

# *Application for Initial Registration Medevac Escort Instructor*

## Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

Name:	SSN: (optional)
Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male        Female	Work Phone:
EMS Affiliation/s:	
<p style="text-align: center;">Ethnic Origin (Optional):</p> <p style="text-align: center;">White    Black    Hispanic    American Indian    Alaska Native    Asian or Pacific Islander</p> <p>Other: _____</p>	

1.    **Provide a copy of a card, certificate, or license evidencing at least one of the following valid credentials:**
  - EMT-II or EMT-III issued by the Department of Health and Social Services;
  - Authorization to practice in the state as a Mobile Intensive Care Paramedic (MICP); or
  - Authorization to practice in the state as a physician, physician assistant or registered nurse.
  
2.    **Provide evidence of completion of Medevac Escort Provider level training. This may be the Alaska class or may be an equivalent course from another state.**

<i>Medevac Escort Training</i>			
Subject	Date	Instructor	Hours
Initial training as a Medevac Escort			
Most recent refresher training as a Medevac Escort			

**3. Provide evidence of experience as a Medevac Escort.**

<i><b>Medevac Experience Verification</b></i>	
Agency for which individual serves/served as a Medevac Escort:	Dates of Medevac Escort experience
As a recognized representative of the agency listed above, I attest that the individual named above is working/has worked for the agency listed above.	
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<b>Printed Name and Title</b>	
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<b>Signature</b>	<b>Date</b>
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**4. Provide evidence of Instructor Training**

Medevac Escorts should have an instructor credential issued by an agency that provides adult education. Examples of instructor credentials can include: BLS Instructor, ACLS Instructor, ATLS Instructor, BTLS Instructor, PHTLS Instructor, EMT-I, II, or III Instructor, MICP Course Coordinator, PALS Instructor, PEPP Instructor, GEMS Instructor, Neonatal Resuscitation Instructor etc.

Training	Dates	Location	Contact Person (name and phone number)
Methods-of-Instruction Training:			
Other (list):			

**5. Provide verification of completion of the Medevac Escort Instructor Orientation, including at least 2 hours of teaching medevac content.**

<i><b>Instructor Orientation Verification</b></i>	
As a certified Medevac Escort Instructor, I attest that the individual named above has completed the department approved Medevac Escort Instructor Orientation:	
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<b>Printed Name and Title</b>	<b>Dates of Instructor Orientation</b>
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<b>Signature</b>	<b>Date</b>
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RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for registration, 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 registration to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

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

I authorize the Section of Community Health and EMS 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 registration as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year form the date of my signature or at the expiration of my registration, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

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 \_\_\_\_\_

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

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

## ***APPLICATION CHECKLIST***

- Completed application for registration;
- Evidence of valid medical credential (EMT-II, EMT-III, MICP, RN, PA, MD, DO);
- Evidence of completion of Medevac Escort training (provider level);
- Verification of Medevac Escort experience;
- Evidence of an instructor credential or formalized training in adult education; and
- Verification of completion of a Medevac Escort Orientation course.

### ***Important Notes Regarding This Application***

The information contained in this application for registration, and in your permanent EMS 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 or EMS Certifying Officer, 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 96.130.

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 reregistration, 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 of the EMS Section is:

Section of Community Health & EMS  
Department of Health and Social Services  
Box 110616  
Juneau, AK 99811-0616

For more information about public records in Alaska, the reader is directed to review AS 40.25.110 – 40.25.220 and 6 AAC 96.010 – 6 AAC 96.900.

# Use of Social Security Numbers in the Registration of Medevac Instructors

**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 Community Health and EMS (CHEMS) of the Alaska Department of Health and Social Services for the purposes of registering Medevac Instructors.

**Under What Authority Does CHEMS 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). While we have the authority to require SSNs for certification of Emergency Medical Technicians and other levels named in AS 18.08, we do not have the authority to require an SSN as a prerequisite to registration as a Medevac Instructor.

**How the SSN is Used?** The SSN on this application is used to complete an electronic record in our certification/registration database. It is not shared electronically or in any other form with other agencies.

**Is Providing Your SSN Mandatory?** You are not required to become registered as a Medevac Escort Instructor since it is not a certification issued under AS 18.08. If an SSN is not provided, you will not be able to access electronic records systems like the course approval database, as SSN is one of the required fields in the certification database.