North Dakota Department of Health

EMS Instructor / Coordinator

Handbook

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INTRODUCTION

This manual has been prepared by the North Dakota Department of Health, Division of Emergency Medical Services and Trauma (DEMST). It is intended to serve as a resource for Emergency Medical Services course instructor / coordinators. It describes the administrative details associated with conducting an EMS provider course.

REGISTERING A PROGRAM WITH NREMT

In order to conduct initial training (Emergency Medical Responder, EMT, AEMT) you will need to register your program on the National Registry of EMT's website. This process only needs to be completed one time, not for each course. This is the program your students will enter when creating an initial entry application and you will use to verify you students have successfully completed their course prior to them receiving authorization to test.

To register your program you must go to the National Registry of EMT's website and follow the instructions on the website. The program ID number requested is the six digit state ID/license number assigned to you by DEMST. This is very important. If you use the incorrect number, your program will not be approved. It is suggested that you register your program immediately in order to prevent delays in candidate testing.

Once you obtain approval of your program you must remember your login information. If you lose or forget your password, you will need to contact the National Registry of EMT's in order to obtain a new one.

Refer to Appendix A for complete instructions on how to register your program.

REGISTERING A STUDENT WITH NREMT

Candidates that attend your initial training courses also need to register on the National Registry website in order to complete the testing process. They will register under your program number that contains your six digit state ID number. It is suggested that your students do this as soon as possible to prevent further delays. **Candidates are required to have a NREMT application ID number prior to registering for a state test site. Confirmation letter with arrival time for testing will not be sent out to students who do not have an NREMT application ID number.** Prior to testing you will need to login to your program and approve these candidates for testing. A candidate will not be allowed to take the cognitive examination without your approval. It is the instructor's discretion whether or not a candidate is ready for testing – you should not authorize a student if you feel they are not qualified to test.

Refer to Appendix B for complete instructions on how to register a testing candidate.

Cognitive Testing

Once you have approved the candidate for testing and all fees have been paid, the candidate will receive an "authorization to test number" by email or postal mail (as chosen by the student). The candidate may also login to the NREMT website and find the number listed. The candidate will then be required to schedule the exam through Pearson Vue either via their website or call the toll free number. The candidate may access the Pearson Vue website to check available test sites and choose what city to take the examination. It is not required to take the exam in North Dakota and may be

taken at any Person Vue test site in the United States. The examination will be scheduled at the candidate's time preference, but the candidate must arrive promptly to testing.

The ATT number will only be valid for up to 90 days from the date of issuance and no refunds will be given by the NREMT for students who failed to schedule or take their exam prior to the expiration of their ATT number.

The candidate will have the ability to check their results through the National Registry's website after 24 hours of taking the exam. The results will be reported to the candidate as a "pass or fail". No percentages will be given. If the candidate fails the exam, they will receive instruction on areas to study as well as how to schedule another exam. The candidate will be required to wait two weeks before registering for another exam.

The candidate is allowed three attempts at the cognitive examination before remedial training is required. If the candidate fails the examination three times, the instructor must login and approve the candidate again upon completion of remedial training. A total of six attempts are allowed at any level before the candidate is required to attend another complete course.

Refer to Appendix G for the NREMT ATT Policy

Psychomotor Testing

EMT candidates are allowed two (2) full attempts to pass the psychomotor examination (one "full attempt" is defined as completing all skills and two retesting opportunities if so entitled).

Candidates who fail a full attempt or any portion of a second retest must have remedial training over all skills before starting the next full attempt of the psychomotor examination and re-examining over all stations, provided all other requirements for National Certification are fulfilled.

Should a candidate fail the second full and final attempt of the psychomotor examination, the candidate must complete a new, state-approved EMT Training Program.

At the EMT level, students may fail no more than three stations at any one test site. The candidate may retest those failed stations ones time on the same day at the discretion of the test site coordinator. If a candidate fails four or more station, the candidate must retest all stations at a later date.

EMT Skills include:
Patient assessment management - trauma;
Patient assessment management - medical;
Cardiac arrest management/automated external defibrillator;
Spinal immobilization (Supine Patient)
Bag valve mask ventilation of an Apneic Adult Patient
Oxygen Administration by Non-rebreather Mask
One of the following random skills chosen by the department:

(1) Long bone immobilization;
(2) Joint dislocation immobilization;
(3) Bleeding control and shock management;
(4) Spinal Immobilization (Seated Patient)

Skills sheets and the EMT Exam Manual can be found on the NREMT website.

For Initial Advanced EMT Psychomotor Testing Policies please refer to the NREMT website or Advanced Level Exam Coordinator Manual.

AEMT Skills include:
Patient Assessment-Trauma
Patient Assessment-Medical
Supraglottic Airway Device
Cardiac Arrest/AED
IV Therapy
IV Bolus Medications
Pediatric Introsseous Infusion
Pediatric Respiratory Compromise
Spinal Immobilization
One of the following random skills chosen by the NREMT:
(1) Spinal Immobilization (Seated Patient)
(2) Bleeding Control/Shock Management
(3) Long Bone Immobilization
(4) Joint Immobilization

For students who are currently I/85's and are Testing at the AEMT level you may opt to test only those practical stations needed for transition. **These students must complete a transition application NOT an initial entry application with the NREMT.** The stations included for transition students include:

Patient Assessment/Management-Medical
Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
Cardiac Arrest/ AED
Intravenous Bolus Medications (Note: Candidates will still have to complete the IV station as well)
Pediatric Intraosseous Infusion

COURSE CURRICULUM

The curriculum shall be the most recent edition of the National EMS Education Standards published by the US Department of Transportation, National Highway Traffic Safety Administration, Washington DC and must be approved by the department at least two weeks prior to the start of the course. Textbooks must be approved by DEMST.

Initial Primary Certifications – Course Length

*Please note the hours are just an approximate range. Competency of each student trumps hours spent in the course.

Emergency Medical Responder	40-60 hours
EMT	140-160 hours
Patient Contacts (Minimum)	5
Advanced Emergency Medical Technician (AEMT)	140-160 hours
Patient Contact (Minimum)	10

Enhancement Courses – Course Length

Skill	Provider Level	Hours
Limited Advanced Airway	EMT	4
Nebulized Medications	EMT	4
IV Maintenance	EMT	3
Dextrose 50%	EMT-I85	4

***D50 is an enhanced skill for current EMT I/85's only and will no longer be available after March 31, 2017.**

CERTIFICATION LEVELS

EMERGENCY MEDICAL RESPONDER (EMR)

State Certified EMR: There is an age limit to become a state licensed Emergency Medical Responder of 16 years. However, consideration should be given to the maturity of the underage person with the understanding that he or she may be called upon to make difficult decisions in the field.

The Emergency Medical Responder student must:

- Attend a state-approved EMR course.
- Pass a local practical and written test. The written test can either be provided by DEMST, or designed by the course coordinator. Passing for the written test is a minimum of 70% and have at least 100 items. Practical exam must consist of 3 stations that include a Trauma assessment, medical assessment, and CPR/AED. **Refer to Appendix E for the EMR Test Request form from DEMST.**
- Be current in the American Heart Association's Healthcare Provider Cardiopulmonary Resuscitation (CPR) with Automated External Defibrillator (AED) or its equivalent.

Certification of State Licensed Emergency Medical Responder is good for two years and expires on June 30.

Recertification: State certified EMR's need to complete the appropriate recertification hour requirements and submit those hours on the DEMST education report **with** an EMS registration form **after** January 1 and **before** June 30 of the year they expire.
A recertification letter will be sent from DEMST approximately 1 month prior to expiration.
Refer to Appendix C for Recertification Hour Requirements
*As Training Officer you may apply EMT educational components to satisfy the continuing education requirements. The Emergency Medical Responder must submit an EMS Registration and a Continuing Education Report in order to become re-licensed. Please download the most current forms from the DEMST website.

Nationally Registered Emergency Medical Responder: There is no age limit to become a Nationally Registered Emergency Medical Responder. However, consideration should be given to the maturity of the underage person with the understanding that he or she may be called upon to make difficult decisions in the field. Becoming Nationally Registered as an Emergency Medical Responder is voluntary in North Dakota and in order to become licensed the individual must be at least 16 years of age.

The Emergency Medical Responder student must:

- Attend a state-approved Emergency Medical Responder course.
- Pass a local practical exam.
- Pass a National Registry Emergency Medical Responder cognitive exam. Passing for this test is rated as a "pass or fail", not percentage.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

The proper paperwork should be requested from DEMST by marking the appropriate boxes on the course authorization request form. The cognitive examination given by the National Registry is conducted through Pearson Vue Test Centers.

The North Dakota certification expiration date for Nationally Registered Emergency Medical Responders is September 30.

Recertification: The Nationally Registered Emergency Medical Responder will receive a recertification packet from the National Registry as well as a reminder letter from DEMST prior to their expiration date.
The Nationally Registered Emergency Medical Responder must complete the same recertification hour requirements as the state certified EMR, however, the National Registry EMR will use National Registry documenting/submission procedures.
No further continuing education is required at the Nationally Registered Emergency Medical Responder level.
As Training Officer you may apply EMT educational components to satisfy the continuing education requirements. Upon receipt of a new National Registry card, the Emergency Medical

Responder is responsible for sending a copy of their new National Registry card along with an EMS Registration form to DEMST to receive State Licensure.

AFA-A & EMT

Advanced First Aid – Ambulance (AFA-A): American Red Cross Advanced First Aid Courses are no longer accepted for primary training courses. However, anyone certified at the AFA-A level prior to January 1, 1992 is qualified as a primary care provider in a Basic Life Support (BLS) Ambulance.

Recertification: AFA-As must recertify every three years. They will receive a recertification letter from DEMST prior to their expiration date.

Those certified at the AFA-A level must:

- Complete EMT educational requirements every three years.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

Please note that these are the current rules with AFA-A as of January 21, 2015 and changes are being proposed.

State EMT **(Under 18)**: Licensure as a State EMT is available to candidates under the age of 18. A North Dakota certified EMT may be no younger than sixteen years of age at the time of initial certification.

The EMT student must:

- Complete a state approved EMT Initial course with a minimum of five patient contacts.
- Pass a State Practical exam.
- Pass the National Registry EMT cognitive **assessment** exam. **(When creating an initial entry application with the NREMT the applicant must select EMT assessment)**
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

A State EMT may request to have their initial test scored for National Registry status under the following conditions:

1. The State EMT turns 18 within 1 year of taking the NREMT assessment exam; the EMT must contact the NREMT prior to the test results expiring (1 year after the exam)
2. Submit a fee of $35 to the NREMT.
3. The State EMT will NOT be required to take the exam over if this process is followed and the EMT has been active since certification.
4. The EMT contacts DEMST to inform them of the situation and request practical exam verification for NREMT.

State EMT certification is good for two years and expires on June 30.

Re-licensure: State certified EMT's need to complete the appropriate recertification hour requirements and submit those hours on the DEMST education report **with** an EMS registration form **after** January 1 and **before** June 30 of the year they expire.

A recertification letter will be sent from DEMST approximately 1 month prior to expiration.
Refer to Appendix C for Recertification Hour Requirements

A State EMT must complete all of the following:

- Complete EMT educational requirements every two years.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

Note: State EMT's must become Nationally Registered once they turn 18, recertification options are available because of situations in which an 18th birthday and an expiration date may be very close together with little or no time to complete the National Registry certification prior to expiration. No person should ever have to recertify at the State EMT level more than 1 time.

EMT: Certification as a Nationally Registered EMT is available to candidates 18 and older.

The EMT student must:

- Complete a state approved EMT Initial course with a minimum of five patient contacts.
- Pass a State Practical exam.
- Pass the National Registry EMT cognitive exam.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

Upon successful certification by the National Registry of EMT's an EMT may apply for state licensure. Licensure is obtained by completing an EMS Registration form and submitting it to DEMST along with a copy of their current NREMT card.

EMT licensure is good for a two year period and expires on June 30 of the year of their NREMT expiration.

Recertification and Re-licensure: NREMT certification is good for a two year period and expires on March 31. An EMT will receive a recertification packet from the National Registry as well as a re-licensure letter from DEMST prior to their expiration date.
Refer to Appendix C for Recertification Hour Requirements

The EMT must:

- Complete the National, Local and Individual Core Competency Requirements
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

Upon completion of the required continuing education and the National Registry recertification the EMT is responsible for sending a copy of their new National Registry card and a newly completed EMS Registration form to DEMST to receive State Licensure.

Recertification by Examination: Within six months of their expiration date a Nationally Registered EMT may choose to forego the continuing education requirements and take the cognitive

examination offered by the National Registry. This option is available for one attempt per certification period. If the candidate fails the attempt, he/she will be required to complete all training requirements before the deadline of March 31 of their expiration year.

Enhancement modules available for AFA-A, EMT:

- Bronchodialator / Nebulizer Administration
    - Student prerequisite licensure. A student must be licensed as an emergency medical technician or its equivalent.
    - Curriculum. The course curriculum must be the general pharmacology and the respiratory emergencies sections of the curriculum issued by the United States department of transportation, national highway traffic safety administration, for emergency medical technicians-basic, in the edition specified by the department, or its equivalent.
    - Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and be licensed as a paramedic or its equivalent.
    - Testing. The student must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.
    - Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process.
- Limited Advanced Airway
    - Student prerequisite licensure. A student must be licensed as an emergency medical technician or its equivalent.
    - Curriculum. The course curriculum must be that issued by the department entitled "Limited Advanced Airway Module".
    - Course coordinator. The course coordinator must be licensed as an emergency medical services instructor or continuing education coordinator and must be currently licensed as a paramedic or its equivalent.
    - Testing. The student must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.

- Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process.

- IV Maintenance
  - Student prerequisite certification. A student must be licensed as an emergency medical technician or its equivalent.
  - Curriculum. The course curriculum must be that issued by the department entitled "EMT IV Maintenance Module".
  - Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator, and currently certified in intravenous therapy maintenance, or its equivalent.
  - Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all portions of a practical examination specified by the department. The practical examination must consist of performing intravenous maintenance skills on a mannequin.
  - Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process.

Each enhanced skill is good for a two year period of time but is dependent on their EMT or AFA-A license being current.

AEMT

Certification as a Nationally Registered AEMT is available to candidates 18 and older.

The AEMT student must:

- Be a current State EMT or National Registry EMT
- Complete a state approved AEMT Initial course with a minimum of ten patient contacts.
- Pass a NR Advanced Level Practical exam.
- Pass the National Registry AEMT cognitive exam.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent.

Upon successful certification by the National Registry of EMT's an AEMT may apply for state licensure. To become licensed to work in North Dakota as an AEMT, the candidate must:

- Complete an ALS License Application. This must be signed by each Medical Director under which the AEMT will be working. More than one form may be required if the provider works for more than one service.
- Be affiliated with a service that provides this level of care.
- Submit the license application along with a copy of their National Registry card to DEMST.

AEMT Licensure is good for two years and expires on June 30 of the year of their National Registry expiration.

Recertification and Re-licensure: NREMT certification is good for a two year period and expires on March 31. A Nationally Registered AEMT will receive a recertification packet from the National Registry as well as a re-licensure letter from DEMST prior to their expiration date. The AEMT must remain Nationally Registered in order to be licensed in North Dakota.
Refer to Appendix C for Recertification Hour Requirements.

Upon completion of National Registry recertification and receipt of a new National Registry card, the AEMT is responsible for sending a copy of their new National Registry card and a newly completed ALS License Application form to DEMST to receive State Licensure.

Recertification by Examination: Within six months of their expiration date a Nationally Registered AEMT may choose to forego the continuing education requirements and take the cognitive examination offered by the National Registry. This option is available for one attempt per certification period. If the candidate fails the attempt, he/she will be required to complete all training requirements before the deadline of March 31 of their expiration year.

EMT-INTERMEDIATE / 85
The NREMT or DEMST no longer approves initial courses. NOTE: Sunset date on EMT-I85's is March 31, 2017. Prior to that point they may drop to EMT level or take a modified AEMT course and become Nationally Registered as an AEMT. **NREMT will not recertify providers for a 1 year period, therefore, if the I/85's expiration date is March 31, 2016, that is the sunset date for that provider at the I/85 level.**

To become licensed to work in North Dakota as an EMT-I / 85, the candidate must:

- Complete an EMT-I / 85 License Application. This must be signed by each Medical Director under which the EMT-I / 85 will be working. More than one form may be required if the provider works for more than one service.
- Submit the license application along with a copy of their National Registry card to DEMST.

EMT-I / 85 licensure is good for two years and expires on June 30 of the year of their National Registry expiration.

Recertification and Re-licensure: NREMT certification is good for a two year period and expires on March 31. A Nationally Registered EMT-I / 85 will receive a recertification packet from the National Registry as well as a re-licensure letter from DEMST prior to their expiration date. The EMT-I / 85 must remain Nationally Registered in order to be licensed in North Dakota.

Refer to Appendix D for Recertification options for the EMT I/85 in North Dakota.

Upon completion of National Registry recertification and receipt of a new National Registry card, the EMT-I / 85 is responsible for sending a copy of their new National Registry card and a newly completed ALS License Application form to DEMST to receive State Licensure.

Recertification by Examination: Is no longer available for the EMT-I85

Enhancement module available for EMT-I / 85:

- Dextrose 50% (AFA-A and EMT's are **NOT ALLOWED** to perform this skill. Any providers at these levels who attend the course will not be granted licensure by DEMST.

PARAMEDIC

Licensure as a Nationally Registered Paramedic is available to candidates 18 (at the time of testing) and older who are currently a State EMT or a Nationally Registered EMT or equivalent and complete a Paramedic Program that holds CAAHEP accreditation or a letter of review in compliance with COAEMSP.

To become licensed to work in North Dakota as a Paramedic, the candidate must:

- Complete a Paramedic License Application. This must be signed by each Medical Director under which the Paramedic will be working. More than one form may be required if the provider works for more than one service.
- Be affiliated with a service that provides this level of care.
- Submit the license application along with a copy of their National Registry card to DEMST.

Licensure is good for two years and expires on June 30 of the year of their National Registry expiration.

Recertification and Re-licensure: NREMT certification is good for a two year period and expires on March 31. A Nationally Registered Paramedic will receive a recertification packet from the National Registry as well as a re-licensure letter from DEMST prior to their expiration date. The Paramedic must remain Nationally Registered in order to be licensed in North Dakota.
Refer to Appendix C for Recertification Hour Requirements

The Paramedic must:

- Complete Paramedic educational requirements
- Maintain approved CPR Healthcare provider training requirements
- Maintain Advanced Cardiac Life Support training

Recertification by Examination: Within six months of their expiration date a Nationally Registered Paramedic may choose to forego the continuing education requirements and take the cognitive examination offered by the National Registry. This option is available for one attempt per certification period. If the candidate fails the attempt, he/she will be required to complete all training requirements before the deadline of March 31 of their expiration year.

Upon completion of National Registry recertification and receipt of a new National Registry card, the Paramedic is responsible for sending a copy of their new National Registry card and a newly completed ALS License Application form to DEMST to receive State Licensure.

COURSE AUTHORIZATION

Prior to conducting any of the courses listed on page 6, a course authorization request must be completed in its entirety and submitted to DEMST at least two weeks prior to the scheduled start date of the class. If this is not done, the class will not be recognized by the State of North Dakota. Incorrect or incomplete forms will be returned to the Coordinator for correction. Upon receipt by DEMST, the request will be reviewed, the course will then be approved or denied, and authorization and / or requested supplies will be sent to the Instructor / Coordinator listed. DEMST will assign a course authorization number to all primary training courses (initial and refresher). This course authorization number will be required on all paperwork related to this class, including test applications and rosters. Without the course authorization number, the candidate will not be allowed to test and/or the roster will not be processed.

A completed roster is required to be submitted within five business days of course completion for the following courses: EVOC, EVOC Refresher, Instructor / Coordinator, Instructor / Coordinator Refresher, Emergency Medical Dispatch, Emergency Medical Dispatch Refresher, and Emergency Medical Responder. Instructors that consistently submit their class rosters late may have disciplinary actions taken against their licensure.

A completed roster and physician preceptor form are required within five business days of course completion for the enhanced skills, which includes the following courses: Limited Advanced Airway, Nebulized Medications, Dextrose 50% and IV Maintenance. Instructors that consistently submit their class rosters and physician preceptor forms late may have disciplinary actions taken against their licensure.

Licensed Training Institutions should consult the *EMS Training Institution Guidebook.*

COURSE TEXTBOOKS

There are many publishers that print quality EMS textbooks. The course coordinator is responsible for choosing the appropriate textbook that follows the DOT curriculum for the class being instructed. Textbooks need to be approved by DEMST.

Each course authorization request contains a checklist of available supplies for that particular course. **One** copy of each checked item will be sent to the course coordinator. If nothing is checked on this list, no supplies will be sent.

FORMS AND TERMINOLOGY

Refer to Appendix E for current forms at the time this manual was printed.
Since rules and policies change, it is recommended that an instructor download the most current forms from the DEMST website or call the department and request the form(s) by mail or fax.

COURSE AUTHORIZATION REQUEST:
Course Authorization Request forms must be completed and submitted to DEMST a minimum of two weeks prior to the scheduled start date of the class. Be aware that there are different request forms for different classes. To be sure to always use the most current form, it is recommended to print the current form from the DEMST website each time.

COURSE AUTHORIZATION:
This is the letter that that will be sent from DEMST upon authorization of your course for primary courses (including refreshers). This will be accompanied by the supplies requested on the Course Authorization Request for teaching the course. This will also contain your **Course Authorization Number**. This number MUST be on all correspondence for that class, including rosters and testing applications. Enhanced skill courses will not have a course authorization letter or number, instead you will receive any materials you requested, and if you did not request any materials you may assume the course is approved. You will be contacted by DEMST if the course is denied or if clarification is needed prior to approving the course.

HOSPITAL ADMINISTRATIVE SUPPORT CONTRACT (Advanced Level Only):
This contract assures that arrangements have been made with a hospital or clinic to conduct the clinical rotation portion of the course. Hospital or clinical rotations are optional at the BLS level.

ALS AMBULANCE SERVICE SUPPORT CONTRACT (Advanced Level Only):
This contract assures that arrangements have been made with an ALS ambulance service for this portion of the training. This is required in advanced level EMT training only. In the EMT course, a BLS Licensed ambulance may be used.

MEDICAL DIRECTOR AGREEMENT (Advanced Level Only):
This identifies the physician medical director that is responsible for course content, instructor supervision, and student supervision.

ROSTER:
This form must be submitted to DEMST along with an EMS Registration form for each student within five business days of course completion for the following courses: EVOC, EVOC Refresher, Instructor / Coordinator, Instructor / Coordinator Refresher, Emergency Medical Dispatch, Emergency Medical Dispatch Refresher, Emergency Medical Responder. This form lists the students attending the course, their state ID number (if they already have one) and other pertinent information for updating their certifications. This form must be signed by the instructor and MUST have the Course Authorization Number listed.
This form must be submitted to DEMST for all enhanced skills coursed within five business days of course completion and must be accompanied by a Physician Preceptor Form. EMS Registration

forms are not necessary for enhanced skill rosters. Course Authorization numbers are not given for enhances skills and are therefore not necessary on the roster in this case.
A roster must be sent for each class completed; do not combine multiple classes on one roster, i.e. enhanced skills.

PHYSICIAN PRECEPTOR FORM:
This form lists EMTs who have completed enhanced skill courses and are approved to do this skill in the field. This form must be signed by the person's medical director to be valid. The enhanced skill allowed must be initialed by the medical director. (See individual provider level information for allowed enhanced skills.) If an individual attends a course and is signed off by the medical director, they will not be granted certification if not allowed by DEMST. Separate forms must be completed and signed for each specific skill trained. The physician preceptor form must be sent to DEMST along **with** the roster for each individual class. **Please do not send only the roster in hopes that our office does not lose it before you or the medical director remember to mail us the Physician Preceptor Form.**

EMS REGISTRATION FORM:
A completed EMS Registration form must be submitted to DEMST in the following situations:

1. Within the first week of a primary training course. (EMT, AEMT, and Paramedic). The Instructor / Coordinator is responsible for making sure the forms are complete and include the correct course authorization number. All student EMS registration forms should be submitted as a class. DEMST will then provide a list of state ID #s to be used for testing applications and rosters.
    a) If a student affirms a felony charge or conviction, or an encumbrance of another health care certification or license, official documentation concerning the situation must be submitted to DEMST for evaluation. A student in this situation may not be eligible to take the National Registry exam or gain state licensure or certification. It is the responsibility of the instructor to ask for this information from the students early in the process.
2. Following an initial EMR course. EMS Registration forms for students who successfully completed the course should accompany the course roster.
3. To license or re-license at the EMT level (including AFA-A). The person must also submit a copy of their NREMT card if applicable. (State EMT's and AFA-A's must submit this with the continuing education report that is available on the DEMST website.)
4. To re-certify at the Emergency Medical Responder level. An EMS Registration form from each candidate must accompany the continuing education report that is available on DEMST website.
5. The person has a change of address or any other personal information.
6. The person has a change/addition of EMS affiliation or, at the ALS level, medical director.
7. Any current EMT-I / 85, AEMT, or Paramedic is not required to submit this form unless they enter an initial primary course as a student. They are required to submit an ALS licensure application.

LICENSE APPLICATION (EMT-I / 85, AEMT, AND Paramedic)
This form must be completed by the EMT-I / 85, AEMT, or Paramedic and signed by the medical director that the EMT-I / 85, AEMT, or Paramedic will be working under. This form must be received by DEMST in order for an EMT-I / 85, AEMT, or Paramedic to receive North Dakota licensure to work. A different license application is required for each EMS agency the person works for.

CONTINUING EDUCATION REPORT (NON-NATIONALLY REGISTERED EMR, EMT, AND AFA-A)
This form is to be completed and submitted showing all recertification hours during a two year certification period. The form must be submitted with an EMS Registration form. Forms submitted prior to January 1 of the year of expiration will not be accepted.

PRACTICAL TESTING APPLICATIONS (EMT OR ALS):
This form must be completed and received by the testing contractor listed at top of application prior to the deadline for each test site. This form is used for initial practical and practical retests. Appropriate practical fees must be sent with this form to the testing contractor. Cognitive examination fees are collected by the National Registry of Emergency Medical Technicians directly through their website: www.nremt.org.

WRITTEN TEST REQUEST FORM
This form must be completed and received by DEMST at least two weeks in advance when requesting the EMR final exam.

PRACTICAL EXAM SITES

National Registry and State practical exams will be conducted four times each year at test sites located in Bismarck. These test sites are conducted by a contracting agency and sponsored by DEMST and will follow the NREMT policies set forth in the NREMT basic and advanced level examination procedural manual . Only persons who have completed a state or licensed training institutions authorized EMS Course will be eligible for the testing and certification process unless prior arrangement have been approved by DEMST. **All requests for testing and associated practical fees MUST BE in by the deadline date or the candidate will not be allowed to test on the requested date.** Practical test fees may be in the form of a check or money order payable to the contracting agency. Written (cognitive) examinations are not offered at the practical test sites and applications must be completed on the NREMT website.
The Application for practical testing must be completed prior to psychomotor testing. Mark all appropriate boxes on the form for full practical or retest practical at the appropriate examination level. All registration forms and appropriate fees must be submitted and received by the deadline date. No faxes will be accepted. **If the candidate does not have a six digit State ID number and a NREMT initial entry application ID number on the application for practical testing they will not be given a confirmation letter to test or an arrival time for testing and will not be considered eligible for the practical exam. If the student shows up to the practical test site in hopes that they will be allowed to test anyway, they will be dismissed from the test site.**

To ensure use of the most current forms, it is suggested to download the registration form from the DEMST website (www.ndhealth.gov/ems) at the time of application. Appropriate practical testing fees must accompany the application. North Dakota cannot accept EMT candidates for practical testing that attended a course that was not authorized by DEMST (ex. out of state). Applications from out of state Advanced level candidates may be accepted.

Appropriate practical testing fees must accompany the application. Cognitive examinations are not offered at the practical test sites. All cognitive examinations are completed through a Pearson Vue Test Center. Please contact DEMST for most current locations.

The candidate will be notified by mail of their practical exam time. This usually occurs approximately one week after the deadline date. Testing fees are **NON-REFUNDABLE** under any circumstances.
Refer to Appendix F for Current State EMS Practical Test Schedule

Licensed Training Institutions
Licensed Training Institutions have the option of conducting their own practical exams following the guidelines set forth in the *EMS Training Institution Guidebook.* They also have the option of accepting candidates from outside programs to test at their test site. However, this is not a requirement and it is suggested to contact the individual Training Institution for further information.

INSTRUCTOR QUALIFICATIONS

An individual must be at least eighteen years of age and certified or licensed for at least two years as a patient care provider at the level the individual will instruct at. DEMST will issue initial licensure for a two year period of time to persons who have completed an authorized Instructor Coordinator course. Instructor Coordinator certification is dependent on current state licensure as an EMS provider. Each course is required to have a State Licensed EMS instructor that is certified or licensed at or above the level they are instructing. The course coordinator and the physician medical director shall obtain instructors who are qualified as indicated in the curriculum. However, a state licensed EMS Instructor is responsible for the material delivered and to determine competency of the candidate prior to testing. A pass rate of at least seventy percent must be maintained by the coordinator at all times. The instructor must also conduct (as the course coordinator or primary instructor) at least one primary education class every two years and attend a DEMST approved instructor coordinator refresher during their two year licensure period in order to be eligible for relicensure.

STUDENT QUALIFICATIONS

- The student must be at least 18 years of age in order to become Nationally Registered. The student may take the EMT course and become State Certified if under 18 years of age and at least 16 at the time of testing. The State Certified EMT must become Nationally Registered after their 18th birthday.

- If the student has been charged or convicted of a felony, prior approval must be obtained from DEMST to admit the student to class. Please contact DEMST for further information.
    - All students and ND EMS personnel must adhere to the National Registry Felony Policy in addition to DEMST policy in order to be eligible or maintain National Registry certification. **Refer to Appendix G for National Registry Felony Policy**
- An EMS Registration form **MUST BE COMPLETED** as soon as the student begins the class. DEMST will assign a 6 digit state identification number to the student once registration is received.
- A student must meet the physical requirements of being an EMT and be able to perform all skills required.
- The student must be able to attend all classes as scheduled by the course coordinator.
- The student must be able to read and write the English language and communicate effectively.
- Advanced Level EMT's **MUST** be either a State EMT or Nationally Registered EMT prior to attending class or clinical rotations at the advanced level.
- Any test result, cognitive or practical, is valid for a period of 12 months from the date of successful completion of the exam.
- A candidate has 2 years from the date of course completion to complete all testing requirements. After this deadline has occurred, the candidate will be required to attend another entire course.

COURSE MANAGEMENT & ADMINISTRATION

COURSE COORDINATOR:
This identifies a person to be responsible for assuring that material covered is within the Core Curricula by instructors whether guest or primary. This person is also responsible for submission of all paperwork and signatures. The course coordinator must be a licensed Instructor / Coordinator through DEMST.

PRIMARY INSTRUCTOR:
This identifies the main instructor of the course. This person must instruct at least 50% of the class and also be currently licensed as an Emergency Medical Services Instructor/Coordinator.

It is important to note, as the instructor, YOU are responsible for ensuring student competency prior to verifying course completion. You will not do anyone any favors by allowing incompetent EMS providers into the field! THE NREMT EXAM IS NOT TO BE USED AS A FINAL EXAM FOR YOUR COURSE!

Once your students have successfully completed a course it is the responsibility of the course coordinator to provide certificates of completion for each student who successfully completed the course.

Course fees are not controlled by DEMST and each individual training program dictates their own course fees.

Records and grades are not something that DEMST wants copies of. However, DEMST does reserve the right to take possession of all course/student records should the department see the need to do so. As an instructor coordinator you will need to keep records (for a minimum of three years) of:

- Name and address for each student enrolled in an emergency medical services course
- Grades for each written examination
- Copies of each student's documentation of entrance requirements to each course, including a copy of the individual's cardiopulmonary resuscitation certification and criminal history statement
- Field internship student evaluation forms from each field or clinical internship session. The form must include the evaluator's printed name, contact information, and signature (These forms are up to you to make)

It is strongly encouraged that you have a written handbook detailing rules of your course, grading policies, payment plans, etc. This is to protect you and to maintain consistency for all your students.

IMPORTANT THINGS TO REMEMBER!

1. Obtain course authorization at least two weeks prior to beginning course.
2. Have every student complete an EMS Registration form the first day/night of class. Candidates who apply to test sites without a six digit ID number will **not** be accepted into the test site.
3. If the student is at the EMT, AEMT or Paramedic level assure that they submit an application for psychomotor testing at least 5 weeks before the end of class.
4. If the candidate intends to become Nationally Registered assure they have created an initial entry application for this with the NREMT prior to application for the psychomotor exam. Candidates who fail to create an initial entry application with the NREMT prior to application will **not** be accepted into the test site.
5. The Instructor/Coordinator must have an account established with the NREMT before class begins and approve all candidates to attempt the cognitive exam.

Please send the course material to:

North Dakota Department of Health
Division of Emergency Medical Services and Trauma
600 E. Boulevard Ave. - Dept 301
Bismarck, ND 58505-0200
Phone: 701-328-2388
Fax: 701-328-1702
DEMST@nd.gov

Please direct any questions on training to:

Kelli Sears, BS, Paramedic
State EMS Training Coordinator
ND Department of Health
Division of EMS and Trauma
knsears@nd.gov
Office: 701-328-4523
Cell: 701-425-7744
Fax: 701-328-1702

Most forms are available on our website:
http://www.ndhealth.gov/EMS

Many of your NREMT questions can be answered at:
www.nremt.org

Appendix A

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

ROCCO V. MORANDO BUILDING
6610 BUSCH BLVD.
P.O. BOX 29233
COLUMBUS, OHIO 43229-0233

(614) 888 4484
www.nremt.org

EMS EDUCATION PROGRAM DIRECTOR INSTRUCTIONS

- Go to www.nremt.org
- Click on Create New Account (Select the Program Director role and any others that may apply)

  If you already have an account, you can add the Program Director tab by logging into your account and clicking on the Edit tab next to the Logout. Click on the link that says, Add Program Director Role to this Account

To create a new EMS Education Program Request

- Login
- Click on the Program Director tab
- Click on the link to the right that says, Request Authorization of an EMS Education Program
- Click on the link again
- Next page, complete the information fields
- Submit

To associate with an existing program

- Click on the Program Director tab
- Click on the link to the right that says, Request Authorization of an EMS Education Program
- Click on the link that says, Associate yourself with an Existing EMS Education Program
- Select your state

  Leave the tab on State Authorized/Approved (unless you are associating with a CoAEMSP/CAAHEP accredited paramedic program)
- Click on the program from the drop down list
- Submit

If you need additional assistance, please contact EdNet Coordinator,
Lisa Bragg at (614) 888-4484, ext. 192 or lbragg@nremt.org

Appendix B

Instructions for applying to the NREMT to obtain national certification on an initial course:

1. Go to http://nremt.org. On the left side of the screen, choose 'Create New Account" if you have never created an account on nremt.org before. (If you have done so, go directly to the blue box labeled 'LOGIN' and enter with your user name and password.)

2. Create a user name and password of your choice; enter the personal information requested, including 3 security questions, and hit 'Submit'.

3. Sign onto nremt.org using your user name and password.

4. Click on **'Create Initial Entry Application'** and in the middle of the page click on the *drop-down menu* for 'NREMT Application Level', being sure to select 'EMT' or whichever your level you'll be testing at. **Avoid** choosing 'Assessment – EMT' because that will only approve you for a state license (and only if your state does assessment testing) and not NREMT certification.

5. Read the 'Application Entry Requirements' carefully and check the box that says you have read and understand these requirements and click 'NEXT' below.

6. On the next page of the application process, enter the completion date of your course (mm/yyyy), then go to the 'EMS Education Program' section and enter the location of your course. Then click on the blue "List of EMS Education Programs' and a pop-up list of programs in your state will appear. Choose the name of your program, click on it, and it will self-populate the fields. IF there was a specific program section associated with your course, click on 'List of Program Sections' and choose from that list. Otherwise, ignore this step.

7. Enter your 'Registration Information' if you already have a state license or previous national certification. Otherwise, ignore this step.

8. Enter your CPR expiration date.

9. Answer the two questions regarding licensing action and felony statement.

10. Read the entire contents of the disclaimer box and hit 'Submit'.

Application to NREMT is complete. You may pay the exam fee, check on the application status, or print your authorization to test (ATT) letter by choosing from the main page (CBT Candidates) **'Check Initial Entry Application Status'. Your course must be verified by your instructor, and the exam fee paid, before you will be issued an ATT.**

If you have questions about the application process after carefully reading the information on the website, feel free to contact the NREMT Certification Department at 614-888-4484.

Appendix C

Emergency Medical Responder

National Core Competency Requirements Topics and Minimum Hours

Airway, Respiration and Ventilation

Ventilation - 1.0 hours	2
Oxygenation - 1.0 hours	

Cardiovascular

Stroke - 1.0 hours	2
Cardiac Arrest - 0.5 hours	
Post Resuscitation Care 0.5 hours	

Trauma

CNS Injury - 0.5 hours	1
Tourniquets - 0.5 hours	

Medical

Immunological Diseases - 1.0 hours	3
Communicable Disease - 0.5 hours	
Psychiatric Emergencies - 1.5 hours	

Note: The hours and topics listed are minimum amounts in each category. Any hours that are obtained beyond the minimum requirements may be used in the LCCR or ICCR categories. You must have at least three (3) different subjects in the LCCR and ICCR categories. Other subject material related to EMS may be used in the LCCR and ICCR categories on an hour-for-hour basis.

NCCR Total	8
Required LCCR Hours	4
Required ICCR Hours	4
Total Amount of Hours Required	**16**

Advanced First Aid - Ambulance & Emergency Medical Technician

National Core Competency Requirements Topics and Minimum Hours

Airway, Respiration and Ventilation

Ventilation - 3.0 hours	4
Oxygenation - 1.0 hours	

Cardiovascular

Post Resuscitation Care - 0.5 hours	6
Stroke - 1.0 hours	
Cardiac Arrest - 0.5 hours	
Cardiac Rate Disturbance (Ped) - 1.0 hours	
Pediatric Cardiac Arrest - 2.0 hours	
Chest Pain from Cardiovascular Disease - 1.0 hours	

Trauma

CNS Injury - 0.5 hours	2
Tourniquets - 0.5 hours	
Field Triage - 1.0 hours	

Medical

Special Healthcare Needs - 1.0 hours	6
OB Emergencies - 1.0 hours	
Psychiatric Emergencies - 1.5 hours	
Endocrine - 1.0 hours	
Immunological Diseases - 1.0 hours	
Communicable Disease - 0.5 hours	

Operations

At-Risk Populations - 0.5 hours	2
Pediatric Transport - 0.5 hours	
Affective - 0.5 hours	
Role of Research - 0.5 hours	

Note: The hours and topics listed are minimum amounts in each category. Any hours that are obtained beyond the minimum requirements may be used in the LCCR or ICCR categories. You must have at least three (3) different subjects in the LCCR and ICCR categories. Other subject material related to EMS may be used in the LCCR and ICCR categories on an hour-for-hour basis.

NCCR Total	20
Required LCCR Hours	10
Required ICCR Hours	10
Total Amount of Hours Required	**40**

Advanced Emergency Medical Technician

National Core Competency Requirements Topics and Minimum Hours

Airway, Respiration and Ventilation

Ventilation - 3.0 hours	4
Oxygenation - 1.0 hours	

Cardiovascular

Post Resuscitation Care - 0.5 hours	6
Stroke - 1.0 hours	
Cardiac Arrest - 0.5 hours	
Cardiac Rate Disturbance (Ped) - 1.0 hours	
Pediatric Cardiac Arrest - 2.0 hours	
Chest Pain from Cardiovascular Disease - 1.0 hours	

Trauma

CNS Injury - 0.5 hours	2
Tourniquets - 0.5 hours	
Field Triage - 1.0 hours	

Medical

Special Healthcare Needs - 1.0 hours	6
OB Emergencies - 1.0 hours	
Psychiatric Emergencies - 1.5 hours	
Endocrine - 1.0 hours	
Immunological Diseases - 1.0 hours	
Communicable Disease - 0.5 hours	

Operations

At-Risk Populations - 0.5 hours	2
Pediatric Transport - 0.5 hours	
Affective - 0.5 hours	
Role of Research - 0.5 hours	

Note: The hours and topics listed are minimum amounts in each category. Any hours that are obtained beyond the minimum requirements may be used in the LCCR or ICCR categories. You must have at least three (3) different subjects in the LCCR and ICCR categories. Other subject material related to EMS may be used in the LCCR and ICCR categories on an hour-for-hour basis.

NCCR Total	25
Required LCCR Hours	12.5
Required ICCR Hours	12.5
Total Amount of Hours Required	**50**

Note: You must complete the Emergency Medical Technician continued competency requirements PLUS an additional 5 hours of ALS EMS education to meet your NCCR requirements of 25 hours in addition to your LCCR and ICCR requirements for a total of 50 hours. You may choose subject matter from the paramedic requirements.

NORTH DAKOTA
DEPARTMENT *of* HEALTH
Emergency Medical Services and Trauma

National Registry of EMTs
Continued Competency Program
(NREMT Recertification Requirements)

Pilot—Version 2

North Dakota

Issue date: 5/10/2013

The Four Principles of Continued Competency

- Professional Standing (having an unrestricted license to practice)
- Cognitive Competency (having the knowledge required for the position)
- Practice Performance (having the skills required for the position)
- Life-long Learning (on-going, self-motivated pursuit of knowledge)

National Registry Continued Competency Hour Requirements

Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours*
Emergency Medical Technician	20	10	10	**40**
Advanced EMT	25	12.5	12.5	**50**
Paramedic	30	15	15	**60**

* 33% of the total hours may be obtained through distributive learning (EMR = 5hrs; EMT = 13; AEMT = 16.5; Paramedic = 20)

Important Notice:

THIS PILOT IS LIMITED TO EMS PROVIDERS AFFILIATED WITH NORTH DAKOTA EMS AGENCIES ONLY

The Three Components of National Registry Continued Competency Program

1) NATIONAL Continued Competency Requirements (NCCR)

National Continued Competency Requirements are determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physician and EMS provider stakeholders. The NCCR comprises 50% of the overall requirements necessary to recertify. Topics in the NCCR are chosen among the following: evidence-based medicine, any changes in the National EMS Scope of Practice Model, science-related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care. The NREMT will provide the educational materials for this component to the EMS community as part of their mission - to protect the public.

2) LOCAL Continued Competency Requirements (LCCR)

Local Continued Competency Requirements are developed and delivered at the local EMS level. LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by local authorities (or State EMS Office, if applicable). These topics may include changes in local protocols, tasks which require remediation based upon a quality assurance system, and/or topics noted to be of importance based upon run data reported to the National EMS Information Systems from the local level. These topics are locally chosen and will likely be different for every EMS system in the nation.

3) INDIVIDUAL Continued Competency Requirements (ICCR)

Individual Continued Competency Requirements represent 25% of the needed education. For the Individual's first ICCR, they may select any EMS related education. For following recertifications, NREMTs will identify what these requirements are based upon outcomes of a self-assessment guide (offered at no additional fee) on the NREMT website as part of the recertification submission process. The assessment guide will help providers assess their knowledge and remediate any identified deficiencies (over four core content areas). The specific assessment guide results are provided only to the individual EMS provider; de-identified, aggregate data will be provided to Training Officers and **no actions** will be taken to restrict practice or certification of providers who need remediation. If no deficiencies are indicated, the EMS provider may select any EMS-related education for their ICCR component.

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
Airway, Respiration & Ventilation: 4 hours Ventilation: 3 hours • Minute ventilation • Effect on cardiac output • Assisted Ventilation ◊ Assessment/when to vent ◊ Respiratory failure– recognition, etc. ◊ Adjuncts ◊ ATV ◊ Positioning (adult & pediatric) ◊ Suctioning Oxygenation: 1 hour	**Airway, Respiration & Ventilation: 4 hours** Ventilation: 2 hours • Assessment/when to vent • Respiratory failure-recognition, etc. • Positioning (adult & pediatric) • Suctioning • Minute Ventilation ◊ Effect on cardiac return Capnography: 1 hour (in-line, side stream, perfusing & non.) Advanced Airway Management: 1 hour (adult & pediatric) • Intubation vs supraglottic airway devices (adult only)
Cardiovascular: 6 hours Post-resuscitation Care: 0.5 hour • Recognition of ROSC • Induced hypothermia Stroke: 1 hour • Assessment (Stroke scale) • Oxygen administration • Time of onset (duration) • Transport destination Cardiac Arrest: 0.5 hour • Ventricular Assist Devices (VAD) Cardiac Rate Disturbance (Ped): 1 hour • Tachycardia • Bradycardia • Irregular pulse	**Cardiovascular: 10 hours** Post-resuscitation Care: 2 hours • Recognition of ROSC • Hemodynamics • Oxygenation • Induced hypothermia Ventricular Assist Devices: 0.5 hour Stroke: 1.5 hours • Assessment • Oxygen administration • Time of onset (duration) • Transport destination • Fibrinolytics (checklist) Cardiac Arrest: 2 hours • Optimal chest compressions ◊ Depth, rate, recoil & pause ◊ Mechanical CPR devices • Airway issues with cardiac arrest ◊ Halting CPR to intubate ◊ Hyperventilation ◊ Supraglottic vs ET vs BVM

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
Cardiovascular—continued Pediatric Cardiac Arrest: 2 hours • Two-thumb encircling technique • Ventilation/Compression ratios ◊ One and two operator ◊ AED Chest Pain from Cardiovascular Cause (Adult): 1 hour • Nitroglycerin administration • ASA administration • Oxygen administration • Transportation destination	Cardiovascular—continued Cardiac Arrest (cont.) • Chain of Survival • Termination Decisions (Adult & Pediatric) Criteria ◊ NAEMSP/AHA Position • $ETCO_2$ changes during arrest and ROSC Congestive Heart Failure: 0.5 hour • Recognition • Treatment Pediatric Cardiac Arrest: 2.5 hours • Optimal chest compressions • Techniques • Ventilation/Compression ratios ◊ One and two operator • (eg.) HOCM • Comotio cordis • Long QT • AHA Channelopathy ACS: 1 hour • 12 Lead Review • STEMI imposters • Oxygen administration • Transportation destination (systems of care)
Trauma: 2 hours CNS Injury: 0.5 hour • Concussion Tourniquets: 0.5 hour Field Triage: 1 hour • CDC Trauma Triage • MCI (MUCC/SALT)	**Trauma: 4 hours** CNS Injury: 2 hours • Concussion • $ETCO_2$ monitoring Tourniquets: 0.5 hour Field Triage: 1 hour • CDC Trauma Triage • MCI (MUCC/SALT) Fluid Resuscitation: 0.5 hour

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
Medical: 6 hours Special Healthcare Needs: 1 hour • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment ◊ (Feeding tubes, VP shunts, etc.) ◊ Cognitive issues OB Emergency: 1 hour • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord Psychiatric Emergencies: 1.5 hours • Patient restraint • Excited delirium • Depression/suicide • Toxicological Emergencies ◊ Synthetic stimulants ◊ THC (natural/synthetic) Endocrine: 1 hour • Medication pumps • Glucometer awareness • Diabetes • Metabolic syndrome Immunological Diseases: 1 hour • Allergic reaction • Anaphylaxis Communicable Diseases: 0.5 hour • Hygiene (handwashing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza • Public health—pandemics, reporting, etc.	**Medical: 7 hours** Special Healthcare Needs: 2 hours • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment ◊ (Feeding tubes, VP shunts, etc.) ◊ Cognitive issues OB Emergency: 1 hour • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord Communicable Diseases: 1 hour • Hygiene (handwashing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza ◊ Public health—pandemics, reporting, etc. ◊ Appropriate precautions • SIRS vs sepsis vs septic shock ◊ Fluid resuscitation Medication Delivery: 1 hour • IM vs SC (e.g., epi) • Atomized/Nasal Pain Management: 1 hour • NAEMSP pain management • AAP pediatric pain management Psychiatric Emergencies: 1 hour • Patient restraint • Excited delirium • Depression/suicide • Toxicological emergencies

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
Operations: 2 hours At-Risk Populations: 0.5 hour • Human trafficking (see DHS presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence Pediatric Transport (NHTSA): 0.5 hour Affective Characteristics: 0.5 hour • Professionalism • Cultural competency • Changing demographics Role of Research: 0.5 hour	Operations: 5 hours At-Risk Populations: 1 hour • Human trafficking (see DHS presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence Pediatric Transport (NHTSA): 0.5 hour Culture of Safety: 0.5 hour • Adverse event reporting • Medication safety Affective Characteristics 1 hour • Professionalism • Cultural competency ◊ Changing demographics Crew Resource Management: 1 hour Role of Research: 1 hour

SPECIAL NOTICE TO

North Dakota Advanced EMTs

To document your continued competency during the Beta period,
you must complete the Emergency Medical Technician
National Continued Competency Requirements
PLUS an additional 5 hours of **ALS** EMS education to meet
your NCCR requirement of 25 hours in addition to your LCCR and ICCR
Requirements for a **Total of 50 hours**.

Continued Competency Pilot Resources

- Your EMS Instructor / Coordinator

- National Registry of EMTs

Lisa Bragg — ND Pilot Support Team
(614) 888-4484, ext. 143
lbragg@nremt.org

Leslie Hine — ND Pilot Support Team
(614) 888-4484, ext. 152
lhine@nremt.org

The National Registry of EMTs wishes to thank YOU and the North Dakota Department of Health, Emergency Medical Services and Trauma for supporting this pilot project.

You are helping change the future of recertification for the Nation.

Issue date: 5/10/2013

Appendix D

NORTH DAKOTA
DEPARTMENT of HEALTH

EMERGENCY PREPAREDNESS
AND RESPONSE SECTION
Division of Emergency Medical
Services and Trauma
600 E Boulevard Ave – Dept 301
Bismarck, N.D. 58505-0200
www.ndhealth.gov/ems

February 5, 2014

To all EMT Intermediate 85's and ALS Instructors,

It is recertification season! I am aware that many of you have questions regarding EMT-I 85 recertification and where to find a refresher class this year due to all other levels of EMS providers being under the new pilot project.

As you know, EMT Intermediate will no longer be a recognized provider level with the National Registry of EMT's as of April of 2017. Therefore, if you are due to recertify in 2014 or 2015 that will be your final recertification as 2016 expirations will not be allowed to recertify for a 1 year period.

Your options for recertification are:

- You may recertify by continuing education
  - This includes a 36 hour EMT I refresher and 36 hours of additional continuing education or 36 hours of core content (mandatory and flexible) and 36 hours of additional continuing education.
- Recertify as an EMT
  - You may do this the old recertification way
    - You will submit the paper recertification form found on the NREMT website along with a letter stating that you would like to recertify as an EMT instead of an EMT- I.
- Recertify using Core Competency Requirements (CCR) hours
  - This would mean that you follow the Pilot Project AEMT rules. When filling out recertification paperwork found on the NREMT website you would include all 50 hours of core competency requirements and attach a letter with attention to Leslie Hine stating that you are from North Dakota and an EMT I "refresher" class was difficult to obtain therefore you followed Core Competency Requirements of an AEMT.

I have included the AEMT Core Competency Requirements for your convenience.

Recertification by exam is no longer an option with EMT-I 85.

I would also like all instructors to know that the Department of EMS and Trauma will be authorizing EMT-I 85 refreshers both this year and next year.

I hope this clears up any questions or confusion some of you may have had.

Please feel free to contact me if you need further assistance.

Sincerely,

Kelli Sears

Kelli Sears, BS, Paramedic
State EMS Training Coordinator
North Dakota Department of Health
Division of Emergency Medical Services

Advanced Emergency Medical Technician

National Core Competency Requirements Topics and Minimum Hours

Airway, Respiration and Ventilation	
Ventilation - 3.0 hours	4
Oxygenation - 1.0 hours	

Cardiovascular	
Post Resuscitation Care - 0.5 hours	6
Stroke - 1.0 hours	
Cardiac Arrest - 0.5 hours	
Cardiac Rate Disturbance (Ped) - 1.0 hours	
Pediatric Cardiac Arrest - 2.0 hours	
Chest Pain from Cardiovascular Disease - 1.0 hours	

Trauma	
CNS Injury - 0.5 hours	2
Tourniquets - 0.5 hours	
Field Triage - 1.0 hours	

Medical	
Special Healthcare Needs - 0.5 hours	6
OB Emergencies - 1.0 hours	
Psychiatric Emergencies - 0.5 hours	
Toxicological Emergencies - 1.0 hours	
Endocrine - 1.0 hours	
Immunological Diseases - 1.0 hours	
Communicable Disease - 1.0 hours	

Operations	
At-Risk Populations - 0.5 hours	2
Pediatric Transport - 0.5 hours	
Affective - 0.5 hours	
Role of Research - 0.5 hours	

Note: The hours and topics listed are minimum amounts in each category. Any hours that are obtained beyond the minimum requirements may be used in the LCCR or ICCR categories. You must have at least three (3) different subjects in the LCCR and ICCR categories. Other subject material related to EMS may be used in the LCCR and ICCR categories on an hour-for-hour basis.

NCCR Total	25
Required LCCR Hours	12.5
Required ICCR Hours	12.5
Total Amount of Hours Required	50

Note: You must complete the Emergency Medical Technician continued competency requirements PLUS an additional 5 hours of ALS EMS education to meet your NCCR requirements of 25 hours in addition to your LCCR and ICCR requirements for a total of 50 hours. You may choose subject matter from the paramedic requirements.

THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

EMT-Intermediate/85 Recertification Form 2015

Please Read Instructions

Registry Number

Social Security Number – –

Last Name

First Name

Mid. Init.

Mailing Address

City

State

Zip Code –

E-mail

Phone Number – –

FELONY STATEMENT

YES ☐ NO ☐ Since your last certification, have you been convicted of a felony?

YES ☐ NO ☐ Since your last certification, have you ever been subject to limitation, suspension from, or under revocation or probation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status and disposition of the case.

If your employer requires you to maintain your National Certification, you must submit your recertification materials by February 15th, 2015

EMPLOYER INFORMATION

Organization in which you currently serve/are employed as an EMT-I/85:

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Training Officer: _____

Daytime Phone Number: _____

By completing this section you are indicating you are currently performing EMT-I/85 skills in either the emergency ambulance/rescue or patient/health care setting.

INACTIVE STATUS REQUEST

☐ Request Inactive Status*

If this is your first time to recertify, you must have worked at least 6-months performing as a EMT-I/85 and using your skills in either the emergency ambulance/rescue or patient/ healthcare setting. You will need to submit proof of employment and refresher training.

OFFICE USE ONLY	
F	F
50	50
A	A
B	B
C	C
2	2
3	3
S	S
TO	TO
$$	$$
✓	✓

EMT INTERMEDIATE 85 REFRESHER TRAINING – (36 HOURS REQUIRED)

Division	~~Dates~~ Completed	Hrs Req	Hrs ~~Rec~~	Method Used
Airway, Breathing, Cardio		12		
Medical Emergencies		6		
Trauma		6		
Obstetrics/Pediatrics		12		
Operational Tasks		1		
~~TOTAL HRS~~		36		See Attached

Submit course ~~completion certificate~~ of state or CECBEMS approved ~~EMT-Intermediate/85~~ Refresher completed within this recertification cycle

OR

Official letter from your Training Officer/Medical Director verifying completion of all mandatory and flexible core content including completion dates and hours and method used

OR

Complete Education list provided

CPR CERTIFICATION

As the EMS Professional's CPR Instructor/Training Officer, I hereby verify the EMS Professional has been examined and performed satisfactorily so as to be deemed competent in each of the following:

- Adult 1 & 2 Rescuer CPR
- Adult Obstructed Airway
- Child CPR
- Child Obstructed Airway
- Infant CPR
- Infant Obstructed Airway

CPR Instructor/Training Officer Verifying Signature
Submit a copy of card or verify with appropriate signature

CPR EXP DATE MONTH – YEAR

ADDITIONAL EMS RELATED CONTINUING EDCUATION - (36 HOURS REQUIRED)							
Date Comp.	Topics of Training:	Method of Instruction	Hours Rec'd	Date Comp.	Topics of Training:	Method of Instruction	Hours Rec'd
	*See Attached						

*MUST BE FILLED IN

*DO NOT LEAVE BLANK

*DO NOT MAIL IN CERTIFICATES FOR THIS SECTION UNLESS AUDITED

TOTAL HOURS

VERIFICATION OF SKILL COMPETENCE	Q/A Q/I	Direct Observation	Other
1. **PATIENT ASSESSMENT/MANAGEMENT:** Medical and Trauma			
2. **VENTILATORY MANAGEMENT SKILLS/KNOWLEDGE:** Simple adjuncts Supplemental oxygen delivery Supraglottic airways (PTL®, Combitube®, King LT®)			
3. **CARDIAC ARREST MANAGEMENT:** Automatic External Defibrillator (AED)			
4. **HEMORRHAGE CONTROL & SPLINTING PROCEDURES**			
5. **IV THERAPY & IO THERAPY:** Medication administration			
6. **SPINAL IMMOBILIZATION:** Seated & lying patients			
7. **OB/GYNECOLOGIC SKILLS/KNOWLEDGE**			
8. **OTHER RELATED SKILLS/KNOWLEDGE:** Radio communications Report writing & documentation			

As Physician Medical Director of EMT-Intermediate/85 training/operations, I do hereby affix my signature attesting to the continued competence in all the skills outlined above.

Physician Medical Director Signature **(Must be original signature)** Title Date Signed

I hereby affirm that all statements on the EMT-Intermediate/85 Recertification Application are true and correct, including the copies of cards, certificates and NREMT Intermediate/85 refresher attachment. It is understood that false statements or documents may be sufficient cause for revocation by NREMT. It is also understood that NREMT may conduct an audit of the recertification activities listed at any time.

Your Signature **(Must be original signature)** Date Signed Training Officer/Supervisor Signature **(Must be original signature)** Date Signed

Registry #_____

2015 EMT-Intermediate/85 Refresher Attachment

MANDATORY CORE CONTENT: You must ensure that you have received education covering all topics within the Mandatory Core Content along with the specified hours for the topic areas.

FLEXIBLE CORE CONTENT: You must be sure that you cover at least one objective within each topic area and the total number of hours that are listed for each topic area.

Hours Req'd	AIRWAY, BREATHING AND CARDIOLOGY	Date Rec'd	Hours Rec'd	Instruction Method
*	**If you completed a 16 hour ACLS course, fill in the date (meets all objectives for Airway, Breathing and Card).**			
	Mandatory Core			
6	Provide ventilatory support for a patient			
	Attempt to resuscitate a patient in cardiac arrest			
	Provide care to a patient who is experiencing cardiovascular compromise			
	Provide post-resuscitation care for a cardiac arrest patient			
	Flexible Core			
6	Assess and provide care for an adult who has respiratory distress			
	Use oxygen delivery system components			
	Perform techniques to ensure a patent airway			
	Assess and provide care to a patient who is experiencing non-traumatic chest pain/discomfort			
	MEDICAL EMERGENCIES			
*	**If you completed a 16 hour AMLS course, fill in date (meets all objectives for Med Emerg).**			
	Mandatory Core			
2	Assess and provide care to a patient who is experiencing an allergic reaction			
	Assess a patient who has a possible overdose			
	Assess and provide care to a drowning patient			
	Flexible Core			
	Assess and provide care to a patient who has altered mental status			
	Assess and provide care to a patient who has a history of diabetes			
4	Assess and provide care to a patient who is experiencing a seizure			
	Assess and provide care to a patient who was exposed to heat or cold			
	Assess and provide care to a patient who is experiencing a behavioral problem			
	Assess and provide care to a patient who has a suspected communicable disease			
	TRAUMA			
*	**If you completed a 16 hour PHTLS or ITLS course, fill in date (meets all objectives for Trauma).**			
	Mandatory Core			
	Perform a primary survey			
	Assess a patient who has a head injury			
4	Assess and provide care to a patient who has a suspected spinal injury			
	Provide care to a patient who has a chest injury			
	Provide care to a patient who has an open abdominal injury			
	Provide care to a patient who has shock/hypoperfusion			
	Flexible Core			
1	Provide care to a patient who has a painful, swollen, deformed extremity			
	Assess and provide care to a patient who has a burn injury			
	OBSTETRICS AND PEDIATRICS			
*	**If you completed a 16 hour PEPP, PALS or EPC course, fill in date (meets all objectives for OB & Peds).**			
	Mandatory Core			
6	Assess and provide care to an infant or child in cardiac arrest			
	Assess and provide care to an infant or child who has respiratory distress			
	Assess and provide care to an infant or child who has shock/hypoperfusion			
	Assess and provide care to an infant or child who has trauma			
	Flexible Core			
6	Assess and provide care to an infant or child who has suspected non-accidental trauma or neglect			
	Assess and provide care to an infant or child who has a fever			
	Assess and provide care to an obstetric patient			
	Provide care to a newborn			
	Provide care to a mother immediately following delivery of a newborn			
	OPERATIONAL TASKS			
	Flexible Core			
1	Use body mechanics when lifting and moving a patient			
	Communicate with a patient while providing care			

I hereby affirm that the information above is true and correct. Your Signature_____ Date_____

No more than 10 hours of the required 36 hours may be obtained through distributive education (internet, video, magazine). These hours must be approved by the state or CECBEMS (www.cecbems.org).

NATIONALLY REGISTERED ADVANCED EMT CONTINUING EDUCATION REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60587 (02-2014)

This form is for Nationally Registered Advanced EMT (AEMT) only. This form may be filled out electronically and saved on your computer.
Hours submitted on this form are subject to audit.
Complete one line for each training event.
In order to re-certify as an AEMT, complete this form and submit it to: National Registry of EMTs
Attention Leslie Hine
6610 Busch Blvd
Columbus OH 43229

Name	Six Digit State ID	NREMT Number
Your Name		I00000

Date	Topic	Method	Hours	Category
4-7-14	Ventilation	Lecture	1	NCCR
4-8-14	OB Emergencies	Conference	1	NCCR
		Hands-on	2	LCCR
etc.	etc.	On-Line	1	ICCR

1/85's need to complete this form if they choose to report using the AEMT Continued Competency Pilot Project.

By signing this form you are affirming the information is true and correct to the best of your knowledge.

Signature Your Signature Date Today

Print Form

Appendix E

EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E. BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200
SFN 53364 (5/2013)

Instructions: Type or print clearly. This request must be completed by the course coordinator and submitted to DEMST at least **two weeks** prior to beginning the course. Please keep a copy for your records. **Use one form per course.**

☐ EMT	☐ Emergency Medical Responder (EMR)		
Physical location of course (ambulance hall, fire hall, etc.)			
Address	City	State	Zip Code
Start Date	End Date		Total Hours
Course will be held on: (Check all that apply) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa		Meeting Time	
Course Coordinator		State EMS #	
Address	City	State	Zip Code
E-Mail		Telephone Number	
Primary Instructor		State EMS #	
Physician Medical Director			
Textbook Used	Publisher	Edition	
State Practical Test Site Date (Initial EMT only)			
Contact Person		Telephone Number	

Please check all of the materials you wish to receive below. If nothing is checked, no materials will be sent.
Please note - only one copy of each document will be supplied by DEMST.
The individual listed as course coordinator will receive all necessary paperwork to conduct this course.

☐ Roster	☐ Certificate of Completion (transitional completion certificates are required by NREMT.)
☐ Student EMS Registration	☐ Practical Skill Sheets

As course coordinator I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedules, arrange and schedule in-hospital observation and training, and perform other appropriate class functions. I will adhere to the appropriate standard curriculum throughout the course as well as adhering to DEMST security requirements. A schedule must be submitted with request for initial courses.

Signature of Course Coordinator_____ Date_____

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL
PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE

PLEASE NOTE: AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AT THE BEGINNING OF EACH COURSE.

DEMST USE ONLY

Course Authorization #	Course Authorization #
Posted on website	Handouts sent

ENHANCED SKILLS TRAINING APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E. BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200
TELEPHONE (701) 328-2388 / FAX (701) 328-1702
SFN 53353 (12/2009)

INSTRUCTIONS: Type or print clearly. This application must be completed by the Course Coordinator and submitted to DEMST at least two weeks prior to beginning the class. Please keep a copy for your records.

Check One Only	☐ Limited Advanced Airway	☐ Nebulized Medications	☐ Dextrose 50% (EMT-I85 Only)
	☐ IV Maintenance	☐ Epinepherine (FR Only)	

Physical location of course			
Address	City	State	Zip Code
Start Date	End Date		
Meeting Time	Total Hours		
Course Coordinator		State EMS #	
Address	City	State	Zip Code
E-Mail		Telephone Number	
Primary Instructor		State EMS #	
Physician Medical Director			

Please check all of the materials you wish to receive below. If nothing is checked, no materials will be sent.
Please note - only one copy of each document will be supplied by DEMST.
The individual listed as course coordinator will receive all necessary paperwork to conduct this course.

☐ Roster	☐ Physician Preceptor Form*
☐ Practical Exam	☐ Answer Key
☐ Written Exam	☐ Power Point Presentation (if available)

***NOTE: In order for EMS providers to perform enhanced skills, a physician preceptor form must be signed and returned to DEMST.**
COURSE AUTHORIZATION NUMBERS ARE NOT ISSUED FOR ENHANCED SKILL COURSES

DEMST USE ONLY

Date Received:
Materials Sent:
Approved:

ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)
TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E. BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200

SFN 53364 (12/2009, 12/2010)

Instructions: Type or print clearly. This request must be completed by the course coordinator and submitted to DEMST at least **two weeks** prior to beginning the course. Please keep a copy for your records.

Type of Training (check one)	☐ AEMT - Initial	☐ AEMT - Refresher	
Physical location of course (ambulance hall, fire hall, etc.)			
Address	City	State	Zip Code
Start Date	End Date	Estimated Hours:	
Course will be held on: (Check all that apply)	☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa	Meeting Time	
Course Coordinator (Paramedic Only)		State EMS #	
Address	City	State	Zip Code
E-Mail		Telephone Number	
Primary Instructor		State EMS #	
Physician Medical Director			
Textbook Used	Publisher	Edition	
State Practical Test Site Date (Initial AEMT only)			
☐ Open Course ☐ Closed Course	If 'open', list contact person	Telephone Number	
ALS Licensed Ambulance Service (for clinical purposes)			
Name of participating hospital (for clinical purposes)			

Please check all of the materials you wish to receive below. If nothing is checked, no materials will be sent. Please note - ony one copy of each document will be supplied by DEMST. The individual listed as course coordinator will receive all necessary paperwork to conduct this course.

☐ Roster	☐ Student EMS Registration Form	☐ Practical Tests Application (Bismarck site)

As course coordinator I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedules, arrange and schedule in-hospital observation and training, and perform other appropriate class functions. I will adhere to the appropriate standard curriculum throughout the course as well as adhering to DEMST security requirements. A schedule must be submitted with request for initial courses.

Signature of Course Coordinator _____ Date _____

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL
PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE
PLEASE NOTE: AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AND SUBMITTED WITH THE ROSTER UPON COURSE COMPLETION FOR REFRESHER COURSES.
AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AT THE BEGINNING OF INITIAL COURSES.

DEMST USE ONLY

Course Authorization #	Course Authorization #
Posted on website	Handouts sent

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
HOSPITAL ADMINISTRATION SUPPORT
Initial Courses Only

EMS Training Program:		
Hospital Name		
Mailing Address		
City	State	Zip Code
Hospital Administrator		

As administrator of above mentioned hospital, I support the initiation of an Advanced Emergency Medical Technician (AEMT) Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital. I may withdraw this agreement at any time by submitting the request in writing to the Training Program Director and the Division of EMS and Trauma (DEMST).

Signature of Hospital Administrator	Date

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
ALS AMBULANCE SERVICE SUPPORT
Initial Courses Only

EMS Training Program:		
Service Name		
Mailing Address		
City	State	Zip Code
Director/Manager		

As director of above mentioned ambulance service I agree to provide a setting for conducting the ALS clinical for the AEMT training program to be held at named city. I understand the ALS ambulance experience will involve the AEMT students observing and participating under supervision in all aspects of patient care as carried out by this service. The ambulance clinical experience will be under the supervision of the medical director of the service on record. I understand this agreement may be terminated under written notice to the training program director and the Division of EMS and Trauma.

Signature of Ambulance Service Director / Manager	Date

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
MEDICAL DIRECTOR AGREEMENT
Initial Courses Only

EMS Training Program:		
Physician Name		
Mailing Address		
City	State	Zip Code

Responsibilities of Physician Medical Director

-Obtain approval from the hospital medical staff(s) (providing clinical training) to initiate an Advanced Emergency Medical Technician Course

-Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program

-Oversee that the course is conducted as outlined in the Education Standards

-Oversee the quality of instruction and clinical experience

-Oversee course compliance with all applicable board regulations

-Critique patient care during training and assure maintenance of written documentation of same

-Participate in review of student applications and selection

-Review results of interim examinations

As Physician Medical Director of the Advanced Emergency Medical Technician (AEMT) course I agree to previous mentioned responsibilities and reserve the right to withdraw this agreement at any time. In order to withdraw this agreement it must be submitted in writing to the Division of EMS and Trauma (DEMST).

Signature of Physician Medical Director	Date

ND License Number

EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59305 (3/2014)

Course Authorization # (If Applicable)	Course Type	
Course Coordinator License #	Course Start Date	Course End Date
City Where Class Was Held		

State EMS License #	Full Name	Level	Written	Practical
1			☐ Pass	☐ Pass
2			☐ Pass	☐ Pass
3			☐ Pass	☐ Pass
4			☐ Pass	☐ Pass
5			☐ Pass	☐ Pass
6			☐ Pass	☐ Pass
7			☐ Pass	☐ Pass
8			☐ Pass	☐ Pass
9			☐ Pass	☐ Pass
10			☐ Pass	☐ Pass
11			☐ Pass	☐ Pass
12			☐ Pass	☐ Pass
13			☐ Pass	☐ Pass
14			☐ Pass	☐ Pass
15			☐ Pass	☐ Pass
16			☐ Pass	☐ Pass
17			☐ Pass	☐ Pass
18			☐ Pass	☐ Pass
19			☐ Pass	☐ Pass
20			☐ Pass	☐ Pass
21			☐ Pass	☐ Pass
22			☐ Pass	☐ Pass
23			☐ Pass	☐ Pass
24			☐ Pass	☐ Pass
25			☐ Pass	☐ Pass

Remember to submit EMS Registration forms if applicable for your course.

By signing below I hereby certify that all information stated above is true and correct.

Signature of Course Coordinator	Date

Submit form to: ND Department of Health - Division of EMS & Trauma
600 E Boulevard Ave - Dept 301
Bismarck ND 58505-0200
Telephone 701.328.2388 / Fax 701.328.1702
Email: dems@nd.gov

PHYSICIAN PRECEPTOR FORM FOR ENHANCED SKILLS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200
TELEPHONE (701) 328-2388 / FAX (701) 328-1702
SFN 17592 (12/2009)

ONE SKILL PER FORM In order for an EMS provider to perform the listed enhancement skills, this form must be completed and returned to DEMST.

☐ Nebulized Medications	☐ Epinephrine (FR Only)
☐ Limited Advanced Airway	☐ Dextrose 50% (EMT-I85 Only)
☐ IV Maintenance	

In addition to their EMT skills, the following persons possess Advanced Life Support skills associated with the above named enhancement course. As required in Chapter 50-03-03 of the North Dakota Administrative Code, these persons have met the training requirements of the North Dakota State Department of Health for these skills. I have assumed responsibility for the services of such person as set forth below.

	State EMS License #	Full Name	Level
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

The above named person(s) are affiliated with _____(ambulance service, rescue squad, etc.) within the geographic area of my practice. These persons are allowed to provide the ALS skills designated by me as part of my practice and only as a result of my delegation of the authority to do so. The above named person(s) must also have current certification to perform named skill. I may revoke this authority at any time. If I do so, I will provide the Division of Emergency Medical Services & Trauma with written notification of the revocation.
This document expires June 30, 20____

Physician Name	Medical License #	Business Telephone

Physician Signature_____ Date_____

2015 EMS REGISTRATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 52195 (5/2014)

*This form **must** be completed in its entirety or it will be returned.* This form must be completed by:

1. Students in **initial** EMT, AEMT, and Paramedic courses and submitted by the course coordinator to DEMST upon **starting** the course.
2. Students in **initial** EMR courses or initial or refresher EMD, EVOC, and Auto Extrication courses and submitted to DEMST by the course coordinator with the course roster upon **course completion.**
3. Basic level EMS personnel as application for state licensure and/or re-licensure.
4. Any personnel requesting to be added to an EMS agency roster (requires signature by agency squad leader/manager) or requesting name / address changes.

Note: Squad leaders have on-line access to their rosters and may make these changes through the website as well.

Submit to: North Dakota Department of Health; Division of EMS and Trauma; 600 E Boulevard Ave - Dept 301; Bismarck ND 58505-0200
Fax: 701.328.1702 Email: dems@nd.gov

ND State EMS Number	Social Security Number	National Registry Number

First Name	Last Name	MI

Home Street Address / PO Box	City	State	ZIP Code

County	E-Mail Address	☐ Male	☐ Female

Date of Birth	EMS Agency Affiliation	◯ Continued Affiliation ◯ Additional Affiliation ◯ Replacement Affiliation

Home Telephone Number	Work Telephone Number	Cell Phone Number

Course Authorization Number (Obtain from instructor) *(Initial class registration only)	Course Completion Date

Do you receive monetary compensation as an EMS Provider? ☐ Yes ☐ No

If so do you receive more than $10,000.00 per year? ☐ Yes ☐ No

1. Have you ever been charged or convicted with a felony? ☐ Yes ☐ No

2. Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state? ☐ Yes ☐ No

3. If yes to either 1 or 2, have you previously submitted this information / documentation to DEMST? ☐ Yes ☐ No

**If 1 or 2 above have been marked yes, provide official documentation that fully describes the offense, current status,and disposition of the case if you have not submitted to DEMST in the past.*

SELECT ONE BOX BELOW

SPECIALTY COURSE	APPLICATION FOR (RE)CERTIFICATION / LICENSURE	INITIAL STUDENT	OTHER REGISTRATION
☐ Auto Extrication	☐ EMR ☐ EMT	☐ EMT	☐ Driver
☐ Dispatch	☐ AFAA ☐ State EMT	☐ AEMT	☐ Driver w / CPR (Must include copy of CPR card)
☐ EVOC		☐ Paramedic	☐ Registered Nurse (Please include copy of state license)
☐ CEC	ALS Providers must complete an ALS license application signed by their medical director to apply for state licensure.		☐ Other (please specify)

PRIVACY ACT STATEMENT

Your social security number is being requested to permit the North Dakota Department of Health to verify your eligibility to become nationally registered and to properly conduct a criminal history background investigation pursuant to N.D.A.C section 33-36-01-05 before issuing licensure or certification. Disclosure of your social security number is voluntary. If you are not willing to disclose your social security number, you must supply an official current criminal history background check in order to obtain licensure or certification as required to work as an EMS provider in North Dakota.

I hereby affirm and declare that the above information is true and correct and that fraudulent entries may be sufficient cause for rejection or revocation. I also understand that fraudulent entries may be considered a crime and may be prosecuted under state law. I further agree to notify the ND Department of Health Division of Emergency Medical Services and Trauma immediately if any changes in my status should occur. I also give permission to the Division of Emergency Medical Services and Trauma to perform a criminal background check.

Signature	Date

Signature of squad leader / manager required ONLY when adding personnel to EMS agency roster.

Signature of listed agency's squad leader / manager on record	Date

2014 ALS PROVIDER LICENSE / RENEWAL APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 17393 (3/2014)

*This form **must** be completed in its entirety or it will be returned.* This form is required for all advanced level EMS personnel as application for state licensure and/or re-licensure. An application must be submitted for each agency affiliation. An EMS registration form is not required for ALS personnel.

Level	☐ **EMT-Intermediate/85** ☐ **EMT-Intermediate/99** ☐ **AEMT** ☐ **Paramedic**		
State EMS Number	Social Security Number	National Registry Number	
First Name	Last Name	MI	
Home Address / PO Box	City	State	Zip Code
County	E-Mail Address	☐ Male	☐ Female
Date of Birth	EMS Agency Affiliation	◯ Continued Affiliation ◯ Additional Affiliation ◯ Replacement Affiliation	
Home Telephone Number	Work Telephone Number	Cell Phone Number	
Do you receive monetary compensation as an EMS Provider? ☐ Yes ☐ No	If so do you receive more than $10,000.00 per year? ☐ Yes ☐ No		

1. Have you ever been charged or convicted with a felony? ☐ Yes ☐ No

2. Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state? ☐ Yes ☐ No

3. If yes to either 1 or 2, have you previously submitted this information / documentation to DEMST? ☐ Yes ☐ No

If 1 or 2 above have been marked yes, provide official documentation that fully describes the offense, current status,and disposition of the case if you have not submitted to DEMST in the past. This section **must be completed or form will be returned.*

PRIVACY ACT STATEMENT

Your social security number is requested to permit the North Dakota Department of Health to verify eligibility to become nationally registered and to properly conduct a background investigation pursuant to N.D.A.C section 33-36-01-05 before issuing licensure or certification. Disclosure of your social security number is voluntary, however, not providing this information may result in a processing delay due to misidentification criminal records check requirements of state, local or federal agencies, or identification requirements of the National Registry of Emergency Medical Technicians.

I hereby affirm and declare that the above information is true and correct and that fraudulent entries may be sufficient cause for rejection or revocation. I also understand that fraudulent entries may be considered a crime and may be prosecuted under state law. I further agree to notify the ND Department of Health Division of Emergency Medical Services and Trauma immediately if any changes in my status should occur. I also give permission to the Division of Emergency Medical Services and Trauma to perform a criminal background check.

Signature	Date

MEDICAL DIRECTOR AGREEMENT

The above named person is employed by an ambulance service, rescue squad, or health care setting for which I am the Medical Director.

Upon state licensure as an Advanced Level EMS Professional by the North Dakota Department of Health of the person named above, I will provide medical direction consisting of verbal, written, or standing orders allowing the above named person to provide medical care consistent with the skills defined by the North Dakota Scope of Practice.

I will assure that the person named above continues to remain competent in the skills contained in the North Dakota scope of practice. I have complete discretion as to which skills or treatment modalities listed in the North Dakota Scope of Practice for EMS providers the above named person may provide during the normal course of his/her duties.

I understand that the above named person is allowed to provide patient care to the level of licensure as a part of my practice and only as a result of my delegation of the authority to do so. I further understand that I may revoke this authority at any time. If I revoke this authority, I will provide the Division of Emergency Medical Services and Trauma with written notification of the revocation.

This agreement expires upon termination from the above named agency or 90 days after National Registry Expiration.

Medical Director Signature	License Number	Date

Signature of squad leader / manager required ONLY when adding personnel to EMS agency roster.

Signature of listed agency's squad leader / manager on record	Date

NON-NATIONALLY REGISTERED EMR, AFAA and EMT CONTINUING EDUCATION REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59299 02/2014

This form is for the Emergency Medical Responder (EMR), AFAA, or Emergency Medical Technician (EMT) who is **NOT** Nationally Registered. In order to re-license with DEMST, you must complete this form and submit it with a current EMS Registration to DEMST. Hours submitted on this form are subject to audit.
This form may be filled out electronically and saved on your computer.
Forms submitted prior to January 1 of the year of expiration will not be accepted.

Name	Six Digit State ID	NREMT Number

Date	Topic	Method	Hours	Category

By signing this form you are affirming the information is true and correct to the best of your knowledge.

Signature	Date

Application for EMS Practical Testing

Emergency Education & Consulting
508 Bismarck Avenue
Wilton, ND 58579
701.220.6893
domonosk@bektel.com

This application is for testing on March 14, 2015 at the Law Enforcement Training Academy ONLY. Applications must be postmarked by February 7, 2015 or it will not be accepted.

In the event your instructor does not allow you to test, your fees may be carried forward to the next test site. Emergency Education & Consulting must be notified by the instructor at least 7 days in advance.
You may complete this form electronically and/or print this form and complete by hand (please print legibly).

Name: _____ Email Address: _____

Address: _____ ND EMT Course Number: _____

City, State Zip: _____ **ND EMS ID Number:** _____

Social Security Number: _____ **NREMT Application ID:** _____

Primary Telephone Number: _____

Note: A ND EMS ID Number and NREMT Application ID are requirements for testing. If you do not have these numbers, you will not be allowed to test. Candidates currently enrolled in a ND EMT course, are also required to have their EMT Course Number in order to qualify for testing.

Please Place an "X" in all Appropriate Boxes on the Form

Level of Examination ☐ **EMT** ☐ **AEMT** ☐ **Paramedic**

☐ FULL INITIAL PRACTICAL EXAMINATION: Anytime all skills are needed

☐ FULL RE-TEST PRACTICAL EXAMINATION: Anytime all skills need re-testing

☐ PARTIAL RE-TEST PRACTICAL EXAMINATION: Anytime three or fewer stations are needed (Indicate stations needed below)

EMT Stations Retest Only

☐ Trauma Patient Assessment ☐ Cardiac Arrest / AED ☐ Spinal Immobilization

☐ Medical Patient Assessment ☐ BVM Apneic Patient ☐ Random Skill _____

Paramedic Stations Retest Only

☐ Trauma Pt Assessment ☐ Oral "A" ☐ Pediatric Intraosseous

☐ Multi Lumen Airway ☐ Oral "B" ☐ Static Cardiology

☐ Endotracheal Intubation ☐ IV Medications ☐ Dynamic Cardiology

☐ Pediatric Airway ☐ IV Therapy ☐ Random Skill _____

Please Indicate Items that are Enclosed with this form.
☐ Full Practical Fee of $25.00 Check or Money Order payable to Emergency Education and Consulting - NON-REFUNDABLE This fee is for initial (first time) tests only for students from ND Education Programs made possible through an EMS grant program by the ND Department of Health, Division of Emergency Medical Services & Trauma (DEMST). Eligibility will be verified by DEMST.
☐ Full Practical Fee of $225.00 Check or Money Order payable to Emergency Education and Consulting - NON-REFUNDABLE This fee is for complete re-tests.
☐ Re-test individual Station Fee of $20.00 **per station** Check or Money Order payable to Emergency Education and Consulting - NON-REFUNDABLE

Please return this form and fees to Emergency Education and Consulting at the address above.

All Applications and fees must be postmarked by February 7, 2015. You will receive confirmation and scheduled time approximately 10 - 14 days prior to the test site. If you have not received your scheduled time by 7 days prior to the test site please contact us.

WRITTEN TEST REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60016 (10/2014)

Print Form

Submit by e-mail

ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF 2 WEEKS PRIOR TO SCHEDULED TEST DATE.
This form is for requesting EMR tests only.

Course Authorization Number:	Course Coordinator Number:
Scheduled Completion Date:	Scheduled Testing Date:
Number of EMR tests required:	

Send test materials to:

Name:		
Mailing Address:		
City:	State:	Zip Code:

Test booklets and answer sheets for the number requested, along with one master answer key will be sent prior to the scheduled testing date unless otherwise noted by DEMST.

Test booklets and answer key cannot be written on and must be returned to DEMST.

A licensed EMS Instructor / Coordinator or CEC may also create a test and is not required to use a test supplied by DEMST.

Send test request to:

ND Department of Health
Division of EMS and Trauma
600 E Boulevard Ave - Dept 301
Bismarck ND 58505-0200
Phone: 701.328.2388
Fax: 701.328.1702
Email: dems@nd.gov
www.ndhealth.gov/ems

DEMST use only:
Date materials sent:
Test version sent:
Date materials returned:

Appendix F

NORTH DAKOTA
DEPARTMENT of HEALTH

EMERGENCY PREPAREDNESS
AND RESPONSE SECTION
Division of Emergency Medical
Services and Trauma
600 E Boulevard Ave – Dept 301
Bismarck, N.D. 58505-0200
www.ndhealth.gov/ems

EMS Practical Test Schedule
Law Enforcement Training Academy
Bismarck, ND

Year	Test Date(s)	Registration Deadline
2014	January 11 March 8 June 7 October 11	December 14, 2013 February 15 May 10 September 13
2015	January 10 March 14 June 6 October 10	December 13, 2014 February 7, 2015 May 2 September 5
2016	January 9 March 12 June 4 October 15	December 5, 2015 February 6, 2016 April 30 September 10

Please note:

- If a large number of candidates are registered, a scheduled one day test site may become a two day site. Candidates will be notified of this change.
- Registration forms are available and may be downloaded at www.ndhealth.gov/ems.
- Test sites may be cancelled due to weather or other circumstances beyond our control. Every effort will be made to notify candidates.
- Test registrations must be received by 5:00 PM on ***Registration Deadline*** posted for each test site. No applications will be accepted if received after the posted deadline.
- Levels of practical examinations will include the following:
  - EMT
  - AEMT
  - Paramedic

Appendix G

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

Attention Program Directors and State Directors:

Effective January 1, 2015, Authorizations to Test (ATT) for National EMS Certification will be valid for up to 90 days from the date of issuance, provided all other requirements for National EMS Certification are met.

What this means:

An "Authorization to Test," (ATT) declares a candidate eligible to take an NREMT exam within 90 days of issuance. The following must occur before an ATT is generated:

1.) The candidate must create and complete an application
2.) The program director (and/or State Director if applicable) must sign off on the application indicating completion of course
3.) The candidate must pay for the exam.

With the implementation of this new policy, candidates who do not complete their cognitive examination prior to the expiration date will be required to complete a new application, including payment of the application fee. Please click here for the ATT issuance process.

Program directors should advise their candidates of the following:

- Candidates should pay close attention to the update in policy as no refunds will be issued for an expired ATT regardless of the method of payment.

- To avoid having an expired ATT, candidates should wait to pay for their exam until they are prepared to schedule and take the exam within the specified 90 day period.

Generally accepted payment methods for the exam include credit card, money order or voucher payment. Please keep in mind that vouchers may be purchased through NREMT website and may be used up to 12 months after issuance.

Please refer to
https://www.nremt.org/nremt/downloads/RefundPolicyATTReceived.pdf for additional information on the updated policy.

Thank you in advance for your cooperation with this matter.

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

Felony Conviction Policy

The National Registry of Emergency Medical Technicians (NREMT) will deny certification or take other appropriate actions in regards to applicants for certification or recertification when a felony conviction has occurred. Decisions affecting eligibility will be based upon the following categories. Applicants may appeal decisions made by the National Registry as outlined in the NREMT Disciplinary Policy.

Preamble

EMS practitioners, by virtue of their state licensure, certification, or national registration, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in "strip searches" or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

Citizens in need of out-of-hospital medical services rely on the EMS System and the existence of state licensure/certification or national certification to assure that those who respond to their calls for aid are worthy of this extraordinary trust. It is well accepted in the United States that persons who have been convicted of criminal conduct may not serve as police officers. In light of the high degree of trust conferred upon EMTs by virtue of licensure and certification, EMTs should be held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

General Denial

Certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases.

1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.

2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.

3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

Presumptive Denial

Applications for certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

1. Applications for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.

2. Applications for certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction OR five years have passed since release from custodial confinement whichever occurs later:

    a. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson.

    b. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act.

    c. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

    d. Any other crime involving sexual misconduct.

Discretionary Denial

Applications for certification by individuals convicted of any crimes including DUI, but not including minor traffic violations may be denied after consideration of the following factors:

1. The seriousness of the crime.

2. Whether the crime relates directly to the skills of out-of-hospital care service and the delivery of patient care.

3. How much time has elapsed since the crime was committed.

4. Whether the crime involved violence to, or abuse of, another person.

5. Whether the crime involved a minor or a person of diminished capacity.

6. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.