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 Systems (DEMS). 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 your 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. 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 ND psychomotor test site.** Prior to cognitive 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 (ATT) number". The candidate must login to the NREMT website and find the ATT 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 that offers NREMT cognitive examinations. 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 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 one time on the same day at the discretion of the test site coordinator. If a candidate fails four or more stations, 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 DEMS.

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 DEMS, 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 DEMS.**
- 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 DEMS 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 DEMS approximately 1 month prior to expiration.
Refer to Appendix C for Recertification Hour 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 DEMS 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. Results for this practical exam must be submitted to the DEMS office.
- 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.
- Submit a completed EMS registration form to DEMS upon successful completion of the National Registry cognitive and state local psychomotor exam.

The proper paperwork should be requested from DEMS 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 notification 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 submission procedures.
No further continuing education is required at the Nationally Registered Emergency Medical Responder level.

Upon receipt of a new National Registry card, the Emergency Medical Responder is responsible for sending an EMS Registration form to DEMS 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 March, 2016 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.
- Apply for State EMT licensure with North Dakota upon successful completion of psychomotor and cognitive assessment testing.

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 DEMS 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 EMT recertification hour requirements and submit those hours on the DEMS 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 DEMS.

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 notification from the National Registry as well as a re-licensure letter from DEMS 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 every 2 years.
- 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 completed EMS Registration form to DEMS 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 continuing education requirements for recertification 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 National Registry 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.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent
- Submit the license application to DEMS.

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 notification from the National Registry as well as a re-licensure letter from DEMS 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 completed ALS License Application form to DEMS 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 continuing education recertification requirements before the deadline of March 31 of their expiration year.

EMT-INTERMEDIATE / 85
The NREMT or DEMS 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.

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

- Complete an ALS 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.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent
- Submit the license application along with a copy of their National Registry card to DEMS.

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: Recertification at the EMT I-85 level is no longer available. **Refer to Appendix D for Recertification options for the current EMT I/85 in North Dakota.**

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 DEMS.)

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 an ALS 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.
- Be current in the American Heart Association's Healthcare Provider CPR with AED or its equivalent and American Heart Association's Advanced Cardiac Life Support.
- Submit the ALS license application to DEMS.

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 notification from the National Registry as well as a re-licensure letter from DEMS 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
- Submit the ALS license application to DEMS.

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

continuing education recertification 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 newly completed ALS License Application form for each service they are affiliated with to DEMS 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 DEMS **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 DEMS, 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. DEMS will assign a course authorization number to all primary training courses. 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/physician preceptor form is 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/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 DEMS.

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 DEMS website.

COURSE AUTHORIZATION REQUEST:
Course Authorization Request forms must be completed and submitted to DEMS 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 DEMS website each time.

COURSE AUTHORIZATION:
This is the letter that that will be sent from DEMS upon authorization of your course for primary courses. 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 DEMS 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.

COURSE ROSTER/PHYSICIAN AUTHORIZATION:
This form must be submitted to DEMS 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 DEMS for all enhanced skills courses within five business days of course completion and must be signed by the appropriate physician medical director. 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.

EMS REGISTRATION FORM:
A completed EMS Registration form must be submitted to DEMS 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. DEMS 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 DEMS 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, EVOC, Auto Extrication, EMD, or IC/CEC 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. (For re-licensure, state EMT's and AFA-A's must submit this with the continuing education report that is available on the DEMS website.)
4. To re-license at the Emergency Medical Responder level. An EMS Registration form from each candidate must accompany the continuing education report that is available on DEMS website.
5. The person has a change of address or any other personal information.
6. The person has a change/addition of EMS affiliation.
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.

ALS 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 DEMS 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.**

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

PRACTICAL EXAM SITES

National Registry and State practical exams will be conducted at various times and locations each year. These test sites are conducted by North Dakota licensed EMS training institutions and are approved by DEMT 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 DEMS. **All requests for testing and associated practical fees MUST BE in by the deadline date the sponsoring institution sets forth or the candidate will not be allowed to test on the requested date.** Practical test fees and allowed forms of payment are determined by each local test site. 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 in the manner prescribed by the local test site prior to the deadline. **If the candidate does not have a six digit State ID number and a NREMT initial entry application ID number they 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.**
North Dakota cannot accept EMT candidates for practical testing that attended a course that was not authorized by DEMS (ex. out of state). Applications from out of state Advanced level candidates may be accepted.

Psychomotor exam schedules throughout North Dakota will be made available on the DEMS website and will reflect available testing sites approximately 2 years in advance.

Cognitive examinations are not offered at the practical test sites. All cognitive examinations are completed through a Pearson Vue Test Center. Please visit the DEMS website for a list of most current NREMT Pearson Vue locations in North Dakota.

The $200 testing grant will no longer be available after June 30, 2016.

Refer to Appendix F for Current EMS Practical Test Schedule and NREMT Pearson Vue Test location in North Dakota.

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. DEMS 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 DEMS 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 DEMS to admit the student to class. Please contact DEMS for further information.
    - All students and ND EMS personnel must adhere to the National Registry Felony Policy in addition to DEMS 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. DEMS 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 DEMS.

PRIMARY INSTRUCTOR:
This identifies the main instructor of the course. This person must instruct at least 50% of the didactic portion 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 DEMS and each individual training program dictates their own course fees.
Records and grades are not something that DEMS wants copies of. However, DEMS 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.

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
EMS System Coordinator
ND Department of Health
Division of Emergency Medical Systems
knsears@nd.gov
Office: 701-328-4523
Fax: 701-328-0357

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.

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

November 24, 2015

ATTN: ND EMT I-85'S EXPIRING 3/31/2016

As you know the sunset date for the EMT I-85 certification is approaching, therefore it is no longer an option for you to recertify as an EMT I-85. I would like to inform you of your options for National Registry recertification and the processes to follow for each option.

Option 1: Transition to AEMT
Process: Complete an AEMT or "Transition" AEMT course and complete the NREMT cognitive exam and psychomotor skills as outlined by your instructor and the NREMT. Please note that a list of all state approved courses can be found at: http://www.ndhealth.gov/EMS/Training/Calendar/LongTermRept.asp . Persons can choose to take an online or out of state AEMT or AEMT transition course, however, it is their responsibility to ensure the course leaves a student eligible to take the NREMT AEMT examinations.
Course completion and NREMT testing must be completed successfully before March 31, 2016 in order to successfully transition without lapsed certification.
Challenging the NREMT AEMT exams without completing a state approved AEMT course is not an option.

Option 2: Recertify as an EMT
Process: Complete the recertification requirements of a Nationally Registered EMT using the National Continued Competency Program (NCCP). This includes completing 20 hours of National Continued Competency Requirement (NCCR), 10 hours of Local Continued Competency Requirements (LCCR), and 10 hour of Individual Continued Competency Requirements (ICCR). NCCR categories and objectives can be found online at: https://www.nremt.org/nremt/downloads/NCCREMTEducationGuidelines.pdf .
Please contact your local training officer for continuing education opportunities in your area and for questions with the NCCP if you are not familiar with it. Distributive education allowance for each category can be found in the Training Officer Guide at https://www.nremt.org/nremt/downloads/2015NCCPTOGuide.pdf?20050914094153 .

Submit a written request to Leslie Hine at lhine@nremt.org requesting EMT status from the I-85 status. She will then email you your new EMT National Registry number; you can then log in to your NREMT account on-line and enter all your recertification hours electronically and in the NCCP format. I have enclosed an EMT Recertification Checklist for convenience in keeping track of completed requirements. Once all the EMT recertification requirements are met, submit your recertification. If there is a checkbox asking if your recertification includes a transition, answer "yes". Your training officer will then need to verify your recertification. If you do not have a training officer/affiliation you will need to recertify with an "inactive" status.

*You may choose to recertify as an EMT by completing the recertify by exam option. Please contact Leslie Hine at the NREMT lhine@nremt.org to begin this process. This process needs to be completed early in March, so plan ahead.

Reminder: NREMT Certification is NOT a license to operate as an EMS provider! Once you have completed your NREMT re-certification you must complete the North Dakota EMS Registration Form to obtain your ND License to operate!

Sincerely,

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

EMT Recertification Checklist

Compelete Entire NCCR Portion of EMT Continued Competency Program

Topic	Hours	Complete
Ventilation	3	
Oxygenation	1	
Post-Resuscitaion Care	0.5	
Stroke	1	
Ventricular Assiste Device (Cardiac Arrest)	0.5	
Pediatric Cardiac Rate Distrubances	1	
Pediatric Cardiac Arrest	2	
Chest Pain from Cardiovascular Cause	1	
CNS Injury	0.5	
Tourniquets	0.5	
Field Triage	1	
Special Healthcare Needs	1	
OB Emergency	1	
Psychiatric Emergencies	1.5	
Endocrine	1	
Immunological Diseases	1	
Communicable Diseases	0.5	
At-Risk Populations	0.5	
Pediatric Transport	0.5	
Affective Characteristics	0.5	
Role of Research	0.5	

You will then need an addition 20 hours of Continuing Education in no specific category (10 Hours LCCR & 10 Hours ICCR)

Category	Hour Talley	Complete
LCCR		
ICCR		

Appendix E

EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 53364 (2/2016)

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 #	
Secondary Instructor(s)		State EMS #	
Physician Medical Director			
Textbook Used	Publisher		Edition
State Practical Test Site Date (Initial EMT only)			
Contact Person		Telephone Number	

Check all materials you wish to receive below. If nothing is checked, no materials will be sent. Only one copy of each document will be supplied by DEMST. All requested materials will be send to the individual listed as course coordinator.

☐ 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 EMT COURSE AND UPON COMPLETION OF EACH EMR COURSE.

DEMST USE ONLY

Course Authorization #
Posted on website
Handouts sent

North Dakota Department of Health
Division of EMS and Trauma
1720 Burlington Dr
Bismarck, ND 58504

ENHANCED SKILLS TRAINING APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 53353 (3/2016)

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.

Enhanced Skill			
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 - must be completed, signed and submitted to DEMST in order for students to obtain authorization to perform skills.
- ☐ Practical Exam
- ☐ Answer Key
- ☐ Written Exam
- ☐ Power Point Presentation (if available)

COURSE AUTHORIZATION NUMBERS ARE NOT ISSUED FOR ENHANCED SKILL COURSES

Return form to:
North Dakota Department of Health
Division of EMS and Trauma
1720 Burlington Dr
Bismarck ND 58504
Phone: 701.328.2388
Fax: 701.328.0357
Email: dems@nd.gov

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
SFN 53364 (1/2016)

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		
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	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
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

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

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

April 6, 2015

ADDRESS

NOTICE OF COURSE AUTHORIZATION

Based upon the submission of your Course Authorization request, this notice is intended to serve as official approval by the North Dakota Department of Health, Division of Emergency Medical Services and Trauma to conduct a state authorized course.

Course: Type of Course

At: Location

On: Dates

Course #: Course Number Assigned

Kelli Sears
State EMS Training Coordinator
Division of Emergency Medical Services and Trauma

Course Coordinator Instructions:

*Please refer to the course number on all correspondence regarding this course (i.e. rosters, emails, etc.).
An EMS Registration form (found on www.ndhealth.gov/ems) must be completed by:

1. Every student in an initial
2. primary course (EMT, AEMT and Paramedic) and submitted by you immediately upon beginning the course.
3. Every student in an initial or refresher EMD, EVOC, Auto Extrication and EMR course and submitted to DEMST by you with the roster upon course completion.
4. EMT personnel as application for state licensure and/or re-licensure and submitted with a copy of their National Registry card.
5. Any personnel requesting to be added to an EMS agency roster.

All authorization forms and rosters can also be found on line at www.ndhealth.gov/ems.

Please refer to the Division of EMS and Trauma with any questions or needs at 701.328.2388 or ndems@nd.gov.

COURSE ROSTER / PHYSICIAN AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 61033 (3/2016)

Course Authorization Number (If applicable)	Course Type	
Course Coordinator License Number	Course Start Date	Course End Date
Course Location (City)		

State EMS License Number	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

Enhanced skills authorization MUST be signed by a physician.
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 Systems with written notification of the revocation.
This document expires June 30, 20_____

Physician Name	Medical License #
Physician Signature	Date

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

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMS AND TRAUMA
1720 BURLINGTON DR
BISMARCK, ND 58504

2016 EMS REGISTRATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 52195 (01/2016)

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

1. Students in EMT, AEMT, and Paramedic courses and submitted by the course coordinator to DEMS upon **starting** the course.
2. Students in EMR, EMD, EVOC, or Auto Extrication courses and submitted to DEMS 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 personnel changes through the website.

Submit to: North Dakota Department of Health; Division of EMS; 1720 Burlington Dr; Bismarck ND 58504
Fax: 701.328.0357 E-mail: dems@nd.gov

REASON FOR APPLICATION SUBMISSION:

☐ EMR License	☐ AEMT Student	ALS Providers must complete an ALS license application signed by their medical director to apply for licensure.	☐ Auto Extrication ☐ Driver
☐ AFAA License	☐ Paramedic Student		☐ Dispatch ☐ Driver w / CPR (Must include copy of CPR card)
☐ State EMT License (Under 18 State License)			☐ EVOC ☐ Registered Nurse (Include copy of state license)
☐ EMT Student	☐ EMT License		☐ CEC / IC ☐ Other (please specify)

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	◯ 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

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.

CRIMINAL CONVICTION STATEMENT - FORM WILL BE RETURNED IF THIS SECTION IS NOT COMPLETED.

☐ **Yes** ☐ **No** **1. Have you ever been convicted of any violation of any federal, military, state or local laws (excluding non-criminal traffic violations?**

☐ **Yes** ☐ **No** **2. Have you ever had any license, certification, or right to practice denied or surrendered, or disciplined with suspension, reprimand, probation, revocation, or any other method of discipline in North Dakota or any other state or jurisdiction?**

☐ **Yes** ☐ **No** **3. Are you the subject of any pending investigation, administrative sanction proceeding, hearing, trial or similar action by an agency or board that has granted or denied you a license, certification, or right to practice in any regulated occupation, trade or profession in North Dakota or in any other state or jurisdiction?**

☐ **Yes** ☐ **No** **4. If yes to either 1, 2, or 3 have you previously submitted this information / documentation to DEMS?**

**If any of 1 - 3 above have been marked yes, you must provide official documentation that fully describes the offense, current status,and disposition of the case if you have not submitted documentation to DEMS in the past.*

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 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 Systems immediately if any changes in my status should occur and give permission to the Division of Emergency Medical Systems 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

2016 ALS PROVIDER LICENSE / RENEWAL APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 17393 (1/2016)

*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.
Return to: ND Department of Health, Division of EMS; 1720 Burlington Dr; Bismarck ND 58504; Fax: 701.328.1702; E-mail: dems@nd.gov

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	◯ 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		

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.

CRIMINAL CONVICTION STATEMENT - FORM WILL BE RETURNED IF THIS SECTION IS NOT COMPLETED

☐ **Yes** ☐ **No** **1. Have you ever been convicted of any violation of any federal, military, state or local laws (excluding non-criminal traffic violations?**

☐ **Yes** ☐ **No** **2. Have you ever had any license, certification, or right to practice denied or surrendered, or disciplined with suspension, reprimand, probation, revocation, or any other method of discipline in North Dakota or any other state or jurisdiction?**

☐ **Yes** ☐ **No** **3. Are you the subject of any pending investigation, administrative sanction proceeding, hearing, trial or similar action by an agency or board that has granted or denied you a license, certification, or right to practice in any regulated occupation, trade or profession in North Dakota or in any other state or jurisdiction?**

☐ **Yes** ☐ **No** **4. If yes to either 1, 2, or 3 have you previously submitted this information / documentation to DEMS?**

**If any of 1 - 3 above have been marked yes, you must provide official documentation that fully describes the offense, current status,and disposition of the case if you have not submitted documentation to DEMS in the past.*

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 Systems 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 Systems 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 01/2016

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

WRITTEN TEST REQUEST - EMR

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60016 (4/2015)

ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF 2 WEEKS PRIOR TO SCHEDULED TEST DATE.

Course Authorization Number	Course Coordinator Number
Scheduled Completion Date	Scheduled Test Date
Number of Tests Requested	

Send test materials to:

Name		
Street		
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.

Do NOT write on test booklets and answer keys.

Return test booklets and answer keys 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

EMS Psychomotor Test Schedule

See DEMS website for updated test site informationn and registration deadlines for each site

2016

Date	City	Coordinator	Level
April 21, 2016	Grand Forks, ND	Altru	EMT
May 6, 2016	E. Grand Forks, MN	Northland	EMT
May 14, 2016	Grand Forks, ND	Altru	AEMT, Paramedic
May 16, 2016	Fargo, ND	Sanford	EMT
July 25, 2016	Fargo, ND	Sanford	EMT, Paramedic
August 11, 2016	Grand Forks, ND	Altru	EMT
October 15, 2016	Bismarck, ND	DEMT	EMT, AEMT, Paramedic
December 13, 2016	Grand Forks, ND	Altru	EMT
December 19, 2016	Fargo, ND	Sanford	EMT

2017

Date	City	Coordinator	Level
April 20, 2017	Grand Forks, ND	Altru	EMT
May 13, 2017	Grand Forks, ND	Altru	AEMT, Paramedic
May 15, 2017	Fargo, ND	Sanford	EMT
May 18, 2017	Fargo, ND	Sanford	AEMT
July 24, 2017	Fargo, ND	Sanford	EMT, Paramedic
August 10, 2017	Grand Forks, ND	Altru	EMT
December 12, 2017	Grand Forks, ND	Altru	EMT
December 18, 2017	Fargo, ND	Sanford	EMT

2018

Date	City	Coordinator	Level
May 14, 2018	Fargo, ND	Sanford	EMT
May 17, 2018	Fargo, ND	Sanford	AEMT
July 23, 2018	Fargo, ND	Sanford	EMT, Paramedic
December 17, 2018	Fargo, ND	Sanford	EMT

2019

Date	City	Coordinator	Level
May 16, 2019	Fargo, ND	Sanford	AEMT
July 22, 2019	Fargo, ND	Sanford	Paramedic

Additional Test Sites to be announced soon

NREMT Pearson VUE Testing Centers In and Around ND

Williston State College
1410 University Ave,
Steven's Hall - Room 204
Williston, North Dakota 58801
United States

Dickinson Adult Learning Center
336 5th Street West
Dickinson, North Dakota 58601
United States

Minot State University
500 West University Avenue
Administration Building Room 361
Minot, North Dakota 58707
United States

Pearson Professional Centers-Bismarck ND
4501 Coleman Street
Suite 201
Capital Square Office Park
Bismarck, North Dakota 58503
United States

Lake Region State College
1801 College Dr. N
Devils Lake, North Dakota 58301
United States

James Valley Career & Tech Center
910 12th Ave NE
Jamestown, North Dakota 58401
United States

Northland Community & Technical College
2022 Central Ave NE
East Grand Forks, Minnesota 56721
United States

Pearson Professional Centers-Fargo ND
3170 43rd Street South
Suite 102
Fargo, North Dakota 58104
United States

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.