

# *Application for Initial Certification*

## *Mobile Intensive Care Paramedic Course Coordinator*

### Section of Injury Prevention & Emergency Medical Services

PO Box 110616  
Juneau, AK 99811-0616  
(907) 465-3029 FAX: 465-6736

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

### ***APPLICATION CHECKLIST***

The applicant should review the following list and provide the required materials with the completed application. Evidence of teaching experience, EMS experience and responsibility may be provided in the form of a letter, transcripts, job descriptions, and other forms which clearly provide the information required. Particular attention should be paid to the dates of time critical events. The Section of Injury Prevention and EMS reserves the right to require clarification or corroboration.

- Completed, signed and **notarized** application.
- Evidence of authorization to practice in Alaska as a physician, a registered nurse under AS 08.64, a Alaska State Medical Board authorized physician assistant under AS 08.64.107 and 12 AAC 40, a mobile intensive care paramedic under AS 08.64 or evidence of valid certification as a paramedic by the National Registry of Emergency Medical Technicians.
- Evidence of having taught at least 50 hours in eight or more of the subject areas contained in the United States Department of Transportation National Standard Curriculum for the EMT-Paramedic, within the five years preceding the date of application, to an audience that included paramedics;
- Evidence of at least three years of pre-hospital care experience at the paramedic level;
- Evidence of at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers within the preceding five years; and
- A non-refundable \$100 fee (according to 7 AAC26.174(C)(3)).**

**Failure to submit a complete application will result in a delay in certification.**

People with certain criminal convictions are not eligible to be certified as an EMT or EMS Instructor 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 IPEMS to determine eligibility for certification.

## ***CRIMINAL HISTORY QUESTIONS***

***These three questions must be completed by all applicants***

<b>Name:</b>		
<b>Yes*</b>	<b>No</b>	<b>Question</b>
		Have you <b>EVER</b> been convicted of a <b>felony</b> violation of federal or state law?
		Have you been convicted of a <b>misdemeanor</b> violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen years</b> ?
		Have you <b>EVER</b> been convicted of a violation of federal or state law pertaining to medical practice or drugs?

**\*IF ANY OF THE ABOVE QUESTIONS WERE ANSWERED "YES"  
YOU MUST SUBMIT THE FOLLOWING REQUIRED MATERIALS:**

- An Affidavit<sup>1</sup>;
- An Interested Persons Report (IPR).<sup>2</sup>

### **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.

<sup>1</sup> See page 3 of this application.

<sup>2</sup> Available from the Alaska Department of Public Safety at <http://www.dps.state.ak.us/Statewide/background/default.aspx>

## 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 Injury Prevention and EMS 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.**

**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.<sup>3</sup>

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<sup>3</sup> 7 AAC 26.950 (b) (4)

***Medical Credential Requirements***

Attach evidence of authorization to practice in Alaska as a physician, a registered nurse under AS 08.64, a Alaska State Medical Board authorized physician assistant under AS 08.64.107 and 12 AAC 40, a mobile intensive care paramedic under AS 08.64 or evidence of valid certification as a paramedic by the National Registry of Emergency Medical Technicians.

***Pre-Hospital Care Experience*** (at least three years at the Paramedic Level)

Name of Service	Dates	Contact Person	Contact Phone/E-mail

***Coordination of Education for ALS Prehospital Care Providers*** (at least one year of responsibility within the last five years)

Name of Service	Dates	Contact Person	Contact Phone/E-mail

***Paramedic Teaching Experience*** (At least 50 hours in at least 8 subject areas)

Subject	Location	Date	Hours

**Payment of Fees**

Invoice Number: 005

A non-refundable \$100 fee is required. Please check the applicable box below. Checks or money orders are payable to the *State of Alaska*. For payment by credit card, complete the section below. For payment with Purchase Order, attach document to application.

Check

Money Order

Purchase Order

Check Number: \_\_\_\_\_

PO Number: \_\_\_\_\_

**Credit Card Payment**

The Section of Injury Prevention and Emergency Medical Services will accept Visa and MasterCard payment of fees. Please complete the following information for us to process your payment. A receipt will be forwarded to you with your final certification documentation.

**Please print clearly:**

Visa

MasterCard

Name as it appears on your credit card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Security Code (3 digit code located on back of card): \_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Holder's Phone (\_\_\_\_) \_\_\_\_\_

Total non-refundable authorized payment of \$100 or \$\_\_\_\_\_ (if more than one applicant) will be charged to your account. You agree to pay this amount according to your cardholder agreement.

\_\_\_\_\_  
Card Holder Signature (Required)

\_\_\_\_\_  
Date

If more than one applicant list names (attach additional pages as needed or cover page):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RELEASE OF INFORMATION AND VERIFYING SIGNATURE

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

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Injury Prevention and Emergency Medical Services, 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 Injury Prevention 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 Injury Prevention and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Injury Prevention 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 certification 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 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.**

\_\_\_\_\_  
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, 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 \_\_\_\_\_

**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 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

### ***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 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 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 of the EMS Unit is:

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

More information about public records in Alaska can be obtained by reviewing AS 40.25.110 – 40.25.220 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 Injury Prevention and EMS (IPEMS) 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 IPEMS 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 IPEMS each month and IPEMS 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, defibrillator 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 IPEMS. IPEMS 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. The Section of Injury Prevention and EMS 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.