

Application for Recertification: Emergency Medical Technician

Section of Emergency Programs: Preparedness, EMS and Trauma
PO Box 110616, Juneau, AK 99811-0616
(907)465-3029 FAX: (907) 465-6736



APPLICATION CHECKLIST

All Applicants

- Completed, signed, and notarized application for recertification.
- A nonrefundable \$25 fee (according to 7 AAC 26.080).

If your certification has not expired or has been expired for 12 months, or less, the following are required: (All materials must be received by State EMS Office within 12 months following expiration of certification)

- Documentation of 48 CME's less than two years from the date of application.
- Written examination with score 70 or above.
- Verification of skills OR;
- Successful completion of the practical examination.

If your certification has been expired between 12 and 36 months, the following are required: (All materials must be received by State EMS Office within 36 months following expiration of certification)

- Documentation of 72 or more CME's less than two years from the date of application.
- Written examination with score of 70 or above.
- Successful completion of practical examination.
- Refresher training program, within the twelve months preceding the date of application.
- Skills Verification within the twelve months preceding the date of application.

All EMT-2 and EMT-3 Applicants (in addition to requirements above)

- Sponsorship of a physician medical director.

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Visit our website for more information: <http://www.ems.alaska.gov/EMS/downloads/forms.htm>

Application Status: <http://hss.state.ak.us/apps/EMSCert/portal.aspx>

I am applying for recertification as an: EMT-1 EMT-2 EMT-3

- I need additional patches.
- I am requesting that my certification period be shortened by one year in order to make my expiration date the same as other members of my service. Signature: _____

Name:		SSN:	
Complete Mailing Address:		Certification Number:	
		Home Phone:	
Date of Birth:	Gender: Male Female	Work Phone:	
EMS Affiliation/s:		E-mail Address	

CPR VERIFICATION

A list of CPR training agencies approved by the Department of Health and Social Services, approved classes listed at <http://www.ems.alaska.gov/EMS/training/CME.htm> in accordance with 7 AAC 26.985. The CPR card verifies successful completion of a course which taught adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices.

Programs that do not include ***all*** of the necessary components or that offer a card valid for greater than two years do ***not*** meet the CPR requirements for EMT certification. Requirements for **CPR certification and training are specified in 7 AAC 26.985 (d) of the Alaska EMS Regulations.**

CPR VERIFICATION	
I verify that the individual named on the first page of the application has provided evidence of a valid CPR card signed by a certified EMT Instructor, Training Officer, Fire Chief or Certifying Officer.	
Signature:	Date:

People with certain criminal convictions are not eligible to be certified or recertified as an EMT or EMS Educator under 7 AAC 26.950. If an applicant has criminal convictions, he or she must submit additional materials that can be used by the staff at Section of Emergency Programs to determine eligibility for certification.

CRIMINAL HISTORY QUESTIONS

These four questions must be completed by all applicants

Name:			
Yes*	No	N/A	Question
			Have you EVER been convicted of a felony violation of federal or state law?
			Have you been convicted of a misdemeanor violation of federal or state law, <u>excluding minor traffic violations</u> , within the last fifteen years ?
			Have you EVER been convicted of a violation of federal or state law pertaining to medical practice or drugs?
			I have previously disclosed the required information about all convictions to the Section of Emergency Programs on a previous "Application for EMT Certification" or "Application for EMT Recertification," and I have no new convictions to report since my last application was submitted.

***IF ANY OF THE FIRST THREE QUESTIONS WERE ANSWERED "YES" AND YOU HAVE NOT PREVIOUSLY DISCLOSED THE REQUIRED INFORMATION ABOUT ALL CONVICTIONS TO THE SECTION, YOU MUST REFER TO PAGE 9 FOR THE FOLLOWING REQUIRED MATERIALS.**

- An Affidavit;
- An Interested Persons Report (IPR).

NOTE: Regulations require EMTs and Instructors to notify the department in writing within 30 days after being charged with an offense that is a class A misdemeanor or a felony under the law of this state or an offense with substantially similar elements in another jurisdiction.¹

¹ 7 AAC 26.950 (b) (4)

Skills Verification

Instructions: All skills must be verified by an instructor certified to provide care or certified to instruct at the level for which the applicant is applying for recertification. The verification attests that, on the date specified, the applicant performed the skill in a manner which was consistent with the department-approved skill sheets as applicable.

Name of Applicant		Certification Number
Skill	Date	Skills must be verified by an AK-certified Instructor:
EMT-1 Skills		
Assessment of Blood Pressure, Pulse, Respiration, and Skin		
Physical Assessment - Medical (Includes treatment at highest level of certification)		
Physical Assessment -Trauma (Includes treatment at highest level of certification)		
External Bleeding Control		
Basic Shock Treatment		
Spinal Immobilization - Supine Patient		
Spinal Immobilization - Seated Patient		
Traction Splinting		
Administration of Supplemental Oxygen		
Oral Suctioning		
Bag-Valve-Mask (Two Rescuer)		
Oropharyngeal Airway Insertion – Adult		
Oropharyngeal Airway Insertion – Child		
EMT-2 Skills (In addition to EMT-1 skills listed above)		
Endotracheal Intubation or <u>Single</u> or <u>Multilumen</u> Airway or LMA (circle the skill observed)		
IV Access		
Administration of IV Medications		
EMT-3 Skills (In addition to EMT-1 and EMT-2 skills listed above)		
EMT-3 Lethal Arrhythmia Treatment		
EMT-3 Cardiac Arrest Treatment		

Legend of Instructor Signatures

Printed Name	Signature	Printed Name	Signature

EMT-2 and EMT-3 Applicants

MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS. (a) A medical director's approval of standing orders for a state-certified EMT-1, EMT-2 or EMT-3 for the activities outlined in 7 AAC 26.040 and 7 AAC 26.540 must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 or 7 AAC 26.540 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

- (b) The medical director for a state certified EMT-1, EMT-2 or EMT-3 shall
- 1) provide direct or indirect supervision of the medical care provided by each state certified EMT-1, EMT-2, or EMT-3;
 - (2) establish and annually review treatment protocols;
 - (3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state certified EMT-2 or EMT-3 and the circumstances under which the techniques may be performed;
 - (4) provide quarterly critiques of patient care provided by the EMT-1, EMT-2 or EMT-3, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and
 - (5) approve a program of continuing medical education for each state certified EMT supervised.

As physician medical director, I support the recertification of _____ at the EMT-____ level and will continue to perform the duties of a physician medical director as outlined above.

Signature of Medical Director

Date

Printed Name

Mailing Address of Medical Director

Email Address

UPIN – (Number assigned to Physician)

Office Phone or Alternate Phone Number

RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, _____, residing at _____

_____, authorize the Department of Health and Social Services, Section of Emergency Programs to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Emergency Programs.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Emergency Programs and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Emergency Programs to discuss my records with persons or organizations which are considered appropriate by the section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician or EMS Educator in Alaska. This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I acknowledge that I have read and understand the entire application for certification. I further certify under penalty of perjury that the foregoing is complete, true and accurate. (Sign in the presence of # 1 or # 2 listed below, otherwise your signature is invalid).

Signature of Applicant

Date

- 1) **Signature must be verified and witnessed in the presence of a Notary Public, Postmaster, Clerk of Court, Judge, Magistrate, State Trooper OR authorized State Employee, if such official is available, the applicant must sign above and the signature must be verified in this space.**

THIS IS TO CERTIFY that on this _____ day of _____, _____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

Signature Required

OR

- 2) **If there is no Notary Public, Postmaster, Clerk of Court, Judge, Magistrate, State Trooper OR authorized State Employee available, in the presence of a Certifying Officer, the applicant must sign above and the signature must be verified in this space.**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of State Approved
EMS Certifying Officer

Location

INSTRUCTIONS FOR AFFIDAVITS

An affidavit is a written declaration signed under oath before a notary public or other authorized officer. For an EMT application, these authorized officers include: postmaster, clerk of court, judge, magistrate, state trooper, authorized state employee or certifying officer.

When applying for EMT certification, an affidavit must include:

- the date of the conviction;
- the official name of the offense(s),
- the sentence or treatment requirements imposed;
- the status of the sentence or treatment required; and
- any other information you believe is relevant to your application for EMT certification, including statements about the five factors included under 7 AAC 26.950 (f):
 - ♦ The seriousness or frequency of the offense;
 - ♦ The length of time since the offense;
 - ♦ Evidence of rehabilitation;
 - ♦ The satisfactory completion of all sentencing requirements; and
 - ♦ The potential danger posed to the public by an individual.

The affidavit **MUST** be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

An affidavit does not need to be typed, but it must be legible.

The Section of Emergency Programs reserves the right to require the submission of relevant documents, including court documents, prior to determining whether a certificate should be issued.

Failure to disclose convictions may be considered “fraud or deceit in obtaining a certificate” and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.

FACTORS AFFECTING THE TIME FRAME FOR BARRIER CRIMES AND INELIGIBILITY

Crimes that may be a barrier to certification are listed in 7 AAC 26.950 (a) and (b). Crimes listed in 7 AAC 26.950 (a) are permanent barriers to certification. The duration of the applicant's ineligibility for certification due to a conviction for a crime listed in 7 AAC 26.950 (b) may be lengthened or shortened based on 7 AAC 26.950 (f). The factors which may be considered are:

- The seriousness or frequency of the offense;
- The length of time since the offense;
- Evidence of rehabilitation;
- The satisfactory completion of all sentencing requirements; and
- The potential danger posed to the public by an individual.

Available from the Alaska Department of Public Safety at <http://www.dps.state.ak.us/Statewide/background/default.aspx>

Important Notes Regarding This Application

The information contained in this application for certification and in your permanent EMS certification record at the State EMS Office is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public, EMS Certifying Officer, or other authorized person you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be kept in electronic, paper, and microfilm formats. You have a right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available. The Department may charge a fee for searching and copying its records in accordance with AS 40.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section, in writing, of the perceived error. The address is located on page one of this application. More information about public records in Alaska can be obtained by reviewing AS 40.25.110 – 40.25.125 and 6 AAC 96.010 – 6 AAC 96.900.

Use of Social Security Numbers in Certification of EMS Personnel Under AS 18.08

Introduction and Overview: The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994) prohibits a federal, state or local government from denying an individual any right, benefit or privilege provided by law because of the individual's refusal to disclose his Social Security numbers (SSN). This section does not apply to any disclosure which is required by federal statute. The law further requires agencies collecting Social Security numbers to provide information about how the information will be used. This document provides information about the collection and use of Social Security numbers by the Section of Emergency Programs of the Alaska Department of Health and Social Services for the purposes of certifying individuals under Alaska Statute 18.08.010 — 18.08.090.

Under What Authority Does Section of Emergency Programs Collect SSNs? Federal and state laws regarding child support enforcement and federal debt collection require state agencies to deny licenses to those who are significantly delinquent in paying their child support or student loan obligations. (See Personal Responsibility and Work Opportunity Reconciliation Act of 1996 - 42 USC 666(a)(13); Debt Collection Improvement Act of 1996 - 31 USC 7701(c) for more information).

Child Support. AS 25.27.244 (a) (Adverse Action Against Delinquent Obligor's Occupational License), requires the Child Support Enforcement Agency to provide a list of delinquent obligors to Section of Emergency Programs each month and Section of Emergency Programs must take action to withhold the occupational license of each identified delinquent obligor. The definition of "license" includes authorization under AS [18.08](#) to perform emergency medical services. AS 25.27.244(s)(2)(A)(iv).

Under AS 18.08.082, the department certifies emergency medical technicians, emergency medical technician instructors, emergency trauma technician instructors, mobile intensive care paramedic course coordinators and emergency medical dispatchers. AS 18.05.030 compels the department to cooperate with the federal government and provide information it requires.

Student Loans. AS 14.43.148(a) (Nonrenewal of License) allows the nonrenewal of occupational license for a person who is in default on a loan made by the Commission on Postsecondary Education. AS 14.43.148 (h)(1)(A)(iv) defines "license" to include authorization under AS 18.08 to perform emergency medical services.

How the SSN is Used? To comply with federal and state laws, we use our certification data to confirm if licensees are in default of their child support and postsecondary education loans, based on the lists of defaulted obligors which are provided to Section of Emergency Programs. Section of Emergency Programs may provide limited certification data to the other agencies to clarify an ambiguous entry on the lists. In addition, the SSN is used within the EMS Test Correction system to match test scores electronically with certification records. SSNs are not used for other purposes and are not displayed on certification materials. Adverse actions against health care providers, e.g. revocation of certification, are required to be reported to the federal government. The provider's SSN will be reported as part of this required report.

Is Providing Your SSN Mandatory? Yes, for the reasons cited above, we are required to collect SSNs. Applications on which the SSN is not provided will be considered incomplete. The application will not be processed and no certificate will be issued until the SSN is provided. It should be noted that Social Security numbers can be assigned, by the Social Security Administration, to foreign workers who are authorized to work in the United States.

Summary: In order to become certified to provide emergency medical services under AS 18.08, a person must disclose their Social Security number. Section of Emergency Programs uses the number for purposes required by statute and internally to match test scores with certification records. SSNs are not disclosed except as required by law and efforts are made to maintain the security and privacy of personal information.