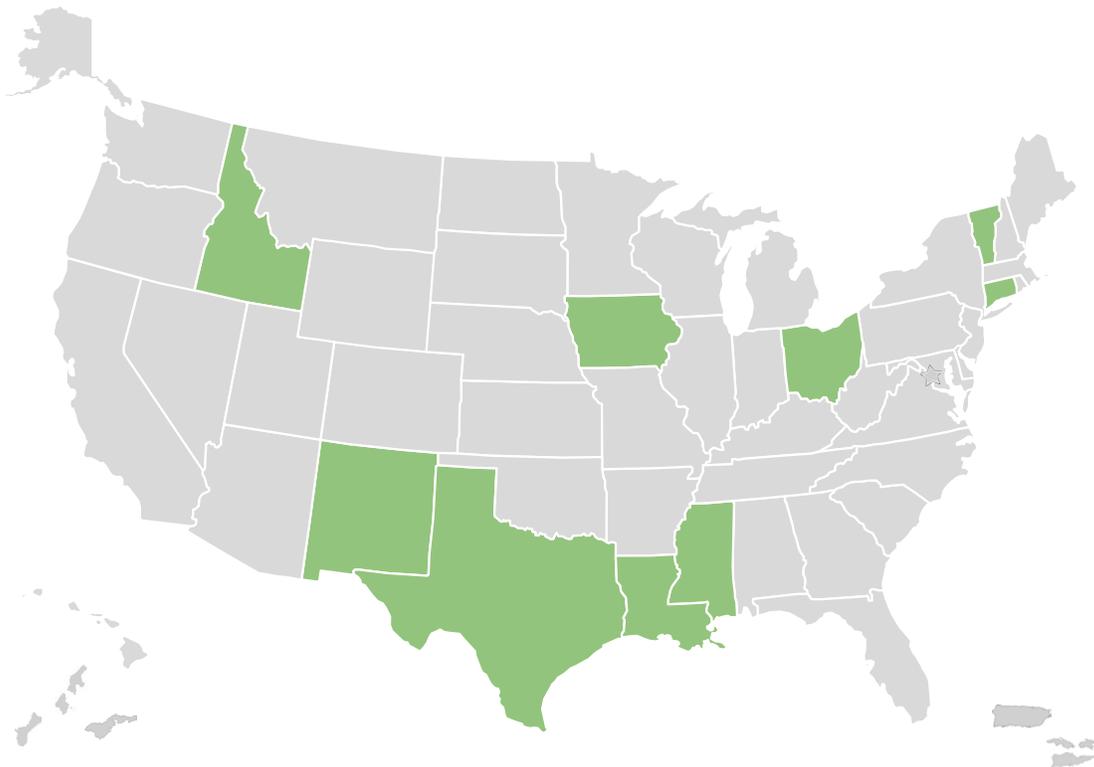
Map 5-1: State EMS Offices with Military Specific Website Content



Map 5-4: States That Require National Registry of EMTs Certification for Military Medics

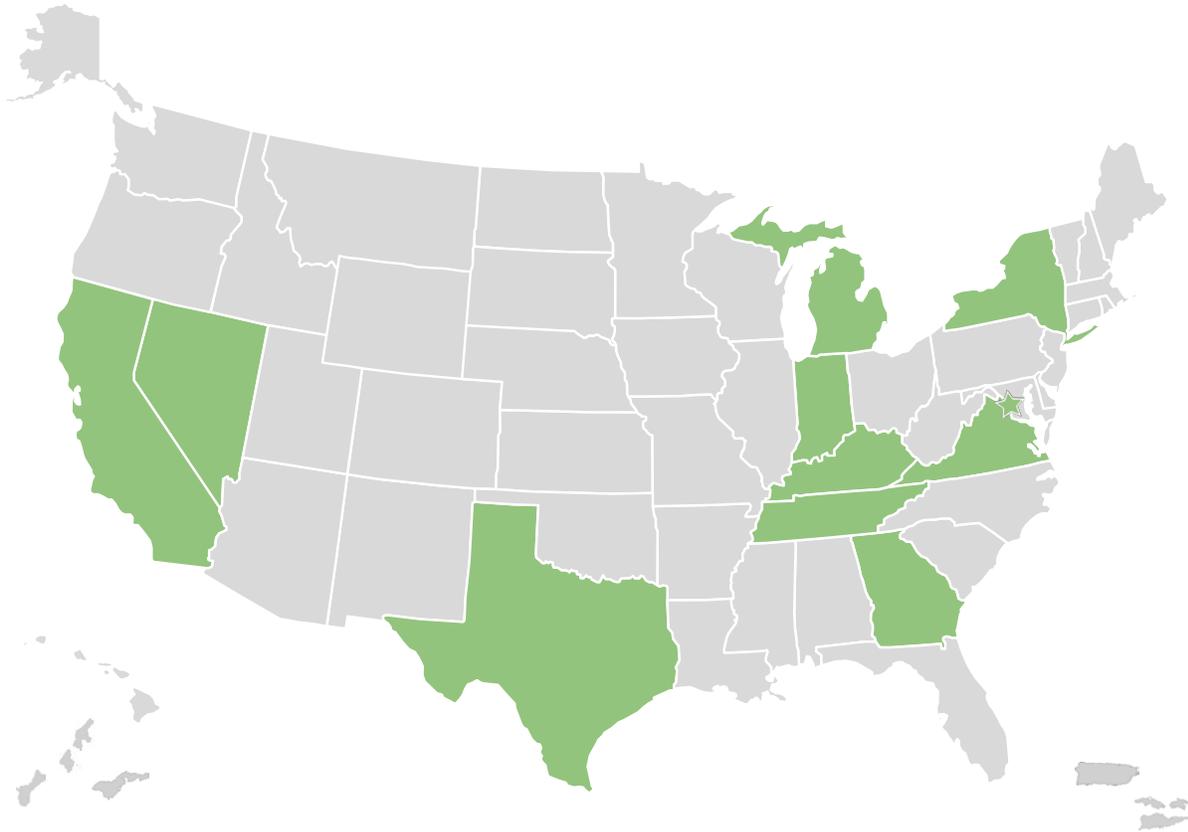


Map 5-5: States That Expedite Military Personnel License Applications



Map 5-6: States That Recognize Military EMS Training

Those states colored green include states that may take each individual on a case by case basis or allow corpsmen to challenge an exam.

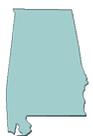


Military Specific EMS Licensure Information

The following table details state EMS practices/characteristics for licensure of military-related EMS personnel and includes hot links to state EMS office websites.

Table 5-1: Military Specific EMS Licensure Information

Alabama



General EMS Licensure:	Licensure Information
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	<i>None</i>
EMS/Military Rule/Law:	HB338 (enacted)

Alaska



General EMS Licensure: [Certification Information](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: *None*

EMS/Military Rule/Law: [HB84](#) (*enacted*)

American Samoa



General EMS Licensure: *No Webpage Found*

Military Specific EMS Info: *No Online Information Found*

Process Differences for Military: *Not Found*

EMS/Military Rule/Law: *Not Found*

Arizona



General EMS Licensure: [EMTC Certification](#)

Military Specific EMS Info: [EMS Jobs for Veterans](#) (*Director Blog Post*)

Process Differences for Military: Administrative rules provision allowing individuals with current NREMT to obtain Arizona certification; May request recertification application extension (with submission of military orders).

EMS/Military Rule/Law: [Arizona Administrative Code § R9-25-405](#) *Extension to File an Application for EMCT Recertification (pg. 78)*

Arkansas



General EMS Licensure: [Initial Licensure Process](#)

Military Specific EMS Info: [Reciprocity Manual](#) (*page 8*)

Process Differences for Military: Based on current NREMT certification level; Submit DD form 214 or 201 training file; No Field Evaluation required; Does not pay application fee; If AR residency maintained, only need to complete state background check; Licensure can be more than 2 years old (NREMT or AR license).

EMS/Military Rule/Law: [SB 7](#) (*introduced*)

California



General EMS Licensure:	Certification & Licensure Requirements
Military Specific EMS Info:	Military Veteran Pathways to EMS Certification & Licensure
Process Differences for Military:	Individuals will be eligible to take the applicable NREMT exam: <ul style="list-style-type: none"> • take a challenge exam to obtain a California EMT course completion record • who can provide an AEMT course completion record or other documented proof demonstrating successful completion of the topics contained in an approved AEMT training program • who can provide a paramedic course completion record, or other documented proof of successful completion of an approved paramedic training program, including approved military paramedic training programs, completed within the last 2 years
EMS/Military Rule/Law:	<i>None</i>

Colorado



General EMS Licensure:	EMS Provider Certification
Military Specific EMS Info:	Application Instruction Guide
Process Differences for Military:	Active military personnel and spouses, stationed in CO, may apply for certification and are exempt from providing specific information otherwise required for initial application.
EMS/Military Rule/Law:	HB12-1059 (enacted)

Connecticut



General EMS Licensure:	Licensing & Certification
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	<i>None</i>
EMS/Military Rule/Law:	Act 177 (enacted)

Delaware



General EMS Licensure: [Paramedic Education & Licensure](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: *None*

EMS/Military Rule/Law: [HB 296](#) (*enacted*)

District of Columbia



General EMS Licensure: [Training & Certification](#)

Military Specific EMS Info: [Verification of Military Certification](#)

Process Differences for Military: *None*

EMS/Military Rule/Law: [B 20-0580](#) (*introduced*)

Florida



General EMS Licensure: [Licensing](#)

Military Specific EMS Info: [Armed Forces Licensure – Active Duty](#)

Process Differences for Military: May be eligible for the following licensure requirement exemptions:

- not required to renew your license,
- pay license renewal fees,
- update your address,
- or perform any other licensure maintenance act.

May also receive an extension of 6 months to renew license.

EMS/Military Rule/Law: [HB 7015](#) (*enacted*)

Georgia



General EMS Licensure: [Forms](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: Georgia recognizes US Special Operations Command, Advanced Tactical Practitioner (ATP) for licensure as a Georgia Paramedic. All other candidates are licensed based on current NREMT status. Licensed EMS personnel, when deployed out of state on active duty, are allowed late license renewals without penalty and granted continuing education waivers.

EMS/Military Rule/Law: *None*

Guam



General EMS Licensure:	<i>No Webpage</i>
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	If a service member is deployed, extension granted on renewals.
EMS/Military Rule/Law:	<i>None</i>

Hawaii



General EMS Licensure:	Certification & Licensure
Military Specific EMS Info:	<i>No Online Information Found</i>
Process Differences for Military:	<i>Not Found</i>
EMS/Military Rule/Law:	SB 506 (passed)

Idaho



General EMS Licensure:	Provider Licensure
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	EMS Personnel license applications for veterans are processed within 3 days of receipt. Licensed personnel are exempt from the payment of license or renewal fees for the period during which engaged in the military services. License remains in good standing for six (6) months following discharge from military service without the necessity of renewal and during said period the license will not be cancelled, suspended or revoked. { Title 67 excerpt}
EMS/Military Rule/Law:	S 1068 (enacted) Title 67, Chapter 26 Idaho Code

Illinois



General EMS Licensure:	Licensure Information
Military Specific EMS Info:	Administrative Code Instructions for Completing the Military Licensure Request
Process Differences for Military:	Requests for licensure of medics are determined on a case-by-case basis
EMS/Military Rule/Law:	SB 275 (enacted)

Indiana



General EMS Licensure:	General Information
Military Specific EMS Info:	Reciprocity Procedures
Process Differences for Military:	While serving in the military, must have successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course or the IN basic EMT training course
EMS/Military Rule/Law:	SB 290 (enacted) IC 16-31-11

Iowa



General EMS Licensure:	Certification & Renewal
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Home Base Iowa Boards instructed to expedite the licensing of an individual who is licensed in a similar profession or occupation in another state and who is a veteran
EMS/Military Rule/Law:	HF 2319 (introduced)

Kansas



General EMS Licensure:	FAQs 65-6129
Military Specific EMS Info:	Application for Recognition of non-Kansas credentials (military applicant will also have to provide military discharge information as stated below) Application for Reinstatement of an expired certificate (military personnel)
Process Differences for Military:	If an individual took their EMT course in the military and holds current NREMT certification, the applicant must show that they have either received an honorable discharge or have been separated under honorable conditions. License expiration will be extended for active duty military members. Renewal fee waived.

EMS/Military Rule/Law:

[HB 2078](#) (*enacted*) Requires the addition of the military member providing proof of having received either an honorable discharge or having been separated under honorable conditions to the current law. This language augments 65-6129 (referenced above)

[K.S.A. 48-3406](#) – Expedited state licensure procedure if licensed in another state for military service members and spouses

[K.S.A. 48-3402](#) – Validity of license (continues to be valid for six months following release from military service)

[K.S.A. 48-3403](#) – Payment of renewal fee/waiving continuing education requirement

Kentucky

**General EMS Licensure:**

[Certification & Licensure](#)

Military Specific EMS Info:

[Military Specific EMS Information](#)

Process Differences for Military:

1-year extension given to EMTs in good standing following release from active duty to meet recertification requirements.

Active military ID is substituted for the required certification from another state for reciprocity if required by regulation.

Active duty members of Armed Forces with professional license / certification in good standing shall be kept in good standing and renewed without payment of dues or fees. Additionally, the license / certificate shall be continued as long as the holder is a member of the Armed Forces of the United States on active duty and for 6 months after discharge (verified by military ID, DD 214, and other relevant federal documents).

EMS/Military Rule/Law:

[KRS 12.355](#) (*Renewal of professional license or certification held by active duty member of Armed Forces*)

Louisiana



General EMS Licensure:	Online Application
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Fee is waived for active duty military/ federal employees in Louisiana. 180 -day grace period following active military service to reinstate a license without penalty. Licensure application process expedited.
EMS/Military Rule/Law:	HB 312 (enacted)

Maine



General EMS Licensure:	Becoming an EMS Responder
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Those who were deployed overseas and hold a Maine EMS license that expires while deployed or after their return, Maine allows a 1-year extension from the date of returning to the US for a provider to obtain the necessary refresher training and/or continuing education for renewal.
EMS/Military Rule/Law:	HP 802 Sec. 1. 10 MRSA §8010 (enacted)

Maryland



General EMS Licensure:	Licensure Requirements
Military Specific EMS Info:	Policy for Service Members Called to Active Duty MIEMSS Implementation of the Veterans Full Employment Act (pg. 6)
Process Differences for Military:	Current Maryland providers can request a Military Inactive status when deployed. When they return, they are granted temporary licensure (up to 1 year) to allow time to meet renewal obligations and return to a recertification cycle. Individuals with military background may come in via reciprocity . Individuals not meeting the reciprocity requirement may apply through the Military to EMS process. Prior training and experience is credited toward the completion of a course leading to licensure.
EMS/Military Rule/Law:	SB 273 (enacted)

Massachusetts



General EMS Licensure:	Initial EMT Certification
Military Specific EMS Info:	EMT Certification and Recertification for Returning Veterans and EMTs Engaged in Active Military Service Manual
Process Differences for Military:	<u>Initial Certification:</u> Must be NREMT certified <u>Recertification:</u> Providers can apply for an extension
EMS/Military Rule/Law:	105 CMR 170.931 (<i>existing authority</i>)

Michigan



General EMS Licensure:	Personnel Licensure & Education Requirements
Military Specific EMS Info:	National Registry Status Application for Licensure Verification of Military Education Program
Process Differences for Military:	An individual can file an application for licensure as a MFR, EMT, Specialist-AEMT, or Paramedic by National Registry status if they have taken an initial Military course within the last year or have recertified their Military education and are currently Nationally Registered.
EMS/Military Rule/Law:	SB 671 (<i>enacted</i>) HB 5036 (<i>introduced</i>) SB 742 (<i>enacted</i>)

Minnesota



General EMS Licensure:	Initial Certification
Military Specific EMS Info:	MS 326.56 Subdivision 2 MS 144E.28 Subdivision 3 MS 144E.27 Subdivision 2 (2)
Process Differences for Military:	Provide DD214 form, which gives six additional months to meet renewal requirements from date of military separation.
EMS/Military Rule/Law:	MS 197.4552

Mississippi



General EMS Licensure:	Training & Certification
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Allow for streamlined approvals.
EMS/Military Rule/Law:	SB 2419 (enacted)

Missouri



General EMS Licensure:	EMT & Paramedic Licensing
Military Specific EMS Info:	Active Duty Military Licensure & Re-Licensure Procedure
Process Differences for Military:	If in good standing at the time of activation, shall remain in good standing for the duration of their active duty status and up to one year after the date of honorable release from active duty; Verification of completion of continuing education units may not be required.
EMS/Military Rule/Law:	SB 106 (enacted) HB 114 (introduced)

Montana



General EMS Licensure:	Emergency Care Provider Licensing
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	<i>None</i>
EMS/Military Rule/Law:	26.156.415 (Military Training or Experience for EMTs) 37-1-138 (Protection of professional licenses for activated military reservists) 37-1-145 (Military training or experience to satisfy licensing or certification requirements)

Nebraska



General EMS Licensure:	Licensure Requirements
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	A credential holder who has served in the armed forces during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military, is not required to meet the continuing competency requirements if acceptable documentation is submitted (waiver). The individual must document military service by submitting: 1. Proof of active service (military identification); 2. Military orders; or 3. A letter from the Commanding Officer indicating the individual is on active duty. The credential will remain active until the next renewal period.

EMS/Military Rule/Law: [LB 421](#) (*postponed*)
[LB 892](#) (*postponed*)

Nevada



General EMS Licensure: [Initial Application](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: Working with the NGA to create a bridge class for military medics to transition to the civilian side.
 Current non-NREMT military members can submit information to the Nevada EMS Office, who will evaluate it and issue a certification if they meet the requirements.

EMS/Military Rule/Law: *None*

New Hampshire



General EMS Licensure: [Licensing Laws & Rules](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: *None*

EMS/Military Rule/Law: [HB 519](#) (*enacted*)
[HB 234](#) (*enacted*)

New Jersey



General EMS Licensure: [Initial Licensure Information](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: New Jersey is currently working to align A 2891 Title 26 P.L.1984, c.146 with regulations.

EMS/Military Rule/Law: [A 2891 Title 26 P.L.1984, c.146](#) (*enacted*)

New Mexico



General EMS Licensure: [Initial Licensing](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: Expedited license review/processing (3 days)

EMS/Military Rule/Law: [HB 180](#) (*enacted*)

New York



General EMS Licensure: [Certification](#)

Military Specific EMS Info: [Extensions](#)

Process Differences for Military: Recognize military training programs.

EMS/Military Rule/Law: *None*

North Carolina



General EMS Licensure: [Credentialing & Compliance](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: May apply for legal recognition/ reciprocity if NREMT current or hold another state EMS credential.

EMS/Military Rule/Law: [SB 761](#) (*enacted*)

North Dakota



General EMS Licensure: [Licensure Forms](#)

Military Specific EMS Info: *No Information Online*

Process Differences for Military: A waiver may be granted for a specific period of time (not to exceed 1 year), expiring on June 30th of each year for a person whose certification/license was current & was called to active duty & deployed to an area without the resources to maintain the certification/license resulting in a lapse of certification/license.

EMS/Military Rule/Law: [HB 1246](#) (*enacted*)

Northern Mariana Islands



General EMS Licensure: *No Webpage Found*

Military Specific EMS Info: *No Online Information Found*

Process Differences for Military: *Not Found*

EMS/Military Rule/Law: *Not Found*

Ohio



General EMS Licensure: [Certificate to Practice](#)

Military Specific EMS Info: [EMS Certifications for Military Members and Spouses](#)

Process Differences for Military: Application process is expedited; Expiration date extended; May be approved for exemption of all or a portion of continuing education hours.

EMS/Military Rule/Law:	Ohio Revised Code (ORC) Sec. 5903.03 Sec. 5903.10 Sec. 5903.12 Sec. 5903.121 Ohio Administrative Code (OAC) 4765-1-04 4765-8-15
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Oklahoma



General EMS Licensure:	Licensure Forms
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	<i>None</i>
EMS/Military Rule/Law:	SB 1863 (enacted)

Oregon



General EMS Licensure:	Provider Licensure
Military Specific EMS Info:	Information Sheet (for individuals discharged in the last 180 days)
Process Differences for Military:	Extension for obtaining CE hours
EMS/Military Rule/Law:	HB 4063 (enacted)

Pennsylvania



General EMS Licensure:	PA EMS Education Standard Operating Procedures
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Active military members have exemptions for CE requirements and lapse of registration.
EMS/Military Rule/Law:	EMS Act 28 PA Code Subsection 1023.21(d)

Puerto Rico



General EMS Licensure:	<i>No Webpage Found</i>
Military Specific EMS Info:	<i>No Online Information Found</i>
Process Differences for Military:	<i>Not Found</i>
EMS/Military Rule/Law:	<i>Not Found</i>

Rhode Island



General EMS Licensure:	Application
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	In development (all healthcare licenses).
EMS/Military Rule/Law:	HB 5712 Title 5 Chapter 87 (enacted)

South Carolina



General EMS Licensure:	Certification Requirements
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Produce non-voluntary orders upon return & have that time added back to their state credential; if it expired while deployed, time will be added day for day to the time left before deployment.
EMS/Military Rule/Law:	S417 (enacted)

South Dakota



General EMS Licensure:	EMT Certification Advanced Level Provider Licensing
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	<i>None</i>
EMS/Military Rule/Law:	33A-2-36 Veterans 36-1B Veteran's Spouses

Tennessee



General EMS Licensure:	Personnel Licensure
Military Specific EMS Info:	Reciprocity Requirements
Process Differences for Military:	Recognize the NREMT level held as a state license and will license with verification of training from military training agency; Will license at level of NREMT certification; If spouses were employed by the federal government and received training while employed, treated same as military.
EMS/Military Rule/Law:	HB422 (enacted)

Texas



General EMS Licensure:	Initial Certification-Licensure
Military Specific EMS Info:	Military Applicants
Process Differences for Military:	Applications processed if NREMT current, & fingerprint background check. Process will take ~1 working day; If applicant only has military education not based on National Education Standards, they will meet with an education coordinators to document additional education needed.
EMS/Military Rule/Law:	SB 162 (enacted)

Utah



General EMS Licensure:	EMD, EMT & Paramedic Certification
Military Specific EMS Info:	No Information Online
Process Differences for Military:	If we are aware of military separation we will streamline the process as much as possible.
EMS/Military Rule/Law:	HB254 (enacted)

Vermont



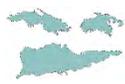
General EMS Licensure:	Personnel Licensing
Military Specific EMS Info:	No Information Online
Process Differences for Military:	Expedited license will be issued within 60 days of application, if other requirements met (must hold NREMT card at same level). <i>Normal processing time for a full license via reciprocity is about 2 days.</i>
EMS/Military Rule/Law:	H 681 (enacted)

Virginia



General EMS Licensure:	Education & Certification
Military Specific EMS Info:	Equivalency Certification
Process Differences for Military:	Military Corpsmen can request to challenge the EMT certification exam.
EMS/Military Rule/Law:	H 937 (enacted) H 938 (enacted) §32.1-111.5

Virgin Islands



General EMS Licensure:	<i>No Webpage Found</i>
Military Specific EMS Info:	<i>No Online Information Found</i>
Process Differences for Military:	<i>Not Found</i>
EMS/Military Rule/Law:	<i>Not Found</i>

Washington



General EMS Licensure:	Certification Requirements
Military Specific EMS Info:	Resources
Process Differences for Military:	You may be eligible for a temporary permit if you hold an active license, certification, or registration in another state in which the standards are substantially equivalent to Washington State. There is no additional fee.
EMS/Military Rule/Law:	Senate Bill 6290 Companion Bill: House Bill 2524

West Virginia



General EMS Licensure:	EMS Personnel Certification
Military Specific EMS Info:	<i>No Information Online</i>
Process Differences for Military:	Individuals who were certified upon deployment are given one year upon separation from the military to meet all requirements and become recertified. They are required to provide a copy of their DD-214 in order to be eligible to recertify in this manner.
EMS/Military Rule/Law:	HB 4037

Wisconsin



General EMS Licensure:	License & Certification Information
Military Specific EMS Info:	Waiver Request for Active Military Deployment
Process Differences for Military:	Active duty military personnel unable to renew current certification/license may be able to receive an extension for the renewal process. Request for Waiver form available if needed.
EMS/Military Rule/Law:	SB 338 (enacted) SB 357 (enacted)

Wyoming

	General EMS Licensure:	Provider Licensing
	Military Specific EMS Info:	<i>No Information Online</i>
	Process Differences for Military:	<i>None</i>
	EMS/Military Rule/Law:	SF 74 (enacted) SF130 (enacted)

Contributors

The following NASEMSO staff constituted the team that produced this monograph:

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The National Highway Traffic Safety Administration, Office of EMS, staff members on the team were:

Gamunu Wijetunge, Project Officer

Dave Bryson

State	Levels	License	Certification	Requirements	Contact
Alabama	EMT AEMT Intermediate EMT Paramedic	x		Application (initial = paper) Criminal History Release NREMT Certification Current Alabama Protocols No NREMT = CEUs as required by NREMT License Fee = \$10.00 (two year license)	Vickie Turner vickie.turner@adph.state.al.us 334-206-5383
Alaska	ETT - Emergency Trauma Technician EMT - I (EMT-Basic) EMT-II (EMT-Intermediate) EMT-III (EMT-II + basic Cardiac Skills) MICP - Mobile Intensive Care		x	It's complicated Application fee = \$25.00	
Arizona	EMT AEMT EMT 199 (Arizona Only) Paramedic		x	INITIAL:Application Criminal History (documentation) Previous Revocation (AZ or other State) US passport, BC, Naturalization Doc, legal Resident Statewide Standardized Training + Test National Certification Re-Cert: Above + refresher (or exam) National Certification CPR CEUs	Sandra Hoaglin Sandra.Hoaglin@azdhs.gov 602-364-3150
Arkansas	EMT AEMT Paramedic	x		Initial = NREMT Renewal= CPR EMT = 24 hr Refresher or 48 hr CEU AEMT = 36 hr refresher or 72 hr CEU Paramedic = ACLS, 48 hr Ref + 24 CEU or 72 hr CEU All level have Peds Requirement	(501) 661-2262
California	EMT - Cert AEMT - Cert Paramedic - License	x	x	Initial = NREMT EMT = 24 hr Refresher or 24 hr CEU + 10 skills competency AEMT = 36 hr CEU + 6 skill competency Paramedic = License - 48 hrs CEU 2 yr certification	
Colorado	EMT AEMT EMT-199 Paramedic		x	Initial = NREMT - valid 2 yrs EMT - NREMT = 72hrs Colorado = 36 hrs (3 yrs) AEMT - NREMT = 72 hrs Colorado = 36 hrs (3 yrs) EMT-I - NREMT = 72 hrs Colorado = 50 hrs (3 yrs) Paramedic - NREMT = 72 hrs Colorado = 50 hrs (3 yrs)	

Connecticut	EMR - Cert EMT - Cert AEMT - Cert Paramedic - License	x	x	State Testing for Certification @ EMR, EMT, AEMT 3 yr certification Paramedic = NREMT for initial - \$150.00 annual renewal	
Delaware	EMT Paramedic	x used interchang ably	x	EMT = NREMT Initial - do not need to maintain Paramedics Have and maintain certification & licensing: NREMT, CPR, ACLS, PALS or PEPP, PTLIS or ITLS, affiliation with ALS provider agency	
Florida	EMT Paramedic		x	<ul style="list-style-type: none"> • EMT- FL training (exam \$35); state (with statement of good standing letter), NREMT or military reciprocity (exam \$35); must have current Red Cross CPR or AHA BLS card • Paramedic- FL training (exam \$45); state (with statement of good standing letter), NREMT or military reciprocity (exam \$45); Licensed Health Professional (MN, RN, PA, DDS) (\$45) • EMT/Para CEU- 30 hrs of Bureau of Emergency Medical Oversight approved hours (EMT- \$35; Para-\$45) • Criminal Background check 	850-245-4910 mqa.emt-paramedics@flhealth.gov
Georgia	EMT AEMT Paramedic	x		<ul style="list-style-type: none"> • \$75 application fee • Fingerprint Background Check • Verification of US Residency • Current NREMT • CPR, ACLS (Paramedics) 	Jassene Williams jassene.williams@dph.ga.gov 404-679-0544

Hawaii	EMT-Basic EMT-Paramedic		x	<ul style="list-style-type: none"> • Must complete state approved training and have NREMT certification o No reciprocity from out-of-state or NREMT alone • Initial EMT-B training= 180 hrs didactic & 135 hrs clinical (315 hours). Approved subject areas found on website • Initial EMT-P= 400/didactic and 815 clinical (1215 hours) • EMT renewal= 24 hour refresher + 48 hrs CE • Paramedic Renewal= 48 hours refresher + 24 CE • No reciprocity from out-of-state or NREMT alone- applicants must have equivalent training, but they can take additional courses at Kapiolani Community College to make up the deficiencies (if any) • CEU renewal process \$120.00 fee – no late renewal. Applicant must have license restored (\$130 and documented CE) 	808-586-2708
Idaho	EMR EMT AEMT (\$35 fee) Paramedic (\$35 fee)		x	<ul style="list-style-type: none"> • 3 year certification • NREMT for initial licensure- application must be affiliated with license ID EMS agency for licensure with exception for reciprocity applicants • EMT= 48hrs CEU • AEMT= 54hrs of CEU • Paramedic= 72hrs of CEU 	208-334-4000 IdahoEMS@dhw.idaho.gov
Illinois	EMT- Basic EMT- Intermediate EMT-Paramedic		x	<ul style="list-style-type: none"> • Initial= EMS Course + either IL State exam or NREMT exam + application fee + background check • EMT Renewal= 60hrs CEU + CPR + MD approval + application fee • AEMT Renewal= 80 CEU + CPR + MD approval + application fee • Para Renewal= 100 CEU + CPR + MD approval + application fee • State Reciprocity available 	217-785-2080 DPH.EMTLIC@illinois.gov

Indiana	EMR EMT AEMT Paramedic		x	<ul style="list-style-type: none"> • No NREMT requirement • Initial EMT- 151-159 hrs - renewal= 40hrs • Initial AEMT- 160 hrs (no initial app) - renewal= 56hrs • Initial Paramedic 452 hrs- renewal= 72hrs 	(317) 232-6425
Iowa	EMR EMT AEMT Paramedic		x	<ul style="list-style-type: none"> • NREMT for initial (\$30 fee) • EMT renewal= 24 hrs CEU or NREMT • AEMT= 36 hrs of CEU or NREMT • Paramedic= 48 hrs of CEU or NREMT 	(515) 281-7689
Kansas	CFR EMT AEMT EMT-CC EMT-P		x	<ul style="list-style-type: none"> • NREMT for initial • EMR= 20hrs CEU • EMT= 40hrs CEU • AEMT= 50hrs CEU • Paramedic= 60hrs CEU 	785-296-7296
Kentucky	EMR - Cert EMT - Cert AEMT - implementation under development Paramedic - Licensed - fee applied	x	x	<ul style="list-style-type: none"> • Initial (all levels) = complete a KY approved course OR NREMT and background check- ACLS for Paramedic • EMT renewal= CPR + NREMT or 24 hrs CEU in designated subjects • AEMT renewal= CPR + NREMT or 48 hrs CEU in designated subjects • Paramedic renewal= CPR + ACLS + 60 hrs CEU in designated subjects 	(859) 256-3565
Louisiana	EMR EMT AEMT Paramedic		x	NREMT + application fee	225.342.9500
Maine	EMR EMT AEMT Paramedic		x	<p>NREMT for Initial all levels Renewal = CEUs for all levels: specified categories EMR = 32 EMT = 52 AEMT = 56 Paramedic = 72 OR NREMT 3 yr license - if use NREMT = 2yr</p>	

Maryland	EMR - Cert EMT - Cert CRT (Cardiac Rescue Tech) - Licensed Paramedic - Licensed	x	x	EMR = Initial:Approved Course, practical & written exams (if using AED must be affiliated with EMS Operation program) 3 yr certification EMR = Renewal: current affiliation with EMS Operation Program, 12 EMR Refresher or 6 hrs CEU + 6 hrs skills EMT = Initial:approved course, internship, written and practical exams, currently affiliated with BLS Operation Program 3yr cert EMT = Renewal: 24 hr refresher or NREMT + affiliation Paramedic = Initial:approved course, 12 full months of experience as EMT or 150 runs, ALS licensing protocol exam, NREMT Cert + affiliation with ALS EMS Operation Program 2 yr license Renewal : NREMT + Affiliation	
Massachusetts	EMT AEMT Paramedic		x	2 yr certification fees applied NREMT for Initial NREMT for Renewal = NCCP (Utilize EMS regions as Training Officers for non-NREMT)	
Michigan	MFR EMT AEMT EMT-I99 Paramedic	x		3 yr licensure NREMT for Initial Renewal = Michigan Approved CE credits OR Michigan Approved refresher course CPR MFR = 15 credits (7 specified) EMT = 30 credits (14 specified) AEMT = 36 credits (14 specified) Paramedic = 45 credits (14 specified) + 4 Peds specific (5 for Paramedic & AEMT)	Terrie S. Godde (517)-335-1825 goddet@michigan.gov
Minnesota	EMR EMT AEMT Paramedic		x		

Mississippi	EMR EMT Paramedic		x	Fees for Certification NREMT for Initial NREMT for Renewal	
Missouri	EMT AEMT Paramedic		x	Initial = NREMT EMT Renewal = every 5 years: 48 hrs EMT Refresher (specified) + CPR + 52 hrs CEUs (suggested topics) Paramedic Renewal = every 5 years: 96 hrs Paramedic refresher (specified) + CPR + ACLS+ 48 hrs CEUs (suggested topics)	
Montana	EMR EMT AEMT Paramedic		x	2 yr license Fees applied INITIAL = Course Completion + NREMT OR written & practical approved by the Board OR current unrestricted from another state + application + HS or GED + 18 RENEWAL = EMR = EMR refresher - knowledge + skills EMT = EMT refresher (knowledge + skills) + 48 hrs CEUs AEMT = AEMT Refresher (knowledge + skills) + 36 hrs CEUs Paramedic = paramedic refresher (knowledge + skills) + 24 hrs CEU + MD providing oversight OR NREMT	
Nebraska	EMR EMT AEMT EMT-I Paramedic		x	NREMT + CPR for all Initial EMR = CPR + 14 hrs CEU AND verification from MD or surrogate of qualification for renewal or NREMT EMT = CPR + 20 CEU AND verification from MD or NREMT AEMT = CPR + 26 hrs CEU AND verification from MD or NREMT EMT-I = CPR + 30 hrs CEU AND verification from MD or NREMT Paramedic = CPR + 40 hrs CEU AND verification from MD or NREMT	

Nevada	EMR EMT AEMT Paramedic		x	2 yr certification NREMT for initial certification Renewal = 30 hrs CEU for EMT & AEMT + skills eval+ CPR Paramedic = 40 CEUs + CPR + ACLS + PALS + ITLS + skills eval	
New Hampshire	EMR EMT AEMT Paramedic		x	NREMT for Intial NREMT for renewal + proof of affiliation	Shawn Jackson shawn.jackson@dos.nh.gov (603) 223-4200 x31015
New Jersey	EMT EMT-P		x	EMT = Complete OEMS approved program + CPR + state examination 5 yr certification Paramedic = be EMT + CPR + sponsorship for clinical portion + acceptance into medic program + NREMT 2 yr cert Renewal = CPR + ACLS + PALS (or PEPP) + 48 hrs CEU + MD skills proficiency + endorsement of mobile intensive care hospital	
New Mexico	EMR EMT AEMT Paramedic		x	NREMT required for initial at all levels Course completion+CPR + NREMT+fingerprints for BG + fee 2 yrs cycle Renewal requirements must be completed by 12/31 of the year prior to renewal (12/31/16 for 3/31/17 renewal) Fees lower if submitted by Feb 28 EMR = refresher (16 hr specified) + 8 CEUs with specified Peds content + CPR = fee EMT = refresher (24 hr specified) + 24 CEUs with specified Peds content + CPR + fee AEMT = refresher (24 hr specified) + 30 CEU with specified Peds content = CPR + fee Paramedic = refresher (48 hr specified) + 24 CEU with specified Peds content + ACLS + CPR + fee	

New York	CFR EMT AEMT EMT-CC EMT-P		x	3 yr certificate Initial = State Approved Course State Practical Skills Exam State Written Exam Renewal = recert course + skills exam + state written exam OR Current certification, working for agency registered in the program, continuous practice, completed CEUs do not need to take written and skills exams Reciprocity = need to show a need + written request	
North Carolina	Medical Responder EMT EMT-I EMT-P		credentials	State approved program + Scope of Practice performance evaluation (cognitive + psychomotor) + Written exam 4 yr credential Refresher via Educational programs follow the guidelines of NHTSA refreshers	Tom Mitchell Tom.Mitchell@dhhs.nc.gov 919-855-3935 McKenzie Beamer Mckenzie.Beamer@dhhs.nc.gov
North Dakota	EMR - Cert EMT - License EMT-I85 - License (must transition or drop) AEMT - License EMT-I99 - License Paramedic - License	x	x	NREMT required for initial and recert for EMT, AEMT, Paramedic	
Ohio	EMR EMT AEMT Paramedic		x	NREMT for Initial for all 3 yr certification - CE prorated to when initial cert graded EMR = 15 hrs (specified) or refresher or NREMT or by exam EMT = 40 hrs (specified) or refresher or NREMT + Ohio Trauma course or by exam AEMT = 60 hrs (specified) or refresher + 20 hrs CEU or NREMT + Ohio Trauma course or by exam Paramedic = 86 hrs (specified) or refresher + 38 hrs CEU or NREMT + Ohio Trauma course or by exam	

Oklahoma	EMR - registration EMT - License AEMT - License Paramedic - License	x		NREMT = Initial NREMT after 4/1/2010 - must be maintained - NCCP two yr cycle fees required at all levels EMR - refresher EMT - refresher + CPR + 48 CEUs AEMT - refresher + CPR + 36 CEUs + skills Paramedic - refresher + CPR = 24 CEUs + skills	Dale Adkerson dalea@health.ok.gov 405.271.4027
Oregon	EMR EMT AEMT Paramedic	x		NREMT for initial at EMT, AEMT & paramedic EMR - Initial = state approved course + AHA or ARC CPR 2 yr license - fees applied Renewal: EMR = 12 hrs CEU or NREMT re-cert EMT = 24 hrs CEUs or NREMT recert AEMT = 36 hrs or NREMT re-cert Paramedic = 48 hrs CEU (specified) + skills + MD added hrs	
Pennsylvania	EMR EMT AEMT Paramedic		x	NREMT for initial state registration EMR/EMT = 3 yr registration AEMT/Paramedic = 2 yr registration EMR = 16 cr. Hrs + CPR EMT = 24 CR Hr + CPR AEMT = 36 cr hr + CPR Paramedic = 36 cr hr + CPR	
Rhode Island	EMT Paramedic		x	NREMT required at initial fees applied Renewal = NREMT for paramedics EMT = refresher training or NREMT	
South Carolina	EMT AEMT Paramedic		x	NREMT required at Initial for all NREMT required to renew for all (begin 2007) Renew every 4 yrs older certs grandfathered with specific options (all include taking written and prac exams) + CPR for all, ACLS for medics must be credentialed by licensed ambulance provider and granted authority by MD	

South Dakota	EMT - cert AEMT - Licensed Paramedic - Licensed	x	x	NREMT for initial at all levels ALS Providers required to be licensed through SDBMOE - relicense every 2 yrs thru same 2 yr certification Recert = CPR + 24 hrs CEU or NREMT???	Bob.Hardwick@state.sd.us.
Tennessee	EMR EMT AEMT Paramedic		x	NREMT for initial at all levels Fees 2 yr license Renewal = EMR = fee + CPR + refresher or written exam or 10 CEU + skills or 1 college cr. Hr in EMR related course + skills EMT = CPR + written exam or 20 CEU or 2 college cr. Hr. in EMT AEMT - fee + CPR + exam or 25 CEUs or 2 college cr. hrs in AEMT Paramedic = fee + CPR + written exam or 32 CEUs or 3 college cr. hrs in paramedic related topics	
Texas	ECA (Emer Care Attend) EMT - Cert EMT-I - Cert EMT-P - Cert LP (licensed paramedic) - Licensed	x	x	NREMT = Initial for all fees - yes (diff for levels) LP must have Asso degree in EMS or higher level degree from a school accredited recognized by US DofEdu 4 yr period - inactive status of license Renewal = by exam; CEU, NREMT or Recert Course ECA = 36 hrs, EMT = 72 Hrs; EMT-I = 108; EMT-P or LP = 144 hrs	Brett Hart (512) 834-6731 brett.hart@dshs.state.tx.us
Utah	EMR EMT AEMT Paramedic		x	NREMT = Initial fees = \$115 4 yr cert EMR = 52 hrs CEU + TO ltr of Rec for recert + CPR + skills EMT = 98 hrs CEU + TO ltr of Rec for recert + CPR + skills AEMT = 108 hrs CEU + MD ltr of Rec for recert. + TO ltr of Rec for recert + skills + ACLS Paramedic = 144 hrs + MD ltr of Rec for recert. + TO ltr of Rec for recert + skills + ACLS + PALLS or PEPP	
Vermont	EMR EMT AEMT Paramedic	x		NREMT = Initial NREMT = Renewal	

Virginia	EMR EMT AEMT EMT-I99 Paramedic		x	NREMT for all Initial EMR = 18 hrs (specified) EMT = 36 hrs (specified) AEMT = 36 hrs (specified) EMT-I99 = 48 hrs (specified) Paramedic = 72 hrs (specified)	804-888-9120
Washington	EMR EMT AEMT Paramedic		x	NREMT for initial at all levels EMR = 3 yr renewal - 15 hrs (specified) CEUs+skills competency (specified) EMT = 3 yr renewal - 30 hrs (specified) CEUs+skills competency (specified) AEMT = 3 yr renewal - 60 hrs (specified) CEUs+skills competency (specified) Paramedic = 3 yr renewal - 150 hrs (specified) CEUs+skills competency (specified)	360-236-2830
West Virginia	EMR EMT ACT (Advanced Care Technician) Paramedic		x	EMR = Initial = 72 hour course+ State or NREMT exam+CPR Renewal = 16 hrs refresher+CPR EMT = Initial = 150 hr course+State of NREMT exam+CPR Renewal = 24 hr refresher=CPR ACT = Initial = ACT Course + EMT Cert+ MCI Awareness+HAZMAT+NREMT Ipp exams+CPR Renewal = NREMT I99+CPR Paramedic = Initial = Course+EMT cert+CPR+MCI Awareness+HazMat+NREMT exams Renewal = CEU hours+CPR+annual HazMat+skills eval	(304) 558-3956
Wisconsin	EMR EMT AEMT EMT-I Paramedic	x	x	NREMT = Initial at all levels EMR (cert) = 18 hrs + CPR + credential EMT (lic) = 30 hrs + CPR + credential AEMT (lic) = 42 hrs + CPR + credential EMT-I (lic) = 48 hrs + CPR + ACLS + credential Paramedic (lic) = 48 hrs + CPR + ACLS + credential	(608) 266-1568

Wyoming	EMR EMT AEMT EMT-I Paramedic	x		Initial = NREMT = 2 yrs EMR = CPR + 26 hrs (specified) EMT = CPR + 55 hrs (specified) EMT-I = EMT + IV, Meds, Defib, Chest Decomp, Monitor (or ACLS), + + + + Paramedic = EMT-I + ACLS, ATLS, + 12 hrs (specified)+ + + + (IV, 12 lead, crico...)	(307) 777-7955
Washington D.C.	EMR EMT AEMT EMT-I99 Paramedic		x	Have and Maintain NREMT Certification + signature of MD of sponsoring institution	(202) 671-4222
American Samoa	access denied by MNIT				
Guam	nothing found				
Northern Mariana	access denied by MNIT				
Puerto Rico	in spanish				
US Virgin Islands	nothing found				