1. Call to Order – 10:00 a.m.

2. Public Comment – 10:05 a.m.

   The public comment portion of the Board meeting is where the public is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

3. Review and Approve Board Meeting Agenda – 10:10 a.m.

4. Review and Approve Board Meeting Minutes from November 17, 2016 – 10:15 a.m.

5. Board Chair Report – 10:20 a.m. – J.B. Guiton
   - Internal Operating Procedures Review
     - Work Group or Standing Committee (Ambulance Standards, Legislative, Education Standards Post-Transition)
     - Board Annual Self-Assessment
   - Community EMT Education Program Course Approval
   - Physician Orders for Life-Sustaining Treatment (POLST)
   - Surge Operations and Crisis Care Guidance Document
     http://mn.gov/boards/assets/EMS%20CSC%20v5.2_09_16_16_tcm21-273691.pdf

6. Executive Director Report – 11:00 a.m. – Tony Spector
   - EMT/AEMT/Paramedic Renewal Options and Requirements
     - A course in cardiopulmonary resuscitation that is approved by the board.
     - A course in advanced cardiac life support that is approved by the board.
   - Agency Update

7. Committee Reports – Committee Chairs – 11:30 a.m.
   - Education Standards Post-Transition Work Group – J.B. Guiton
   - Legislative Ad-Hoc Work Group – Kevin Miller
   - CRP/HPSP – Matt Simpson
8. **Closed Session – 11:55 a.m. (must have a quorum of members present to vote)**
   Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) *(Complaint Review Process)*

9. **Re-Open Meeting – 12:15 p.m.**

10. **New Board Business – 12:20p.m.**

11. **Adjourn – 12:30 p.m.**

Lunch will be provided to Board members and guests during a break to be determined by the Board Chair.

**Next Board Meeting: Thursday, March 16, 2017, at 10:00 a.m.**

**EMSRB Office**

**Minneapolis, Minnesota**

**Attachment Key:**

M = Minutes
BC = Board Chair
ED = Executive Director
CR = Committee Report

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](http://www.emsrb.state.mn.us)
Meeting Minutes
Emergency Medical Services Regulatory Board
Thursday November 17, 2016, 10:00 a.m.
Minneapolis, Minnesota

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Lisa Consie; Patrick Coyne; Steve DuChien; Megan Hartigan; Jeffrey Ho, M.D.; Paula Fink-Kocken, M.D.; John Pate, M.D.; Mark Schoenbaum; Jill Ryan Schultz; Tony Spector, Executive Director; Melody Nagy, Office Coordinator; Robert Norlen, Field Services Supervisor; Rose Olson, Licensing Administrator; Chris Popp, Compliance Supervisor; Jennifer Middleton and Tiffany Sedillos, Assistant Attorneys General.

Absent: Rep. Jeff Backer; Lisa Brodsky; Aaron Burnett, M.D.; Scott Hable; Michael Jordan; Kevin Miller; Senator Kathy Sheran; Matt Simpson

1. Call to Order – 10:01 a.m.
Mr. Guiton said that the meeting would start with a closed session.

Motion: Dr. Pate moved to have the Board go into closed session. Dr. Ho seconded. Motion carried.

2. Closed Session – 10:05 a.m.
Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) (Complaint Review Process) and Minn. Stat. § 13D.05, subd. 3(2) (Personnel Matters)

Disciplinary actions were discussed and voted on by Board members.

3. Re-Open Meeting
Mr. Guiton re-opened the meeting and asked for introductions from Board members and guests.

Motion: Mr. Coyne moved to re-open the meeting. Dr. Pate seconded. Motion carried.

Mr. Schoenbaum announced it is National Rural Health Day.

4. Public Comment – 10:50 a.m.

The public comment portion of the Board meeting is where the public is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

None.

5. Review and Approve Board Meeting Agenda – 10:55 a.m.

Motion: Mr. Duchien moved to approve the agenda. Dr. Fink-Kocken seconded. Motion carried.

6. Review and Approve Board Meeting Minutes from September 9, 2016 – 11:00 a.m.

Motion: Dr. Fink-Kocken moved to approve the minutes from the September 9, 2016, Board meeting. Ms. Consie seconded. Motion carried.
7. **Board Chair Report – 11:05 a.m. – J.B. Guiton**

   **Post Transition Education Work Group Leadership Change**

   Mr. Guiton said Ms. Consie led this work group for several years and has decided to step down as the chair. He thanked her for her work. Mr. Guiton said he would be chairing the work group going forward.

   **Remindor of January Board Meeting Date and Location Change**

   Mr. Guiton said the January Board meeting will be held on January 26, 2017 so that it will not conflict with the Arrowhead EMS Association Conference in Duluth. The January board meeting location has been changed to the Woodbury Public Safety building. A map will be provided with the January agenda.

   Mr. Guiton said the March Board meeting that was scheduled to be held in Rochester will be held in Minneapolis due to conflicts in scheduling related to training being sponsored by the Southeast EMS Regional office.

   **Oath of Office Forms**

   Mr. Guiton asked members to sign the Oath of Office form provided (updated version) and return the form to Ms. Nagy.

8. **Executive Director Report – 11:10 a.m. – Tony Spector**

   **Report on Offline Licensing and Credentialing Process Report**

   Mr. Spector said the offline process continues to go well since its inception in July. Some process improvements have been discovered and implemented. The agency continues to focus on customer service. Some education programs have not been timely in submitting the requisite education verification documents. There may be some corrective action for education programs that delay in submitting information.

   Regarding the new elicensing system, the statement of work is being clarified before the contract is completed. The plan is to have the new system in place after January 1.

   **Report on EMT Practical Testing Renewal Requirements**

   Mr. Spector said he has had ongoing discussions with the National Registry for clarification of how communications are shared to provide timely information to our stakeholders. Mr. Spector discussed the statutory requirements for renewal. Two handouts were provided to Board members regarding EMT renewal requirements. Information will also be posted on the EMSRB website.

   Mr. Spector said it is not clear what the requirements are for a practical skills exam “as approved by the Board” when the Board has not approved a practical skills exam beyond March 31, 2016. While the Board adopted the NCCP model, notwithstanding current Minnesota statute the NCCP does not require a practical skills exam. Moreover, the other renewal options that are allowed by Minnesota statute still exist. Mr. Spector brought this to the Board’s attention not as an action item today but for information purposes and possible further discussion at the next Board meeting.

   *Dr. Ho left the meeting at 11:33 a.m.*

   **Agency Update**

   An agency update was not provided due to time constraints.

9. **Ambulance Standards Ad-Hoc Work Group Report and Recommendations – 11:35 a.m. – Pat Coyne**

   Mr. Coyne said the work group charge was to develop updated standards. Mr. Coyne said the CAAS standards are being recommended with some exceptions. Mr. Coyne thanked Mr. Norlen
Mr. Czyson provided an informational power point presentation. Mr. Guiton repeated this is only for new ambulance purchases. Mr. Spector said a rulemaking process would need to be undertaken by the agency. A January 2018 implementation date was suggested because ambulance services need to budget for this type of purchase. (A draft rule change document was provided to the Board members.)

Motion: Dr. Pate moved the agency go forward with the rulemaking process. Ms. Hartigan seconded. Motion carried.

Mr. Coyne said there are other items for the work group to discuss. Mr. Guiton asked Mr. Coyne to report at the January meeting if the Ambulance Standards Work Group should change to a standing committee or remain an ad-hoc work group.

10. Committee Reports – Committee Chairs – 11:40 a.m.
Data Policy Standing Advisory Committee Report – Megan Hartigan
Ms. Hartigan said the Committee has not met. Changes cannot be implemented without funding to support the work. Data continues to be transmitted to the national data base.

Ms. Hartigan commented that Mr. Spector has aligned data request requirements with statute/law.

Legislative Ad-Hoc Work Group Report – Mr. Guiton
Mr. Guiton said the work group met and discussed potential legislative proposals. The Governor’s office requested change item proposals and these were developed by Mr. Spector and submitted.

Medical Direction Standing Advisory Committee
Dr. Burnett asked Ms. Nagy to email the EMS Surge and Crisis Care Guidance Document. He is asking Board members to review the document for discussion and voting at the January Board meeting.

The Committee discussed the POLST form at their September meeting and offered suggested changes to the form. Dr. Burnett is asking the Board to endorse the concept of POLST but not specifically adopt the form.

Dr. Fink-Kocken said the pediatric guidelines are now posted on the EMSRB and EMSC website.

11. New Board Business – 11:45 a.m.
It was suggested the Board should recognize National Rural Health Day with the adoption of a resolution.

Motion: Mr. Schoenbaum moved that the Board resolve to celebrate November 17 as National Rural Health Day. Mr. Coyne seconded. Motion carried.

Mr. Schoenbaum provided the following:

WHEREAS: Emergency medical services are crucial in rural Minnesota because time-critical, lifesaving care is needed across wide geographies and sparse populations with limited access to definitive critical care; and

WHEREAS: Meeting the unique health care needs of Minnesota’s rural residents requires innovation and resourcefulness that reach beyond geographic boundaries; and
WHEREAS: Rural Minnesota’s emergency medical services professionals are dedicated to delivering high-quality and innovative care to rural Minnesotans; and

WHEREAS, on Thursday, November 17, 2016, National Rural Health Day will be celebrated throughout the United States.

NOW, THEREFORE, the Minnesota Emergency Medical Services Regulatory Board, does hereby celebrate and acknowledge Thursday, November 17, 2016 as Rural Health Day.

12. Adjourn – 11:55 a.m.

Motion: Dr. Fink-Kocken moved to adjourn the meeting. Mr. Coyne seconded. Motion carried.

Next Board Meeting:
January 26, 2017, at 10:00 a.m.
Woodbury Public Safety Building
2100 Radio Drive
Woodbury, Minnesota 55125
(651) 714-3600
INTERNAL OPERATING PROCEDURES

REVISION HISTORY:

Adopted:

June 1996

Revised:

July 1996
October 1996
December 1996
May 1998
August 1998
February 2000
May 2002
January 2003
January 2005
May 2006
January 2008
September 2013
November 2014
May 2015
September 2015
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**MISSION:** To protect the public’s health and safety through regulation and support of the EMS system.  
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INTRODUCTION

The Emergency Medical Services (EMS) Regulatory Board, hereafter the Board, was established by the 1995 Minnesota Legislature as defined in Minnesota Statutes 144E.01. Its function is to administer and enforce the provision of emergency medical services in the state. The EMS statute at Minnesota Statutes, Section 144E.01, subd.6 requires the Board to: (1) administer and enforce the provisions of Chapter 144E and other duties assigned to the Board; (2) advise applicants for state and federal emergency medical services funds, review and comment on such applications, and approve the use of funds unless otherwise required by federal law; (3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state’s emergency medical services delivery system; and (4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.

BOARD MEMBERS

RESPONSIBILITIES

The business and affairs of the Board shall be conducted in an open manner consistent with responsibilities of a public regulatory body. The Board shall not be responsible for managing day-to-day activities of the staff, but shall advise the executive director in the implementation of Board decisions.

MEMBERSHIP/TERMS

The Board consists of the following members, all of whom must work in Minnesota, except for the public member:
- an emergency physician certified by the American board of emergency physicians (actually known as the American board of emergency medicine);
- a representative of Minnesota hospitals;
- a representative of fire chiefs;
- a full-time firefighter who serves as a first responder and who is a member of a professional firefighter’s union;
- a volunteer firefighter who serves as a first responder;
- an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
- an ambulance director for a licensed ambulance service;
- a representative of sheriffs;
- a member of a local board of health to represent community health services;
- two representatives of regional emergency medical services programs, one of whom must be from the metropolitan regional emergency medical services program;
- a registered nurse currently practicing in a hospital emergency department;
- a pediatrician, certified by the American board of pediatrics, with experience in emergency medical services;
- a family practice physician who is currently involved in emergency medical services;
- a public member who resides in Minnesota;
- the commissioner of health, or a designee;
- the commissioner of public safety, or a designee;
- a state representative (ex officio non-voting member), appointed by the speaker of the house of representatives;
- a state senator (ex officio non-voting member), appointed by the committee on rules and administration of the senate.

Appointments are for four-year terms.

APPOINTMENTS/TERMINATIONS

See Minnesota Statute 15.0575 regarding appointments and terminations of Board members.

COMPENSATION/EXPENSE REIMBURSEMENT

Compensation of Board members is governed by Minnesota Statutes 15.0575. Members are reimbursed for travel and other allowable expenses while engaged in official duty.

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OFFICERS

Officers of the Board shall consist of a chair, vice chair, and secretary/treasurer.

CHAIR

The Board chair is designated by the governor from the appointed members of the Board. The chair shall preside at Board meetings and Executive Committee meetings. The chair shall be the principal spokesperson for the Board and the only person authorized to represent the Board except the executive director. In rare circumstances, other members may be specifically authorized to represent the Board. The chair may create committees and appoint committee chairs as necessary to carry out the Board work plan.

The chair will set an agenda for each meeting. The chair will call Special Meetings of the Board and Executive Committee as needed. The chair may take emergency action on behalf of the Board in consult with the Chair of the Medical Director’s Standing Advisory Committee. Any emergency action must be reported to the Board immediately.

The role of the chair is to see that the Board follows its own rules and those legitimately imposed on it from outside the organization. Meeting responsibilities include:

- Meeting discussion content will be held to only those issues that clearly belong to the Board to decide, according to Board policy.
- Deliberation will be timely, fair, orderly and thorough, but also efficient, limited in time and kept to the point.
- Roberts Rules of Order are observed except where the Board has superseded them. The chair may participate in the debate on any issue, similar to other Board members.
- Chair authority does not include supervising, interpreting Board policy to, or otherwise directing the executive director.

VICE CHAIR

The vice chair shall be elected by the Board. The vice chair shall preside at Board meeting in the absence of the chair and assist the chair in other matters as requested by the chair or as authorized by the Board.

SECRETARY/TREASURER

The secretary/treasurer shall be elected by the Board. The secretary/treasurer shall review staff drafts of Board meeting minutes, authenticate minutes by signature and present minutes to the Board for approval. The secretary/treasurer shall review and report on other documents, including Board financial statements, as requested by the chair. The secretary/treasurer shall assimilate, tabulate and hold in confidence non-public evaluation forms on the executive director’s performance completed by the Board and staff.

ELECTIONS

ELIGIBILITY

Current Board members may be nominated for vice chair, secretary/treasurer, and at-large Executive Committee member.

NOMINATION AND ELECTION

At the first regular Board meeting of each even-numbered calendar year, or as soon thereafter as the Governor has appointed new members, the chair will request a minimum of two nominations from the Board for each of the following: a vice chair, secretary/treasurer, and at-large Executive Committee member. Candidates will be given up to five minutes before the election to present themselves to the Board. Election will be by a simple majority of those present.

TERMS OF OFFICE

Terms of office for vice chair, secretary/treasurer, and at-large Executive Committee member are for two calendar years.

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BOARD MEETINGS
It shall be the intention of the Board to comply with all state and federal statutes, rules and regulations pertaining to open meetings, meeting notices and meeting participation. Additionally, the Board intends to exceed these standards whenever possible to better facilitate interested parties and the general public.

REGULAR MEETINGS
The Board shall select regular meeting dates and times at the first meeting of each calendar year. The regular meeting dates and times selected shall be for the period of February through January. A schedule of the regular meetings of the Board shall be kept on file in the Board’s office and a copy posted on the Board’s web page. If the Board decides to hold a regular meeting at a time or place different from that which is stated in the regular meeting posting, it shall give, at a minimum, the same notice that is required for special meetings. The frequency may vary depending on the business facing the Board, but will occur not less than six times per year. The chair may cancel any meeting due to inclement weather, hazardous travel conditions or other unforeseen circumstance.

SPECIAL MEETINGS
Special meetings may be called by the chair or the Executive Committee in order to conduct business that needs to be tended to prior to the next regular scheduled meeting. For special meetings, the Board shall post written notice of the date, time, place and purpose of the meeting on the principal bulletin board of the Board. The notice shall also be mailed or otherwise delivered to each person who has filed a written request for notice of special meeting with the Board. This notice shall be posted and mailed or delivered at least three days before the date of the meeting. A person filing a request for notice of special meetings may limit the request to notification of meetings concerning particular subjects. All requests for notice of special meetings shall expire on January 1 of each year. The Board shall send notice of the refilling requirement to each person who filed during the preceding year sixty days prior to the expiration date.

EMERGENCY MEETINGS
Emergency meetings may be called by the chair or the Executive Committee, because of circumstances that, in the judgment of the chair or Executive Committee, require immediate consideration by the Board. The Board shall make a good faith effort to provide notice of the meeting to each news medium that has filed a written request for notice, if the request includes the news medium’s telephone number.

CLOSED MEETINGS
The Board shall close a meeting for preliminary consideration of allegations or charges against an individual subject to the authority of the Board. If the Board concludes that discipline of any nature may be warranted, further meetings or hearings must be open. A meeting must also be open if requested by the individual who is the subject of the meeting.

The Board may close a meeting to evaluate the performance of an individual subject to the authority of the Board, and shall identify the person prior to closing the meeting. At the next open meeting, the Board shall summarize its conclusions regarding the evaluation. The meeting must be open if requested by the individual who is the subject of the meeting.

Prior to closing any meeting, the Board shall state on the record the specific grounds permitting the meeting to be closed and describe the subject to be discussed.

PLACE OF MEETINGS
The Board shall select locations in the State of Minnesota to hold all regular meetings.

QUORUM
The presence of a majority of the voting Board members constitutes a quorum at Board meetings. No official business may be acted on without a quorum.

ACTION BY THE BOARD
When a quorum is present at any meeting, the Board may take action on items by a majority of the voting members present.

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PUBLIC INVOLVEMENT

All meetings of the Board, its committees, standing advisory committees and advisory task forces, except for meetings of the Complaint Review Panel, are open to the public, and are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. Observers at all meetings will be encouraged to provide input for Board consideration. The Board will provide a public comment period which enables members of the public to comment at meetings.

Board committees consist of only Board members. Standing advisory committees and advisory task forces may consist of Board members and appointed members of the public. Unless authorized by law, public members of standing advisory committees may not be compensated, even for expenses. Advisory task forces shall be governed by the provisions of Minnesota Statutes, Section 15.014.

GENERAL PROCEDURES

ORDER OF BUSINESS

An agenda will be prepared by the chair prior to each Board meeting.

CONDUCT OF BUSINESS

Proceedings are governed by Roberts Rules of Order, Newly Revised, except as specified in these internal operating procedures and applicable law. Operating procedures may be suspended for a stated purpose during a single meeting by a majority vote of those present and voting.

Voting on any matter will be by voice vote, except for election of officers which may be by written ballot. The minutes will reflect how each member voted. Upon request of any member, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote. There will be no voting by proxy, and each member is entitled to only one vote on any issue.

Minutes will be kept of all Board meetings and will be submitted to the secretary/treasurer for review and signature prior to submission to the Board for approval.

COMMUNICATIONS

Board members shall refrain from writing letters or engaging in other kinds of communication in the name of the Board, unless such communications have been specifically authorized by the chair or the Board.

GUIDELINES

In order to perform their duties, Board members need to be fully informed on emergency medical services issues. Official communications to the Board on policy matters should be presented to the chair for review and consideration as an agenda item. Should any individual Board member or the executive director receive communications from any party that are appropriate for Board consideration, those communications should be forwarded immediately to the chair. The chair, through staff, shall transmit appropriate communications to the Board for consideration.

1. A Board member who receives information concerning a Board process issue, a Board-related question, notice of an important Board issue, or a Board-related complaint from the public, should refer the person to the executive director. In the case of a complaint from the public or notice of an important issue, the member shall also immediately personally notify the executive director.
2. A Board member who becomes aware that a person wants to complain about a possible violation of Board statute or rule shall ask the person to submit the complaint or allegation in writing to the executive director or chair. The member shall also immediately personally notify the executive director or chair.
3. A Board member who becomes aware that a non-member wants to add an item to a Board meeting agenda will suggest that the person submit the request in writing to the chair, including an adequate description of the matter proposed to be considered by the Board. Members shall receive a copy of these written reports in advance of meetings at which the matters are to be considered.
4. Board members will be made aware of threats of litigation as soon as possible.

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5. Board members will receive in advance of each meeting the information needed for proper consideration of all items that must be acted on at that meeting. Information not included in the information package for a meeting will be held for the next meeting unless it is determined to need immediate attention.

6. A Board member who receives a complaint from a staff member about an internal staff matter will refer the person to internal staff policies and procedures.

7. A Board member who has an issue with staff performance or operations should first present the matter to the executive director. If the matter remains unresolved after a reasonable period of time, the matter should be referred to the chair. If a member has an issue with the executive director’s performance, it shall be referred to the chair for consideration by the Executive Committee.

CONFIDENTIALITY/PRIVACY PROTECTION

The collection, creation, receipt, maintenance and dissemination of data maintained by the Board is governed by the Minnesota Government Data Practices Act.

CONFLICT OF INTEREST

As specified in Minnesota Statutes 144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

CODE OF CONDUCT

The Board expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Board members. We value:

- a supportive and respectful work environment for our members and employees,
- a diverse and representative work force,
- a workplace where employees and those we serve are treated fairly and equitably,
- appreciation, acknowledgment and acceptance of individual differences,
- employees and Board members who take responsibility for modeling appropriate behavior and assuring respectful behavior of others.

Board members must represent un-conflicted loyalty to the interests of the citizens of Minnesota. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. This accountability supersedes the personal interest of any member acting as an individual consumer of the agency’s services.

Board members will comply with all pertinent state laws and regulations that are applicable to public officials.

1. If a Board member has a conflict of interest in a matter before the Board, including any of the following areas, the member shall declare the conflict and refrain from discussion, and may not vote on the matter. In addition to these restrictions, if the conflict of interest is known in advance and is financial in nature, the member must prepare a written statement describing the matter requiring action or decision and the nature of the potential conflict of interest and deliver a copy of the statement to the Board chair.

   A. There must be no self-dealing or any conduct of private business or personal services between any member and the Board except as outlined in policy. This is to assure openness, competitive opportunity and equal access to information.
   B. Board members must not use their positions to obtain employment within the agency for themselves, family members or close associates.
   C. Should a Board member be considered for employment by the Board, s/he must temporarily withdraw from Board deliberation, voting and access to private Board information.

2. Board members may not attempt to exercise individual authority over the agency except as explicitly set forth in Board policies.

   A. Board members’ interactions with the executive director or with staff must recognize the lack of authority in any individual member or group of Board members.
   B. Board members’ interactions with the public, press or other entities must recognize the same limitation and the similar inability to speak for the Board unless specifically directed by the Board.
   C. Board members will make no judgments of the executive director or staff performance, except as outlined in the IOP process.

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D. Board members shall not engage in a business or professional activity that the affected person might reasonably expect would require or induce the affected person to disclose confidential information acquired by reason of the official position.
E. Board members shall not appear before the Board while acting as an advocate for him/herself or any other person who has an economic interest. Board members shall not represent, directly or indirectly, any business entity in any action or proceeding against the interest of the Board, or in any litigation in which the Board is a party.
F. Board members shall not use the official position to secure a special privilege or exemption for the affected person or others, or to secure confidential information for any purpose other than official duties.
G. Board members shall not intentionally or knowingly disclose any confidential information gained by reason of the affected person’s position concerning the property, operations, policies or affairs of the Board, or use such confidential information for pecuniary gain.

3. Complaints related to violations of this Code of Conduct will be referred to the Executive Committee. The Executive Committee, in consultation with the Attorney General’s Office, will determine the appropriate course of action.

EXECUTION OF CONTRACTS
The Board, except as otherwise provided in these internal operating procedures, may authorize any officer(s) or employee(s) to execute and deliver any contract or instrument in the name of and on behalf of the Board.

AMENDMENTS TO INTERNAL OPERATING PROCEDURES
Amendments of these internal operating procedures may be made at any meeting by a majority vote of all voting Board members. Suspending operating procedures does not constitute amendment.

The Board shall formally review and approve the internal operating procedures at the first meeting of each even-numbered year.

WORK PLAN
The Board shall prepare an initial work plan, which may be updated at least biennially.

ANNUAL SELF-ASSESSMENT
The Board and the executive director will conduct a self-assessment on an annual basis, preferably in December of each year. The purpose of the annual Board assessment is to evaluate the effectiveness of the Board governance structure and to determine developmental needs.

COMMITTEES

EXECUTIVE COMMITTEE
The Executive Committee will confer between meetings of the Board at the request of the chair and report all actions to the Board at its next meeting. The Committee is responsible for appraising the performance of the executive director at least annually and for developing, maintaining and enforcing a statement or policy regarding conflict of interest. The Executive Committee is comprised of the Board chair, vice chair, secretary/treasurer, Complaint Review Panel chair, Medical Direction Standing Advisory Committee chair, and an at-large Board member elected by the Board. The Board’s chair is the chair of the Executive Committee.

COMPLAINT REVIEW PANEL
The Complaint Review Panel, appointed by the chair, meets in closed session to review staff investigations of complaints against licensed ambulance services, training programs and individuals certified by the Board. The Panel also reviews criminal disclosure statements by individuals applying for certification or registration. The Panel reports to the Board when disciplinary action is recommended.

DATA POLICY STANDING ADVISORY COMMITTEE
The Committee chair and members of the Data Policy Standing Advisory Committee shall be appointed by the Board chair, in consultation with the chair of the Committee. Members shall include Board members and other individuals with interest or expertise in pre-hospital data. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from ambulance services (both rural and metro, direct data entry users and
providers uploading data) and those representing public health, medical research and other public interests (hereafter public interest). At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service or public entity shall have more than one representative from the same agency. The Committee chair may appoint workgroups or subcommittees as needed which may include Committee and non-Committee members. Terms shall be for two years; members shall be appointed from an applicant pool without regard to previous appointment, but members may be reappointed. At the first meeting after appointment, Committee members may designate an alternate. The alternates will be appointed by the chair of the Committee. Failure of a member or alternate to attend three consecutive meetings may result in removal from the Committee. The Committee shall recommend policies and practices to the Board on the use and dissemination of pre-hospital data collected by the Board within the provisions of applicable law. The Committee may adopt additional policies and procedures to further define its responsibilities, which shall be effective upon approval by the Board.

Examples of Committee Structure:

Ambulance Service Providers:
- Four providers uploading data to MNSTAR
- Two providers using direct data entry
- Ambulance Service Medical Director

Public Interest:
- County Public Health
- Regional Program
- Minnesota Department of Health
- Hospital
- Medical Research
- EMSC
- Legislator
- Other Public

MEDICAL DIRECTION STANDING ADVISORY COMMITTEE

The chair, in consultation with the Executive Committee, shall appoint the chair (who must be a physician Board Member) and the members of the Medical Direction Standing Advisory Committee. The members of the Committee shall be appointed by the Committee chair in consultation with the Board chair and the Executive Committee. The Medical Direction Standing Advisory Committee shall include, at a minimum, all physician members of the Board and the medical director from each of the designated regional EMS systems. Membership terms shall be for two years; members shall be appointed from an applicant pool, without regard to previous appointment. Failure of a member to attend three consecutive Committee meetings may result in removal from the Committee. The Committee may adopt additional policies and procedures to further define the Committee’s responsibilities, which shall be effective upon approval by the Board.

[Note: The chair requested review of the January 2010 IOP amendments under the topic of “Medical Direction Standing Advisory Committee” by Dr. Thomas in consultation with Dr. Kocken and provide recommended changes to the executive committee.]

AD HOC COMMITTEES

Special ad hoc committees may be appointed by the chair with the concurrence of the Board for special tasks as circumstances warrant. The membership of ad hoc committees may be different than the membership of standing committees, as directed by majority vote of a quorum of the meeting.

COMMITTEE CHAIRS

The chairs of committees, standing advisory committees, advisory task forces and ad hoc committees must be Board members.

COMMITTEE QUORUMS

The presence of a majority of the appointed or designated voting committee, standing advisory committee, advisory task force or ad hoc committee members constitutes a quorum.
COMMITTEE MINUTES

Each committee, standing advisory committee and advisory task force shall keep minutes. The minutes will reflect how each member voted.

ADMINISTRATION

INDEMNIFICATION

The Board may purchase and maintain insurance, if necessary, on behalf of any Board member or staff member or Board employee to cover any liability asserted against or incurred by such person arising out of an alleged act or omission occurring while a Board or staff member or Board employee is acting within the scope of his or her employment by the Board or while fulfilling Board responsibilities.

APPOINTMENT OF EXECUTIVE DIRECTOR

The Board shall appoint an executive director who shall serve in the unclassified service. All employees covered by the State of Minnesota’s Managerial Plan who become eligible for a cost-of-living pay increase will automatically receive the increase when it is made available by the state.

EXECUTIVE CONSTRAINT

The executive director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted government or professional ethics, law or state policy.

EMERGENCY MEDICAL SERVICES REGULATORY BOARD INTERNAL OPERATING PROCEDURES

1. It is the policy of the Board to provide a work environment that ensures equal opportunities and mutual respect for all employees, and to place the dignity of these employees, as well as the citizens we serve, in the highest regard.

2. Information and advice to the Board will have no significant gaps in timeliness, completeness or accuracy.

3. There shall be no conflict of interest in awarding purchases or other contracts.

4. All Board authority delegated to staff is delegated through the executive director, so that all authority and accountability of staff can be phrased--insofar as the Board is concerned--as authority and accountability of the executive director.

5. The executive director is authorized to establish all means policies, make all decisions, take all actions and develop all activities that are true to the Board’s policies. The Board may, by extending its policies, “undelegate” areas of the executive director’s authority, but will respect the executive director’s choices so long as the delegation continues. This does not prevent the Board from obtaining information about activities in the delegated areas.

6. No individual Board member, officer or committee (except the Executive Committee) has authority over the executive director. Information may be requested, but if such request, in the executive director’s judgment, requires a material amount of staff time, it may be refused.

7. Should the executive director deem it necessary to violate Board policy, s/he shall inform an officer of the Board. Informing is simply to guarantee no violation may be intentionally kept from the Board, not to request approval. Officer response, either approving or disapproving, does not exempt the executive director from subsequent Board judgment of the action nor does it impede any executive decision.

8. As the Board’s single official link to the operating organization, the executive director is accountable for all organizational performance and exercises all authority transmitted into the organization by the Board. Executive director performance will be considered to be synonymous with organizational performance as a total.

EXECUTIVE DIRECTOR EVALUATION

The Executive Committee is responsible for the evaluation of the executive director in May of each year or as necessary to align with the state’s performance review cycles. All Board members complete an evaluation form. The evaluation forms are held by the Board secretary/treasurer in confidence. Examples or statements should accompany each performance factor when the executive director is rated a 1 or 5. If Board members do not have direct knowledge or observation of performance within a specific factor, they leave that rating blank and state “no direct knowledge”. The overall performance rating is based on only the factors completed. The Executive Committee has latitude in how it weighs the evaluation form results compared to other performance criteria. It recommends to the Board the outcome of the evaluation process and any employment action. The Executive Committee, at the time of the executive director’s evaluation, conducts joint goal setting with the executive director for the forthcoming year.

MISSION: To protect the public’s health and safety through regulation and support of the EMS system.

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position description is reviewed to assure compatibility with goals. The Executive Committee is responsible to the Board for oversight of the executive director’s reviews. These reviews are an integral part of the overall performance evaluation. The Board secretary/treasurer reports the results to the Board.

**OTHER STAFF APPOINTMENTS**

The executive director shall appoint other members of the staff.

**STAFF ORGANIZATION**

The executive director shall be responsible for designing, changing and operating an effective management structure, for staff organization and for all human resource functions.

**APPENDIX: DECISION-MAKING GUIDELINES**

**ENDS/MEANS PHILOSOPHY***

*Ends* policies may include one, two or all three of the following components:

1. Focused on the impact, difference, change, benefit or outcome to be obtained through EMS in the lives of the people and the communities of Minnesota (results). **FOR WHAT GOOD?**
2. Focused on identifying and describing the populations (recipients) to receive services. **FOR WHICH PEOPLE?**
3. Focused on the monetary expense, relative worth or relative priority of a result or set of results, or the comparative priority of certain recipients rather than others getting the results. **AT WHAT COST?**

*Means* policies are any organizational issues that are not *ends*.

**POTENTIAL INFORMATION SOURCES FOR DECISION-MAKING**

**STAFF**

There is a **short-term or on-going** organizational activity/issue that requires on-going or just-in-time information gathering and to formulate recommendations which contribute to responsible decision-making.

**BOARD COMMITTEE**

There is an organizational core activity/issue for which the Board is solely responsible, that requires **on-going** information gathering and concentrated, extensive discussion to formulate recommendations which contribute to responsible decision-making. The core activity/issue may include the need for consistent membership that contributes expertise from the Board. The committee responsibilities can be stated in broad, categorical terms, e.g., Executive Committee.

**ADVISORY COMMITTEE**

There is a **long-term** Board activity that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms, e.g., Medical Direction Standing Advisory Committee.

**AD HOC COMMITTEE**

There is a **short-term** Board activity/issue that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity/issue may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms.

**CONSULTANT/EXPERT**

There is a **short-term** Board activity/issue that requires special expertise from an individual or group for the Board to take action.


MISSION: To protect the public’s health and safety through regulation and support of the EMS system.

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Decision-Making Guidelines Flowchart

**DETERMINATION OF ENDS/MEANS IS ESTABLISHED** (Chair ensures)

Is this a policy issue (E)?

- **Discussion Criteria**
  - Is the issue well defined?
  - Does the issue impact the public?
  - Will there be a negative outcome if issue is not addressed? Will there be a positive outcome if issue is addressed?
  - Is information available to measure the impact of the change?
  - Are resources available or potentially available to address the issue?

  - **YES (ENDS)**
    - State the policy question clearly (Relate to impact on mission)

  - **NO (MEANS)**
    - Forward to Executive Director (Identify boundaries if needed)
    - ED is accountable and responsible for issue

- **Considerations**
  - Identify the persons who are most impacted by the policy
  - Identify what will be affected if a course of action is taken
  - Identify what needs to be understood by whom
  - Identify key political influences
  - Identify what information is necessary to make a responsible decision

  - **Further information needed?**
    - **YES**
      - Under nearly all circumstances, information gathering is completed by staff using appropriate resources. Rarely, the Board may be responsible for information gathering, eg. governance, mission, etc. If other expertise is needed, the following information vehicles may be considered with the input of staff:
        - Board Committee
        - Consultant/ Expert
        - Ad Hoc Committee
        - Advisory Committee

      - Board (ends) / ED (means) gives clear direction on the task: What is to be determined? by when?
      - Provide resources if necessary

      - Recommendations presented to Board (ends) / ED (means)

    - **NO**
      - Board decision: (E) 
      - ED (means) Action taken
      - Measures in place
      - Results communicated

- **Board (ends) / ED (means) decision:**
  - Action taken
  - Measures in place
  - Results communicated
Subd. 7. **Community medical response emergency medical technician.** (a) To be eligible for certification by the board as a CEMT, an individual shall:

(1) be currently certified as an EMT or AEMT;

(2) have two years of service as an EMT or AEMT;

(3) be a member of a registered medical response unit as defined under this section;

(4) successfully complete a CEMT education program from a college or university that has been approved by the board or accredited by a board-approved national accrediting organization. The education must include clinical experience under the supervision of the medical response unit medical director, an advanced practice registered nurse, a physician assistant, or a public health nurse operating under the direct authority of a local unit of government;

(5) successfully complete an education program that includes education in providing culturally appropriate care; and

(6) complete a board-approved application form.

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit medical director in accordance with section 144E.265.

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section 144A.471, subdivisions 6 and 7, except a CEMT may provide verbal or visual reminders to the patient to:

(1) take a regularly scheduled medication, but not to provide or bring the patient medication; and

(2) follow regularly scheduled treatment or exercise plans.

**History:** 2002 c 310 s 1; 2012 c 193 s 32; 2015 c 71 art 9 s 9, 10; 2016 c 88 s 3
Emergency Medical Technician
Renewal Options and Requirements
Certification Expiring on March 31, 2017

There are four (4) renewal options available to EMTs with certification expiring on March 31, 2017. Depending on your specific situation, and as described in more detail in the following pages, you may be eligible to use one or more of these options. Please note that whatever option you select, Minnesota Statute requires that you also complete a course in cardiopulmonary resuscitation.1

By way of background, earlier this year the EMSRB’s Board approved the National Continued Competency Program (NCCP) of the National Registry of Emergency Medical Technicians (NREMT) as a renewal model for all EMTs (as well as for Advanced EMTs and Paramedics).

Even so, Minnesota statute2 (and the NREMT) still allow the following EMT renewal options:

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1 See Minn. Stat. § 144E.28, subd. 7(a)(1)
2 See Minn. Stat. § 144E.28, subd. 7(a)(2)
EMT Renewal Option No. 1

**Take the** United States Department of Transportation EMT refresher course and **pass the practical skills test portion of the course**

Renewing with the EMT refresher course requires that the EMT pass the practical skills test portion of that course as determined by the education program and consistent with the course content. The practical skills test may be included as part of the refresher course.³

For EMTs with certification expiring in 2017 and who are Nationally Registered, this “traditional style” refresher will meet the NCCR component requirement for the NCCP model. When renewing on the NREMT web site, please note in the Class Detail that the NCCR component is a Minnesota-Approved Refresher, and indicate 20 hours. Additional classroom hours may be applied to the requirements of the LCCR or ICCR components.

The cardiopulmonary resuscitation course may be included as part of the refresher course.⁴ Cardiopulmonary resuscitation course hours also may be applied to the requirements of the NCCP model. Please consult the NREMT website for further information.

³ See Minn. Stat. § 144E.28, subd. 7(a)(2)
⁴ See Minn. Stat. § 144E.28, subd. 7(a)(2)
EMT Renewal Option No. 2

Successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards

Renewal by successfully completing 48 hours of continuing education no longer requires passing a specific practical skills test approved by the Board

For EMTs with certification expiring in 2017 and who are Nationally Registered, renewal using 48 hours of continuing education will meet the NCCR component requirement of the NCCP Model. When renewing on the NREMT website, please indicate in the Class Detail that the NCCR component is a Minnesota-Approved Refresher and indicate 20 hours. The remaining 28 hours may be used to meet the requirements of the LCCR and ICCR components.

The cardiopulmonary resuscitation course may be included as part of the continuing education requirements. Cardiopulmonary resuscitation course hours also may be applied to the requirements of the NCCP model. Please consult the NREMT website for further information.

5 See Minn. Stat. § 144E.28, subd. 7(a)(2)
EMT Renewal Option No. 3

Successfully complete the NCCP Model, which was approved by the EMSRB Board (as the equivalent of 48 hours of continuing education)

Renewal using the NCCP Model does not require passing a specific practical skills test approved by the Board

Please note the following:

• If you are a Nationally-Registered EMT, you must renew using the NCCP model. The NCCR component of the NCCP may be satisfied by completing:
  o 20 hours of the NCCR component (2012 or 2016 versions);
  o The “traditional style” refresher as discussed in Option No. 1;
  o 48 hours of continuing education as discussed in Option No. 2; or
  o Option No. 4, if applicable (found on the next page)

• If you reinstate your National Registry through the Mark King Initiative (MKI), you must renew your certification using the NCCP model.

• If you are not Nationally-Registered and do not intend on reinstating through the Mark King Initiative, you are able to renew your Minnesota EMT certification using the NCCP model, if you wish.

• If you are not Nationally-Registered, it still is possible to maintain Minnesota-only EMT certification with the EMSRB. That option, however, ends in 2036 (that’s right, in about twenty years) at which time all EMS personnel must be Nationally-Registered with the NREMT.

Please consult the NREMT website for further information on how cardiopulmonary resuscitation course hours may be applied to the requirements of the NCCP model.
EMT Renewal Option No. 4

Successfully complete the equivalent of 48 hours of continuing education as approved by a licensed ambulance service’s medical director.

Renewal by successfully completing the equivalent of 48 hours of continuing education as approved by the ambulance service’s medical director no longer requires passing a specific practical skills test approved by the Board.

This option is available only to an EMT who:
   a) is on the roster of a licensed ambulance service; and
   b) has the ambulance service’s medical director approving this option.

Please note the following:

For EMTs with certification expiring in 2017 and who are Nationally Registered, renewal using the equivalent of 48 hours of continuing education as approved by their ambulance medical director will meet the NCCR component requirement for the NCCP model. When renewing on the NREMT web site, please indicate in the Class Detail, that the NCCR component is a Minnesota-Approved Refresher and indicate the number of hours of this refresher. Any course hours beyond the 20 may be applied to the requirements of the LCCR and ICCR components.

The cardiopulmonary resuscitation course may be included as part of the 48-hour continuing education equivalent requirements. Cardiopulmonary resuscitation course hours also may be applied to the requirements of the NCCP model. Please consult the NREMT website for further information.

6 See Minn. Stat. §144E.28, subd. 7(a)(2)
We hope this document has been helpful in explaining EMT renewal options and requirements. Please do not hesitate to contact the EMSRB with any questions at (651) 201-2800, at EMSRB@state.mn.us, or feel free to contact your EMS Specialist.
Advanced Emergency Medical Technician (AEMT)  
Renewal Options and Requirements  
Certification Expiring on March 31, 2017

There are three (3) renewal options available to AEMTs with certification expiring on March 31, 2017. Depending on your specific situation, and as described in more detail on the following pages, you may be eligible to use one or more of these options. Please note that whatever option you select, Minnesota Statute requires that you also complete a course in cardiopulmonary resuscitation.¹

By way of background, earlier this year the EMSRB’s Board approved the National Continued Competency Program (NCCP) of the National Registry of Emergency Medical Technicians (NREMT) as a renewal model for AEMTs (as well as for EMTs and Paramedics).

Even so, Minnesota statute² (and the NREMT) still allow the following AEMT renewal options:

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¹ See Minn. Stat. § 144E.28, subd. 7(b)(1)
² See Minn. Stat. § 144E.28, subd. 7(b)(2)
AEMT Renewal Option No. 1

Successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant’s AEMT certification, are consistent with the United States Department of Transportation National EMS Education Standards.

An AEMT may take the United States Department of Transportation EMT refresher course without the written or practical test, and as appropriate to the AEMT’s level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course counts toward the 48-hour continuing education requirement.

For AEMTs with certification expiring in 2017 and who are Nationally Registered, renewal using 48 hours of continuing education will meet the NCCR component requirement of the NCCP model. When renewing on the NREMT web site, please indicate in the Class Detail that the NCCR component is a Minnesota-Approved Refresher at 25 hours. The remaining 23 hours may be used to meet the requirements of the LCCR and ICCR components.

Each hour of the course in cardiopulmonary resuscitation counts toward the 48-hour continuing education requirements and may be applied to the NCCP model. Please consult the NREMT website for further information.

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3 See Minn. Stat. 144E.28, subd. 7(b)(2)
4 See Minn. Stat. 144E.28, subd. 7(b)(2)
AEMT Renewal Option No. 2

Successfully complete the NCCP Model, which was approved by the EMSRB Board (as the equivalent of 48 hours of continuing education)

Please note the following:

- If you are a Nationally-Registered AEMT, you must renew using the NCCP model. The NCCR component of the NCCP model may be satisfied by completing:
  - 25 hours of the NCCR component (2012 or 2016 versions);
  - 48 hours of continuing education as discussed in Option No. 1; or
  - Option No. 3, if applicable (found on the next page)

- If you reinstate your National Registry through the Mark King Initiative (MKI), you must renew your certification using the NCCP model.

- If you are not Nationally-Registered and do not intend on reinstating through the Mark King Initiative, you are able to renew your Minnesota AEMT certification using the NCCP model, if you wish.

- If you are not Nationally-Registered, it still is possible to maintain Minnesota-only certification with the EMSRB. That option, however, ends in 2036 (that’s right, in about twenty years) at which time all EMS personnel must be Nationally-Registered with the NREMT.

Each hour of the course in cardiopulmonary resuscitation counts toward the 48-hour continuing education requirements\(^5\) and may be applied to the NCCP model. Please consult the NREMT website for further information.

\(^5\) See Minn. Stat. 144E.28, subd. 7(b)(2)
AEMT Renewal Option No. 3

Successfully complete the equivalent of 48 hours of continuing education as approved by a licensed ambulance service’s medical director

This option is available only to an AEMT who:

a) is on the roster of a licensed ambulance service; and
b) has the ambulance service’s medical director approving this option.

Please note the following:

For AEMTs with certification expiring in 2017 and who are Nationally Registered, renewal using the equivalent of 48 hours of continuing education as approved by their ambulance medical director will meet the NCCR component requirement for the NCCP model. When renewing on the NREMT web site, please indicate in the Class Detail, that the NCCR component is a Minnesota-Approved Refresher and indicate the number of hours of this refresher. These AEMTs still must meet the requirements of the LCCR and ICCR components.

Each hour of the course in cardiopulmonary resuscitation counts toward the 48-hour continuing education equivalent requirements and may be applied to the NCCP model. Please consult the NREMT website for further information.

We hope this document has been helpful in explaining AEMT renewal options and requirements. Please do not hesitate to contact the EMSRB with any questions at (651) 201-2800, at EMSRB@state.mn.us, or feel free to contact your EMS Specialist.

6 See Minn. Stat. § 144E.28, subd. 7(b)(2)
7 See Minn. Stat. § 144E.28, subd. 7(b)(2)
Paramedic

Renewal Options and Requirements

Certification Expiring on March 31, 2017

There are three (3) renewal options available to Paramedics with certification expiring on March 31, 2017. Depending on your specific situation, and as described in more detail on the following pages, you may be eligible to use one or more of these options. Please note that whatever option you select, Minnesota Statute requires that you also complete a course in advanced cardiac life support.¹

By way of background, earlier this year the EMSRB’s Board approved the National Continued Competency Program (NCCP) of the National Registry of Emergency Medical Technicians (NREMT) as a renewal model for Paramedics (as well as for Advanced EMTs and EMTs).

Even so, Minnesota statute² (and the NREMT) still allow the following Paramedic renewal options:

¹ See Minn. Stat. § 144E.28, subd. 7(b)(1)
² See Minn. Stat. § 144E.28, subd. 7(b)(2)
Paramedic Renewal Option No. 1

Successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant’s Paramedic certification, that are consistent with the United States Department of Transportation National EMS Education Standards

A Paramedic may take the United States Department of Transportation EMT refresher course without the written or practical test, and as appropriate to the Paramedic’s level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course counts toward the 48-hour continuing education requirement.³

For Paramedics with certification expiring in 2017 and who are Nationally Registered, renewal using 48 hours of continuing education will meet the NCCR component requirement of the NCCP model. When renewing on the NREMT web site, please indicate in the Class Detail that the NCCR component is a Minnesota-Approved Refresher at 30 hours. The remaining 18 hours may be applied to LCCR or ICCR components.

Each hour of the course in advanced cardiac life support counts toward the 48-hour continuing education requirement⁴ and may be applied to the NCCP model. Please consult the NREMT website for further information.

³ See Minn. Stat. § 144E.28, subd. 7(b)(2)
⁴ See Minn. Stat. § 144E.28, subd. 7(b)(2)
Successfully complete the NCCP Model, which was approved by the EMSRB Board (as the equivalent of 48 hours of continuing education)

Please note the following:

- If you are a Nationally-Registered Paramedic, you must renew using the NCCP model. The NCCR component of the NCCP model may be satisfied by completing:
  - 30 hours of the NCCR component (2012 or 2016 versions);
  - 48 hours of continuing education as discussed in Option No. 1; or
  - Option No. 3, if applicable (found on the next page)

- If you reinstate your National Registry through the Mark King Initiative (MKI), you must renew your certification using the NCCP model.

- If you are not Nationally-Registered and do not intend on reinstating through the Mark King Initiative, you are able to renew your Minnesota Paramedic certification using the NCCP model, if you wish.

- If you are not Nationally-Registered, it still is possible to maintain Minnesota-only certification with the EMSRB. That option, however, ends in 2036 (that’s right, in about twenty years) at which time all EMS personnel must be Nationally-Registered with the NREMT.

Each hour of a course in advanced cardiac life support counts toward the 48-hour continuing education requirement and may be applied to the NCCP model. Please consult the NREMT website for further information.

See Minn. Stat. § 144E.28, subd. 7(b)(2)
Paramedic Renewal Option No. 3

Successfully complete the equivalent of 48 hours of continuing education as approved by a licensed ambulance service’s medical director

This option is available only to a Paramedic who:
   a) is on the roster of a licensed ambulance service; and
   b) has the ambulance service’s medical director approving this option.

Please note the following:

For Paramedics with certification expiring in 2017 and who are Nationally Registered, renewal using the equivalent of 48 hours of continuing education as approved by their ambulance medical director will meet the NCCR component requirement for the NCCP model. When renewing on the NREMT web site, please indicate in the Class Detail, that the NCCR component is a Minnesota-Approved Refresher and indicate the number of hours of this refresher. These Paramedics still must meet the requirements of the LCCR and ICCR components.

Each hour of the course in advanced cardiac life support counts toward the 48-hour continuing education equivalent requirements\(^6\) and may be applied to the NCCP model. Please consult the NREMT website for further information.

We hope this document has been helpful in explaining Paramedic renewal options and requirements. Please do not hesitate to contact the EMSRB with any questions at (651) 201-2800, at EMSRB@state.mn.us, or feel free to contact your EMS Specialist.

\(^6\) See Minn. Stat. § 144E.28, subd. 7(b)(2)
Subd. 7. **Renewal.** (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

(1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;

(2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by an education program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; and

(3) complete a board-approved application form.
144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC.

Subd. 7. Renewal. (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

(1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;

(2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by an education program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; and

(3) complete a board-approved application form.

(b) Before the expiration date of certification, an applicant for renewal of certification as an AEMT or paramedic shall:

(1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director and for a paramedic, successfully complete a course in advanced cardiac life support that is approved by the board or the licensee's medical director;

(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's AEMT or paramedic certification, that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course, the cardiopulmonary resuscitation course, and the advanced cardiac life-support course counts toward the 48-hour continuing education requirement; and

(3) complete a board-approved application form.
### HPSP Monthly Case Allocation Report

**Begin Date:** 12/1/2016  
**End Date:** 12/31/2016  
**Report Date:** 1/3/2017

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