



EMR, EMT, AEMT, Paramedic, Community Paramedic APPLICATION INSTRUCTIONS

MINNESOTA EMERGENCY MEDICAL SERVICES REGULATORY BOARD

DO NOT SUBMIT YOUR COMPLETED APPLICATION VIA EMAIL

This Application is a legal document that MUST be completed by the Applicant only

Emergency Medical Responder (EMR)

Initial & Renewal Applicants MUST:

- OBTAIN from your instructor:
 - o Education Program Number
 - o Course Number
 - o Course Start and End Dates
- COMPLETE the attached application with all required elements.
- SUBMIT the application to the EMSRB via one of the methods on the application.

The Education Program where education was provided will submit a roster of candidates verifying successful course completion.

Upon review of the completed application and verification of successful course completion, an EMR registration card will be issued to the email address provided.

INITIAL EMT, AEMT, Paramedic, Community Paramedic Applicants

Initial Applicants MUST:

- OBTAIN from your instructor:
 - o Education Program Number
 - o Course Number
 - o Course Start and End Dates
- COMPLETE the attached application with all required elements.
- SUBMIT the application to the EMSRB via one of the methods on the application.

Initial applicants may submit an application to the EMSRB prior to obtaining National Registry Certification. Please note that initial applicants will need to submit National Registry Certification information to the EMSRB prior to this agency issuing state certification.

Upon review of the completed application and verification of successful course completion, a certification card will be issued to the email address provided.

RENEWAL EMT, AEMT, Paramedic, Community Paramedic Applicants

Renewal Applicants MUST:

- OBTAIN from your instructor:
 - o Education Program Number
 - o Course Number
 - o Course Start and End Dates
- COMPLETE the attached application with all required elements.
 - o **Continuing Education Report**
 - o Complete and submit the Continuing Education Report if renewing using continuing education CEUs or the NCCP model, or
 - o Provide your valid NREMT number on your application in lieu of submitting the Continuing Education Report
 - o **Community Paramedics** must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director. *Hours must be documented and submitted on the attached CEU tracking form.*

SUBMIT the application to the EMSRB via one of the methods on the application.

Upon review of the completed application and verification of successful course completion, a certification card will be issued to the email address provided.

Reinstatement means that your registration or certification is expired. If you are an EMR, you have one year from the date of expiration to meet the renewal requirements. If you are an EMT or above, you have four years from the date of expiration to meet the renewal requirements.

Questions related to the application process, please contact:
EMSRB Office at (651) 201-2800 or emsrb@state.mn.us



NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM APPLICANTS

The purpose of this notice is to enable applicants to make informed decisions about whether to give private information to the state agency. Unless noted otherwise, the requested data will be used to determine the applicant's eligibility for, and create/renew certification or registration by the EMSRB. Also unless otherwise noted, you are not legally required to provide the requested data, but failure to provide the data may result in denial of your certification or registration. All data collected may be shared upon court order or shared with the Minnesota Attorney General, Department of Revenue, Legislative Auditor, State Auditor, or as authorized by law. Please note that some data collected by the EMSRB will be made public upon issuance of certification/registration.

***Social Security Number:** Applicants are legally required to provide their Social Security number in accordance with [Minn. Stat. § 270C.72, subd. 4](#), and in accordance with the [Personal Responsibility and Work Opportunity Reconciliation Act of 1996 \(42 U.S.C. § 666\(a\)\(13\)\)](#). This data may be used to help in the identification of the individual and may be shared upon a court order or shared with the Minnesota Attorney General, Department of Revenue, Legislative Auditor, State Auditor, or as authorized by law. This data will not become public upon issuance of certification/registration by the EMSRB.

***Designated Address and Telephone Number:** Applicants are legally required to provide an address and telephone number in accordance with [Minn. Stat. § 13.41, subd. 2 \(b\)](#). This data will become public upon issuance of certification/registration by the EMSRB.

Non-designated Address and Telephone Number: This data is not required to obtain certification/registration by the EMSRB. The applicant may provide an address that will not be made public. If the applicant chooses to provide this data, the EMSRB will not release this data to the public.

Gender: This data is not needed to be certified or registered by the EMSRB. This data is used in the analysis of workforce diversity by the State of Minnesota. The applicant is not legally required to provide this data. If the applicant chooses to provide this data, this data will become public upon issuance of certification/registration by the EMSRB.

***Date of Birth:** The EMSRB uses this data to identify and verify information on individuals. An applicant's age is NOT used to determine eligibility for certification or registration. The applicant is not legally required to submit this data. Without this data the EMSRB cannot verify all required information to issue a certification or registration. This data will become public upon issuance of certification/registration by the EMSRB.

***First Name, Last Name, and Middle Name:** This data is needed in determining the applicant's identity. The applicant is not legally required to provide this data. Without this data the EMSRB cannot verify identity, coursework, other certifications, or complete other authorizations to issue certification or registration. This data will become public upon issuance of certification/registration by the EMSRB.

***E-mail address:** The EMSRB uses this data to communicate with the applicant and deliver important documents including certification and registration. Some systems used by the EMSRB require an email address for login purposes. This data will become public upon issuance of certification/registration by the EMSRB.

***Education Program information, coursework information:** This data is needed in determining the applicant's eligibility for certification or registration. The EMSRB uses this data to verify completion of required courses. This data will become public upon issuance of certification/registration by the EMSRB.

All other data: All other data provided in an application will become public upon issuance of certification/registration by the EMSRB.

***This data is mandatory to obtain certification/registration by the EMSRB. If the applicant chooses not to provide this data, the EMSRB will not issue or renew state certification/registration.**

Note: The EMSRB provides data to individuals, groups, businesses, and other agencies that submit data requests for such data. All information on an applicant's application except Social Security Number and Non-designated Address will be provided in these data requests.



CERTIFICATION APPLICATION – INITIAL AND RENEWAL

EMR, EMT, AEMT, Paramedic, Community Paramedic

MINNESOTA EMERGENCY MEDICAL SERVICES REGULATORY BOARD

This Application is a legal document that MUST be completed by the Applicant only

1. By completing this application you are affirming that you have completed a course, or are in the process of completing a course, at the level you are applying for, through an EMSRB-approved education program or have completed course renewal requirements as approved by the Board.
2. When your application is approved, the EMSRB will send your certification card to your email address and to additional email addresses you provide.
3. Submit to: **Emergency Medical Services Regulatory Board • 2829 University Avenue Southeast, Suite 310 • Minneapolis, MN 55414 (via U.S. Mail)**
Submit by fax to (651) 201-2812 DO NOT SUBMIT YOUR COMPLETED APPLICATION VIA EMAIL Fields with a * are required and must be completed.

| *Type of Application (Check One): | INITIAL | RENEWAL | REINSTATEMENT | UPGRADE | DOWNGRADE |
|---|--|---|---|-------------------------|---------------------|
| *CERTIFICATION LEVEL: | EMR | EMT | AEMT | PARAMEDIC | COMMUNITY PARAMEDIC |
| *Social Security Number | *MN EMSRB Number (Renewal Only) | | *National Registry Number (If applicable) | | |
| *Last Name | *First Name | | *Middle Name (If None, enter NONE) | | |
| *Designated Address – Residence <u>or</u> Business (Note: This becomes public information upon issuance of credentials. See Minn. Stat. § 13.41, subd. 5) | *City | | *State | *Zip | |
| Non-Designated Address (Note: This is optional and remains private information upon issuance of credentials. See Minn. Stat. § 13.41, subd. 5) | City | | State | Zip | |
| *County of Designated Address | * Email Address | | | Male | Female |
| * Applicant Primary Phone | * Date of Birth | EMS Agency/Public Safety Agency Affiliation | | | |
| Applicant Alternate Phone | * Renewing EMTs, AEMTs, and Paramedics must include the continuing education report form or list a valid NREMT number to ensure renewal requirements have been met. By checking this box, you are verifying that you have met your renewal requirements. | | | | |
| * Education Program Number | * Course Number (Obtain from your instructor) | | * Course Start Date | *Course Completion Date | |

*DISCLOSURES

| | | |
|-----|----|---|
| Yes | No | 1. Have you <u>ever</u> been convicted or pled guilty or nolo contendere to a felony? |
| Yes | No | 2. Have you <u>ever</u> been convicted or pled guilty or nolo contendere to a gross misdemeanor or misdemeanor related to illegal use of drugs, illegal use of alcohol, sexual misconduct, assault, or theft? |
| Yes | No | 3. Have you <u>ever</u> violated a state or federal controlled substance law? |
| Yes | No | 4. Has the Minnesota Department of Health or the Minnesota Department of Human Services determined that you maltreated a vulnerable adult or child? |
| Yes | No | 5. Has any other health-related licensing authority denied, revoked, suspended, or placed conditions on your right to practice? |

*If you answered "Yes" to one of the Disclosure questions, you are required to provide the following information:

| | |
|---|--|
| Conviction date(s) and court file number(s): | Controlled substance violation date(s) and court file number(s): |
| Maltreatment of a vulnerable adult or child determination date(s): | Agencies involved & date(s) your right to practice was denied, revoked, suspended, or conditioned: |
| Specific details regarding ANY yes disclosure (attach additional pages if needed): | |

CONFIRMATION

By affixing my signature to this completed Application, I affirm that I have completed, or am in the process of completing, an initial or renewal EMR, EMT, AEMT, Paramedic, or Community Paramedic course through an EMSRB-approved education program or have completed course renewal requirements as approved by the Board. I also affirm as true all information provided, including answers to all questions in the Disclosures section. I understand that information I provided is subject to review and verification.

| | |
|--|--------|
| * Applicant Signature (You may electronically sign this document by typing "/s/" before your full name. Example: John Francis Doe is /s/ John Francis Doe) | * Date |
|--|--------|



EMT, AEMT, PARAMEDIC, COMMUNITY PARAMEDIC CONTINUING EDUCATION REPORT (For Renewal Only)

MINNESOTA EMERGENCY MEDICAL SERVICES REGULATORY BOARD

Use additional sheets to ensure all education is documented

This form is for EMS Personnel to track continuing education hours or National Continued Competency Program (NCCP) hours. Complete and submit this form along with your renewal application if you are renewing using continuing education CEUs or the NCCP model. If you are Nationally-Registered, you may provide your valid NREMT number on your application in lieu of submitting this form. The 12 additional hours required for Community Paramedic renewal must be submitted on this form. This form may be filled out electronically and saved on your computer.

| Name | | EMSRB Number | National Registry Number | |
|------|-------|--------------|--------------------------|----------|
| Date | Topic | Method | Hours | Category |
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My training officer or medical director has verified my skills to meet the renewal requirements.

(For use by those renewing via NCCP).

Training Officer or Medical Director Name (must be provided for audit purposes)

