State of Minnesota
Emergency Medical Services Regulatory Board
EDUCATION STANDARDS POST-TRANSITION WORKGROUP

Meeting Agenda

August 25, 2016, at 10:00 a.m.
EMSRB Offices – University Room (First Floor)
2829 University Avenue Southeast
Minneapolis, Minnesota 55414-3222

	Attachments
1. Welcome and Introductions	
2. Review of Agenda and Notes	**A-1**
3. Review Charge of the Workgroup	**A-2**
4. License vs. Certification for EMS Personnel – Educational Requirements (Work Group Charge No. 3)	**A-3 to A-7**
5. Instructor Qualifications (Minn. Stat. § 144E.283)	**A-8 to A-9**
6. Emergency Medical Responder (EMR) Renewal Requirements (Work Group Charge No. 4)	**A-10**

- If the EMSRB were to offer a license option for EMS personnel, does the PTEWG have thoughts/recommendations as to education requirements (if any) for an EMS license (separate from the requirements for an EMS certificate)?

- Does the PTWEG have thoughts/recommendations as to whether the EMSRB should adopt the National Continued Competency Program (NCCP) Renewal Requirements for the Emergency Medical Responder?

7. Post Transition Education Work Group Recommendation No. 5 – Further Clarification

- *"All NCCR components taught in Minnesota are administered by education programs approved by the EMSRB"*

8. Other items

9. Adjourn – 2:00 p.m.

Attachment Key:
A = Attachment

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 agenda is posted at: http://www.emsrb.state.mn.us

Note: Lunch to be served to Work Group during brief recess as determined by Work Group Chair

EMSRB
Minnesota Emergency Medical Services Regulatory Board

A 1

Post-Transition Education Work Group Meeting Notes

April 25, 2016

PTEWG Members present during April 25, 2016 meeting included Tia Radant, Brad Wright, Marion Larson, Joanne Ewen, Steve Hagstrom, Bill Brandt, Ron Lawler, Heather Grinsteiner, Cathy Anderson, Erin Glover, Susie Olson, Pat Lee, Eric Weller, Brett Rima, Holly Hammann-Jacobs, Mary Zappetillo, Lisa Consie.

1. Agenda reviewed – motion Larson, Wright second, MCU
2. Workgroup reviewed why we are at where we are at:
    a. January Board Meeting, recommendations were reviewed, survey went out and representation at conferences.
    b. February – Board approved all recommendations accept #4
    c. NREMT has switched MN to NCCP
    d. March, the Board questioned who was teaching what. Thankful for the work of the workgroup. Concern of the Board is why can the MD approve for Paramedics and not EMT's?
    e. Next Board meeting is in May, so we hope to have a recommendation to the Board after today.
        i. Reviewed North Dakota and Louisiana education information
        ii. Discussion about Ohio and Colorado are doing – Bill Brandt
3. Thought that all instructors be aligned with an Education Program
4. The group by general consensus, wants a stream-line process for both BLS and ALS personnel
5. Statute 144E.001 Subd 14b was reviewed – agreed this is satisfactory
6. Statute 144E.283
    a. NASEMSE – holds the DOT course now and you must contract with them to teach the course.
7. It was determined there is a need for training officer training and a checklist as to what is required of them.
8. Possible need for June expire date to align and allow for National Registry lapse process.
9. Wright proposes – Louisiana Instructor Qualifications (see attached)
    a. Currently possess MN Certification
        i. Scratch #4
        ii. Keep #2,3,5, 6
        iii. Define verifiable experience
    b. Motion – Radant
        i. 144E.283 be left as proposed by the Leg. Comm. - seconded by Pat Lee
        ii. Discussion – the Louisiana Document then comes into play under the "as approved by the Board". This also deals with Primary Instructors only.
        iii. MCU – abstain Wright
    c. Recommendations – to "or equivalent as approved by the Board" in 144e.283
        i. Licensure –
            a) Current NREMT certification at or above the level teaching
            b) Current Minnesota certification at or above the level teaching
        ii. Education an Experience –
            a) Associate's Degree <u>AND</u> 4years of verifiable experience at or above **OR**

b) 5 years of verifiable experience at or above

iii. Adult Education –

a) Complete the NAEMSE EMS Instructor (Level 1) Course **OR**

b) Complete the DOT NHTSA EMS Instructor Course **OR**

c) Fire Instructor 1 Certification **OR**

d) Possess a Bachelor's Degree in Education **OR**

e) Possess a Master's Degree or higher in any field of study

f) Successful completion of the MNSCU credentialing process

d. Motion by Wright – seconded by Lawler

i. MCU

10. Discussion about conferences to have an adhoc workgroup to approve CME's
11. Education Programs 144E.285, Statute review
    a. Applications approved by the Board should include the programs MUST upload their documentation and policies.
    b. Under Subd 1b4 add the word initial before
12. Workgroup Recommendation
    a. Motion by Lawler – second by Ewen - MCU
        i. Forward recommendation to the Board to add under re-approval
        ii. 3) and be subject to a site visit.
13. Review of 144E.285 Initial or Both and strike Subd 1a , Lisa will rework language
14. Motion – Radant , Second – Hagstrom - MCU
    a. Strike to remove 144E.285 Subd 1 b (5) and Subd 1a (5)

Lawler – Motion, Susie – Second, Oppose Larson – all other approve.

Board Recommendation: All NCCR components taught in Minnesota are administered by Minnesota Approved Education Programs.

Questions to be answered that may arise:

Create FAQ for MD's
Can I still teach my topics of choice?
What would I have to do to teach an NCCR component?
What does administer mean?
What can an approved education program teach?
How do conference cover NCCR topics?
**Lisa to develop answers to these questions

Need also need a recommendation for MDSAC whether or not to require as statute currently does CPR/ACLS.

Meeting completed at 1600.

Minnesota Emergency Medical Services Regulatory Board

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

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M E M O R A N D U M

Date: August 17, 2016

To: Education Standards Post-Transition Work Group

From: Tony Spector, Executive Director

Re: License vs. Certification

The Emergency Medical Services Regulatory Board (EMSRB), since its inception, has issued credentials to EMS personnel. For Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), Paramedics, and Community Paramedics, the issued credential is (and has been) an occupational certificate (i.e., certification). For the Emergency Medical Responder (EMR)(formerly First Responder), the issued credential is (and has been) an occupational registration (i.e., registration).

In April 1998, the Legislative Audit Commission directed the Officer of the Legislative Auditor (OLA) to conduct a study of occupational regulation in Minnesota. The report, entitled Occupational Regulation, was published in February 1999. The relevant section pertaining to the EMSRB is attached. That study noted that EMSRB regulation is "Certified" (i.e., Certifications). The document further stated:

> Note: Licensure is the most restrictive form of regulation; licensure indicates practice protection. Certification indicates title protection. Registration indicates that the state maintains a roster of practitioners. The use of terms in this directory is not necessarily consistent with statutory language.

The EMSRB recently contacted the OLA for clarity and guidance, specifically seeking an answer to the question of why EMS credentials in Minnesota are deemed certifications (and registration for the EMR). Unfortunately, those employees at the OLA who were part of the original study are no longer with the agency, and those currently with the OLA do not possess the background or the information to provide an answer or to place the question in some form of narrative context.

The EMSRB also asked the OLA whether categorizing an occupational credential as a license thereafter requires the issuing agency to collect a fee for that license. The OLA will have its financial audit staff research that issue and report back to the EMSRB.

EMSRB staff also explored License v. Certification across the 49 states. Attached is a spreadsheet delineating which states issue licenses as EMS credentials, which states issue licenses as EMS credentials, and which states issue both licenses and certificates as EMS credentials. For those states that issue licenses only, the license relates solely to the credential category without regard to the applicant's education beyond what is required for the credential. For those states that issue both licenses and certificates – with the exception of Texas – the difference relates solely the credential category and not an educational distinction within a category. For example, Kentucky licenses its paramedics but certifies its EMRs, EMTs, and AEMTS.

As noted above, only one state – Texas – has a separate educational requirement that differentiates a license from a certificate, and the category pertains to paramedics only. In order to become a licensed paramedic in Texas, the applicant must first possess a paramedic certification issued by Texas and also possess either an associate degree in Emergency Medical Service, and baccalaureate degree, or a post-graduate degree.

EMSRB staff hopes this information proves helpful to the Education Standards Post-Transition Work Group as it contemplates the matter of education requirements for an EMS license in Minnesota.

* * *

Minnesota Emergency Medical Services Regulatory Board

Staff Summary Report
EMS Personnel Licensure / Certification

The Minnesota Emergency Regulatory Board charged the EMS Education Standards Work Group to review making changes to the current statutory naming of *Certification* for EMS Personnel at the EMT level and above. General information regarding the terms *Certification* and *Licensure* related to healthcare professionals was gathered from the National Registry of EMT (NREMT); National Association of Emergency Medical Services State Officials (NASEMSO), Internet search of all fifty state EMS offices and general internet searches on Licensure and Certification for healthcare professionals.

General Definitions:

Certification

Certification is the process by which private organizations recognize individuals for meeting certain criteria established by the private organization in which individuals are recognized for advanced knowledge and skills. It is a form of self-regulation which is *voluntary* in that it is not required of individuals prior to practice and is without governmental oversight. Practitioners seek certification usually as a form of self-promotion and in an attempt to distinguish one practitioner from another. There is no requirement to be certified and no governmental penalties for failure to achieve or loss of certification recognition.

Licensure

Licensure is the process by which a federal, state or local governmental agency grants an individual permission to practice in a particular occupation or profession that is subject to regulation under the government's authority and to refer to oneself as "licensed" or authorized to practice. The authority of a state to enact law regulating a particular profession is derived from the United States Constitution and conferred on state and local governments. Using this authority, states adopt "practice acts" which create and empower a board to regulate the profession in the interest of public protection. Within the practice acts are mandates for practitioners to become licensed, usually based upon requirements such as education, examination, experience and moral character. These requirements, which vary among jurisdictions, establish one's minimum competence to safely and effectively practice the regulated profession. The practice act also establishes the powers of the board, the scope of practice, and the legal requirement to uphold certain professional and ethical standards.

Obtaining a license in order to practice a profession is *mandatory*, and state laws may provide for criminal or administrative penalties for unlicensed practice. Penalties for violating licensure laws vary from state to state. Periodic licensure renewal is also mandatory and usually premised upon substantiating required continuing education or professional development.

Source: https://www.fsmtb.org/media/1128/member-boards-agencies-member-services-government-relations-resources-licensure-v-certification.pdf

The National Registry:

The Legal Differences Between Certification and Licensure

Although the general public continues to use the terms interchangeably, there are important functional distinctions between the two concepts.

The federal government has defined "certification" as the process by which a non-governmental organization grants recognition to an individual who has met predetermined qualifications specified by that organization.[1] Similarly, the

National Commission for Certifying Agencies has recently defined certification as "a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders."[2]

Accordingly, there are three hallmarks of certification (as functionally defined).

Certification is:

1. voluntary process;
2. by a private organization;
3. for the purpose of providing the public information on those individuals who have successfully completed the certification process (usually entailing successful completion of educational and testing requirements) and demonstrated their ability to perform their profession competently.

Nearly every profession certifies its members in some way, but a prime example is medicine. Private certifying boards certify physician specialists. Although certification may assist a physician in obtaining hospital privileges, or participating as a preferred provider within a health insurer's network, it does not affect his legal authority to practice medicine. For instance, a surgeon can practice medicine in any state in which he is licensed regardless of whether or not he is certified by the American Board of Surgery.

Licensure, on the other hand, is the state's grant of legal authority, pursuant to the state's police powers, to practice a profession within a designated scope of practice. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. As such, licensure prohibits anyone from practicing the profession who is not licensed, regardless of whether or not the individual has been certified by a private organization.

Confusion between the terms "certification" and "licensure" arises because many states call their licensure processes "certification," particularly when they incorporate the standards and requirements of private certifying bodies in their licensing statutes and require that an individual be certified in order to have state authorization to practice. The use of certification by the National Registry by some states as a basis for granting individuals the right to practice as EMTs and calling the authorization granted "certification" is an example of this practice. Nevertheless, certification by the National Registry, by itself, does not give an individual the right to practice.

Regardless of what descriptive title is used by a state agency, if an occupation has a statutorily or regulatorily defined scope of practice and only individuals authorized by the state can perform those functions and activities, the authorized individuals are licensed. It does not matter if the authorization is called something other than a license; the authorization has the legal effect of a license.

In sum, the National Registry is a private certifying organization. The various state offices of EMS or like agencies serve as the state licensing agencies. Certification by the National Registry is a distinct process from licensure; and it serves the important independent purpose of identifying for the public, state licensure agencies and employers, those individuals who have successfully completed the Registry's educational requirements and demonstrated their skills and abilities in the mandated examinations. Furthermore, the National Registry's tracking of adverse licensure actions and criminal convictions provides an important source of information which protects the public and aids in the mobility of EMT providers.

[1] U.S. Department of Health, Education, and Welfare, Report on Licensure and Related Health Personnel Credentialing (Washington, D.C.: June, 1971 p. 7).
[2] NCCA Standards for the Accreditation of Certification Programs, approved by the member organizations of the National Commission for Certifying Agencies in February, 2002 (effective January, 2003).

Source: http://www.nremt.org/nremt/about/legal_opinion.asp

NASEMSO:

Staff from NASEMSO provided a monograph on "Personnel Licensing Policies, Practices and Procedures of State EMS Offices". This document is included in the Work Group documents.

Additionally, staff from NASEMSO provided the following opinion on Certification versus Licensure:

> *"States who "certify" EMS personnel (the term we have used for too long) are, in fact, really licensing them. Because EMS personnel must meet state requirements and apply to the state to be able to practice as an EMT, it is considered a license in the legal sense. With states moving to the new levels (EMR, EMT, AEMT and NRP) there is hopefully fewer differences among states. So, to answer your question, there should be no educational differences between licensure and certification in EMS personnel. It is just a matter of what the state had elected to call it in their statutes or rules."*

Summary of States:

EMSRB staff conducted an internet search of all fifty states to gather additional information related to states that license EMS personnel. The results for the search found that twenty-four (24) states license EMS Personnel. They include: Alabama, Arkansas, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Kentucky, Maryland, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Vermont, Wisconsin and Wyoming.

Please refer to the state list spreadsheet in your meeting documents for additional details on each state.

Licensure versus Certification – Educational Differences:

In general, the reviews of states that license EMS Personnel at any level do not have significant differences in educational requirements from the states that continue to certify EMS personnel. The one distinct difference noted is the State of Texas requires an Associate degree or higher to be licensed as a Paramedic in Texas. It should also be noted that Texas has a Certified Paramedic level as well which does not require the degree.

Licensure Gap:

Licensure is the state's grant of legal authority to practice a profession within a designated **scope of practice**. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. It should be noted that Minnesota does not have a designated Scope of Practice in statute at any level. Again, in general, Scope of Practice is left up to the physician medical director the EMS personnel is working under.

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Directory of Regulated Occupations in Minnesota

February 1999
99-05b

Program Evaluation Division
Office of the Legislative Auditor
State of Minnesota

Centennial Office Building, Saint Paul, MN 55155 ● 651/296-4708

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Introduction

In April 1998, the Legislative Audit Commission directed the Office of the Legislative Auditor to conduct a study of occupational regulation. Our report, entitled *Occupational Regulation*, was published in February 1999.[1] The report discusses the history of occupational regulation in Minnesota and other states and the effectiveness of Minnesota's system of occupational regulation.

It was also an objective of the study to provide descriptive information on regulated occupations in Minnesota, and this directory presents additional information on the occupations regulated by Minnesota state government. The directory shows the type of regulation, the board or state agency with regulatory authority, and the number of regulated professionals in each occupation. We also provide a summary of the education, experience, examination, and continuing education requirements for licensure or other type of regulation.

The idea for this directory came from our observation, early in the study, that Minnesota policy makers and others lacked even a reasonably complete list of regulated occupations. We needed a list of regulated occupations, for one thing, because we intended to assemble data on regulated occupations and survey managers in state government with regulatory responsibilities. In addition, licensure or other regulatory requirements were scattered throughout the statutes and were often quite technical and difficult to understand.

To assemble the directory, we started with a list of regulated occupations produced by the House Research Department in 1988.[2] We augmented this list by reviewing relevant statutes and interviewing legislative and state agency staff knowledgeable about occupational regulation. We then sent a survey to all boards and agencies with regulatory responsibility and asked for information on each identified occupation. We also inquired about other occupations not identified. We received a 100 percent response to our survey and feel we have identified a complete list of occupations regulated by state government in Minnesota.

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1 The report is available on the internet at http://www.auditor.leg.state.mn.us/pe9905.htm.

2 House Research Department, *Regulation of Occupations and Professions: A Guide for Legislators,* (St. Paul, MN, 1988).

We found that it was sometimes unclear whether to view regulatory requirements as *occupational* regulation or *business* regulation. Our definition of occupational regulation requires at least one of the following criteria to be met:

- **Specified training or educational requirements,**
- **Skill demonstration or examination, or**
- **Reference to national credentials based on education, training, or examination.**

Absent education, training, or examination requirements, regulation requiring bonding, insurance, background checks, or facility inspections did not meet our definition of occupational regulation.

The directory is organized by the board or agency with regulatory authority. The information contained in the directory was sent back to each agency to be checked for accuracy, and 95 percent of the boards and agencies responded to our request that the information be checked.

Emergency Medical Services Regulatory Board

www.emsrb.state.mn.us

Occupations

Emergency Medical Technician: Basic, Intermediate, Paramedic

Financial Information *(In thousands)**

	1997	1998
Resources		
Occupational Licensure/Regulation Charges	$ --	$ --
Other Revenue	$ --	$ --
Total Resources Available	$ --	$ --
Expenditures		
Direct Expenditures	$ --	$ --
Indirect Expenditures	$ --	$ --
Total Expenditures	**$ --**	**$ --**
Current Difference	**$ --**	**$ --**
Accumulated Ending Balance	**$ --**	**$ --**

NOTES: *Emergency Medical Services Regulatory Board became effective July 1, 1996.*
*** SOURCE:*** *Financial data are not yet available.*

Board Information

Board Members are appointed by theGovernor.

Number of Board Members: 19
Number of Public Members on Board: 1

Other Board Requirements:
Members must work in Minnesota, except the public member who must reside in Minnesota and be at least 65 years of age. Each professional member represents a different aspect of emergency medicine, as specified in Minnesota Statute 144E.

Number of Staff Providing Services to the Board (full-time equivalents): 16

Emergency Medical Technician: Basic, Intermediate, Paramedic

Regulating Entity: Emergency Medical Services Regulatory Board

Year First Regulated: Basic 1977; Intermediate 1989; Paramedic 1979.

Current Enabling Statute: *Minn. Stat.* §144E.16

Type of Regulation: Certified

NOTE: Licensure is the most restrictive form of regulation; licensure indicates practice protection. Certification indicates title protection. Registration indicates that the state maintains a roster of practitioners. The use of terms in this directory is not necessarily consistent with statutory language.

Number of Professionals Regulated (8/98): 9,000 Basics, 450 Intermediates, 1,700 Paramedics.

Percent Change over the Past 5 Years: Not applicable. (Board was created July 1996.)

New Credentials Issued in FY 1998: 1,596 Basics, 77 Intermediates, 185 Paramedics.

Renewals in FY 1998: 3,293 Basics, 85 Intermediates, 616 Paramedics.

Professional Requirements

Education: Basic EMTs must take a 110 hour US DOT 1994 EMT course at a state-approved training program. Intermediate EMTs must take an additional 52 hour course. Paramedics must take the US DOT EMT-Paramedicourse.

Experience: Intermediate and paramedic EMTs must first be certified as basic EMTs.

Examination: EMTs must pass a National Registry written and practical exam for each level of certification.

Continuing Education: In order to re-certify, basic EMTs need to pass a 24 hour refresher course every other renewal period and pass a written test and practical exam. For the other 2 year period, EMTs must take 36 hours continuing education.

Fees: No fees.

Other: EMTs must be at least 18 years old.

Complaints

Number Filed in 1997: Not applicable.

Number Filed in 1998 Not applicable.

Number Open (8/98): Not applicable.

Additional Comments

15,000 First Responders are also currently registered with the board. First Responders must complete a 40 hour US DOT 1995 course.
The Emergency Medical Services Regulatory Board currently has no authority to revoke, suspend, deny, or place conditions on EMTs.

EMSRB Minnesota Emergency Medical Services Regulatory Board

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
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)
Alaska	ETT - Emergency Trauma Technician EMT - I (EMT-Basic) EMT-II (EMT-Intermediate) EMT-III (EMT-II + basic Cardiac Skills) MICP - Mobile Intensive Care Paramedic		x	It's complicated Application fee = $25.00
Arizona	EMT AEMT EMT I99 (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
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
California	EMT -- Certificate AEMT -- Certificate 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
Colorado	EMT AEMT EMT-I99 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 - MREMT = 72 hrs Colorado = 50 hrs (3 yrs)
Connecticut	EMR -- Certification EMT -- Certification AEMT -- Certification 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		EMT = NREMT Initial - do not need to maintain Paramedics Have and maintain certification & licensing: NREMT, CPR, ACLS, PALS or PEPP, PTLS or ITLS
Florida	EMT Paramedic		x	• 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
Georgia	EMT AEMT Paramedic	x		• $75 application fee • Fingerprint Background Check • Verification of US Residency • Current NREMT • CPR, ACLS (Paramedics)

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
Hawaii	EMT-Basic EMT-Paramedic		X	• 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)
Idaho	EMR EMT AEMT ($35 fee) Paramedic ($35 fee)	x		• 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
Illinois	EMT- Basic EMT- Intermediate EMT-Paramedic	x		• 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
Indiana	EMR EMT AEMT Paramedic		x	• 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
Iowa	EMR EMT AEMT Paramedic		x	• 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
Kansas	EMR EMT AEMT Paramedic		x	• NREMT for initial • EMR= 20hrs CEU • EMT= 40hrs CEU • AEMT= 50hrs CEU • Paramedic= 60hrs CEU
Kentucky	EMR -- Certificate EMT -- Certificate AEMT -- Certificate Paramedic -- License	x	x	• 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

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
Louisiana	EMR EMT AEMT Paramedic		x	NREMT + application fee
Maine	EMR EMT AEMT Paramedic		x	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
Maryland	EMR -- Certificate EMT -- Certificate CRT (Cardiac Rescue Tech) -- License Paramedic -- License	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 affliation with EMS Operation Program, 12 EMR Refresher or 6 hrs CEU + 6 hrs skills EMT = Initial:approved course, internship, written and practical exams, currently affliated with BLS Operation Program 3yr cert EMT = Renewal: 24 hr refreser or NREMT + affiliation Paramedic = Initial:approved course, 12 full months of experience as EMT or 150 runs, NREMT Cert + ALS EMS Operation Program 2 yr license Renewal : NREMT + Affiliation
Massachesetts	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 Paraemdic & AEMT)
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		Iniital = 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)

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
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 renenwal 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 AMD 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
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 submited 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

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
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
North Dakota	EMR EMT AEMT Paramedic	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 grated 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	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
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		registration	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

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
South Carolina	EMT AEMT Paramedic		x	NREMT required at Initial for all NREMT requireed 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 -- Certification AEMT -- License Paramedic -- License	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???
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) -- Certificate EMT -- Certificate EMT-I -- Certificate EMT-Paramedic -- Certificate Paramedic -- License	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
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)
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)

Licensure and Certification
A Fifty-State Survey

State	Levels	License	Certification	Requirements
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
Wisconsin	EMR -- Certification EMT -- License AEMT -- License EMT-I -- License Paramedic -- License	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
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…)
Washington D.C.	EMR EMT AEMT EMT-I99 Paramedic		x	Have and Maintain NREMT Certification + signature of MD of sponsoring institution

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Texas Administrative Code

TITLE 25	HEALTH SERVICES
PART 1	DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 157	EMERGENCY MEDICAL CARE
SUBCHAPTER C	EMERGENCY MEDICAL SERVICES TRAINING AND COURSE APPROVAL
RULE §157.40	Paramedic Licensure

(a) Requirements for paramedic licensure.

(1) A currently certified paramedic may apply for a paramedic license if the candidate has at least one of the following degrees from an institution of post secondary education which has been accredited by an agency recognized by the U.S. Department of Education as an approved accrediting authority:

(A) an associate degree in emergency medical services (EMS);

(B) a baccalaureate degree; or

(C) a postgraduate degree.

(2) Initial paramedic license. A candidate for initial paramedic licensure under this section shall:

(A) be at least 18 years of age;

(B) submit an application and a nonrefundable fee, if applicable, of $120; EMS volunteer--no fee; however, if the applicant later receives compensation during the renewed licensure period, the exemption ceases and the individual shall pay a prorated fee to the Department of State Health Services (department) based on the number of years remaining in the licensure period when employment begins. The non-refundable fee shall be $30 per each year remaining in the licensure. Any portion of a year that the licensed paramedic receives compensation for his paramedic service will count as a full year;

(C) provide evidence of current active or inactive National Registry certification at the appropriate level;

(D) have met the appropriate requirements in paragraph (1) of this subsection;

(E) submit an official transcript from an accredited institution of post secondary education showing successful completion of at least one of the academic degrees referenced in paragraph (1) of this subsection;

(F) An initial candidate not currently holding a current EMT-paramedic certification shall complete all requirements for licensure no later than two years after the candidate's course completion date. A candidate holding a current EMT-paramedic certification may apply at any time.

(G) The application will expire two years from the date the mailed application is postmarked, or the date a faxed, online submission or hand-delivered application is received at the department.

(i) The National Registry certification described in subparagraph (C) of this paragraph must remain current until the final requirement for paramedic licensure is met.

(ii) The applicant shall update the application if any changes occur between the time of original submission until the final requirement for licensure is met.

(3) Verification of information. After verification by the department of the information submitted by the candidate, a candidate who meets the requirements will be issued a paramedic license valid for a period of four years from the date of issuance of the license. A candidate must verify current licensure before staffing an EMS vehicle. Licensure may be verified by the applicant's receipt of the official department identification card, by using the department's certification website, or by contacting the department directly.

(4) The license is not transferable.

(5) Duplicate copies of the paramedic license may be issued, by the department to replace lost credentials for a fee of $10.

(6) A licensed paramedic may not hold another department EMS certification except for that of EMS course coordinator or EMS instructor.

(b) Renewal of paramedic license.

(1) Prior to the expiration of a license, the department may send a notice of expiration by United States mail or electronic mail to the licensee at the address shown in current records of the department. It is the responsibility of the licensed paramedic to notify the bureau of any change of address.

(2) If a licensed paramedic has not received notice of expiration from the department at least 30 days prior to the expiration of the license, it is the duty of the license holder to notify the department and request an application for renewal of the license. Failure to apply timely for renewal of the license shall result in expiration of the license.

(3) To maintain licensure status without a lapse, an applicant shall submit an application and fee (if applicable) for renewal of a license and shall complete all requirements for renewal of the license prior to the expiration date, but no earlier than one year prior to the expiration date.

(A) The licensee shall submit a non-refundable fee of $120 with the application.

(B) EMS volunteer--no fee. However, if the applicant later receives compensation during the renewed licensure period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the licensure period when employment begins. The non-refundable fee shall be $30 per each year remaining in the licensure. Any portion of a year that the licensed paramedic receives compensation for his paramedic service will count as a full year.

(C) Applicants holding a paramedic license may renew by completing any of the recertification options listed in §157.34(b) of this title (relating to Recertification). A licensee selecting Option 2, as defined in §157.34(b)(2) of this title, and in accordance with §157.38 of this title (relating to Continuing Education) may substitute up to 12 contact hours in the "Preparatory" content area and up to 48 contact hours of continuing education in the "Additional Approved Categories" area with any course of non-clinical professional development study approved by the licensee's medical director.

(4) After verification by the department of the information submitted, the paramedic license will be renewed for four years beginning on the day following the expiration date of the license. A new wallet-size card will be issued by the department.

(5) A license is not transferable.

(6) Military personnel. A licensed paramedic who is deployed in support of military, security, or other action by the United Nations Security Council, a national emergency declared by the President of the United States, or a declaration of war by the United States Congress, is eligible for relicensure under timely relicensure requirements from the person's date of demobilization until one calendar year after the date of demobilization, but will not be licensed during that period.

(A) In addition to requirements described in this subsection, the candidate shall submit a copy of deployment and demobilization orders.

(B) If all requirements are not completed within one year after date of demobilization, the candidate must meet the requirements of late paramedic relicensure within one additional year, as described in subsection (c) of this section.

(c) Late paramedic relicensure.

(1) Following the expiration date of the paramedic license, a candidate shall not be considered licensed and may not function in the capacity of an EMS licensee or certificant or represent that he is licensed or certified until relicensure is issued.

(2) A candidate whose paramedic license has been expired for 90 days or less may renew the license by submitting an application accompanied by a non-refundable renewal fee that is equal to 1-1/2 times the normally required application renewal fee for that level as listed in subsection (a)(2)(B) of this section. The applicant shall meet one of the recertification options described in subsection §157.34(b) of this title and submit verification of skills proficiency from an approved education program. If the applicant has already submitted an application and fee, but has not met all of the requirements prior to expiration, another application will not be required, but a total of one and one-half of the fee shall be necessary. The applicant shall be recertified for a period of four years beginning on the date of issuance.

(3) A candidate whose paramedic license has been expired for more than 90 days but less than one year may renew the license by submitting an application accompanied by a non-refundable renewal fee that is equal to two times the normally required application renewal fee as listed in subsection (a)(2)(B) of this section. Applicant shall meet one of the recertification options described in §157.34(b) of this title and submit verification of skills proficiency from an approved education program. If the applicant has already submitted an application and fee, but has not met all of the requirements prior to the 90th day after expiration, another application will not be required, but a total of two times fee shall be necessary.

(4) The applicant shall be licensed for a period of four years beginning on the date of issuance.

(5) A candidate whose license has been expired for one year or more may not renew the license. The candidate may become licensed by complying with the requirements of paragraph (2) of this subsection and §157.33(j) of this title (relating to Certification).

(d) Voluntary downgrades refer to §157.33(g) of this title.

(e) Renewal by voluntary downgrade refer to §157.34(a)(5) of this title.

(f) Inactive paramedic licensure. A licensed paramedic may make application to the department for inactive licensure at any time during the license period or within one year after the license expiration date.

(1) The request for inactive licensure shall be accompanied by a nonrefundable fee of $30 in addition to the regular nonrefundable application fee in subsection (a)(2)(B) of this section. If the final requirement is completed during the three month period after expiration, the application is considered late and the total fee required will be 1-1/2 times the amount in subsection (a)(2)(B) of this section. Volunteers are not exempt from inactive fees.

(2) Period of inactive paramedic licensure.

(A) The inactive license period shall begin upon date of issuance of the notice of inactive license and remain in effect until the end of the original active license period for those candidates who are currently licensed. The candidate's active license is surrendered upon issuance of the notice of inactive certification.

(B) If the candidate is within the final year of active licensure and chooses to renew with inactive licensure, the inactive licensure begins on the first day after the expiration of the current active license and shall remain in effect for four years.

(C) If the candidate applies during and/or completes the final requirement for inactive licensure within one year after the expiration of active license, the inactive license period shall remain in effect for four years from the date of issuance of the notice of inactive licensure.

(3) While holding an inactive licensure, a person shall not practice other than to act as a bystander rendering first aid or cardiopulmonary resuscitation (CPR) or the use of an Automated External Defibrillator in the capacity of a layperson. Practicing in any other capacity for compensation or as a volunteer shall be cause for denial of reentry and decertification.

(4) An individual shall not simultaneously hold inactive and active EMS personnel certification and/or licensure.

(5) Renewal of inactive licensure.

(A) To renew an inactive license, the applicant shall submit an application and the non-refundable fee, as described in subsection (a)(2)(B) of this section before expiration of the inactive license period. A candidate who meets requirements for inactive renewal shall be awarded an inactive license for a period of four years beginning on the first day after the expiration of the previous inactive license.

(B) A candidate whose inactive license has been expired for 90 days or less may renew the inactive license during the 90 day period after expiration of the license upon submitting a fee of 1-1/2 times the normally required renewal fee as described in subsection (a)(2)(B) of this section. If the applicant has already submitted an application and fee, but has not met all of the requirements prior to expiration, another application will not be required, but a total of 1-1/2 times the normally required renewal fee shall be necessary. The applicant shall be relicensed for a period of four years beginning on the date of issuance.

(C) A candidate whose inactive license has been expired more than 90 days but less than one year may renew the inactive license upon submitting a fee of two times the normally required renewal fee as described in subsection (a)(2)(B) of this section. If the applicant has already submitted an application and fee, but has not met all of the requirements prior to the 90th day after expiration, another application will not be required, but a total of two times the normally required renewal fee shall be necessary. The applicant shall be relicensed for a period of four years beginning on the date of issuance.

(D) A candidate whose inactive license has been expired more than one year must regain active licensure before reapplying for an inactive license as described in §157.33(j) of this title.

(g) Inactive to active licensure.

(1) An inactive licensed paramedic prior to the expiration of the first four-year inactive licensure period may obtain active licensure by submitting an application and the non-refundable fee to the department, as described in subsection (a)(2)(B) of this section and by completing one of the following options:

(A) Option 1--meet the normal 4 year CE requirement for paramedic license renewal as listed in §157.34(b)(2) of this title, submit verification of skills proficiency from an approved education program, and pass the national registry assessment exam.

Cont'd...

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State of Minnesota
EMSRB
Emergency Medical Services Regulatory Board

Recommendation Under Minn. Stat. § 144E.283 – Instructor Qualifications

1. **Certification:**
   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… three (3) years of verifiable experience at or above the level teaching; OR
   Five (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

Instructor Type	Credentialed By	Notes
Primary Instructor	Program Director **Verified by EMSRB**	See the requirements detailed in Minn. Stat. 144E.283. *Primary Instructors are required to deliver at least 50% of the total didactic course material.*
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	

Note: The recommendation as approved by the Wok Group will be submitted to the EMSRB Legislative Committee to determine how best to craft statutory language.

144E.283 INSTRUCTOR QUALIFICATIONS.

(a) An emergency medical technician instructor must:

(1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse;

(2) have two years of active emergency medical practical experience;

(3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board;

(4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the board; and

(5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.

(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

History: *1999 c 245 art 9 s 38; 2012 c 193 s 37,49*

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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	• Ventilation [1 hrs] • Oxygenation [1 hr]
Cardiovascular	2	• Stroke [1 hr], • Cardiac Arrest [0.5 hrs], • Post Resuscitation Care [0.5 hrs]
Trauma	1	• CNS Injury [0.5 hrs], • Tourniquets [0.5 hrs]
Medical	3	• 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	
Ventilation [1 hours]	**2 total hours of Airway Respiration & Ventilation**
• *Assisted Ventilation*	
○ *Respiratory failure versus distress*	
○ *Adjuncts*	
• *Positioning*	
Oxygenation [1 hour]	
Cardiovascular	
Stroke [1 hour]	**2 total hours of Cardiovascular**
• *Assessment (Stroke scale)*	
• *Oxygen administration*	
• *Time of onset (duration)*	
• *Transport destination*	
Cardiac Arrest [0.5 hours]	
• *Ventricular Assist Devices*	
Post Resuscitation Care [0.5 hours]	
• *Recognition of Return of Spontaneous Circulation (ROSC)*	

NREMR- National Component	8 hours total
Trauma	
CNS Injury [0.5 hours]	**1 total hour of Trauma**
• *Concussion*	
Tourniquets [0.5 hours]	
Medical	
Immunological Diseases [1 hour]	**3 total hours of Medical**
• *Allergic reaction*	
• *Anaphylaxis*	
Communicable Diseases [0.5 hours]	
• *Hygiene (hand washing, etc.)*	
• *Vaccines*	
• *Influenza*	
Psychiatric Emergencies [1.5 hours]	
• *Mental Health*	
• *Patient restraint*	
○ *Agitated delirium*	
• *Depression/suicide*	