

# *Application for Initial Certification Emergency Medical Technician*

Department Of Health & Social Services  
Division of Public Health  
Section of Emergency Programs  
P.O. Box 110616, Juneau, AK 99811-0616  
Phone: (907) 465-8741  
<http://www.ems.alaska.gov>

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

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>	

**Primary EMS Job Role** Please check only ONE of the following:

- |  |  |
|--|--|
| Administrator/Manager<br><br>Driver/Pilot<br><br>Educator/Preceptor<br><br>First-Line Supervisor<br><br>Fire Suppression | Patient Care Provider<br><br>Other (not listed)<br><br>Law Enforcement<br><br>Rescue |
|--|--|

**EMS Personnel's Employment Status**

- (select only one):
- Full Time  
Part Time  
Volunteer  
Neither AN Employee Nor a Volunteer

Are you currently, or have you ever been a nationally registered EMT?    Yes    No    NREMT # \_\_\_\_\_

### **APPLICATION CHECKLIST**

- Completed, signed and **notarized** application for certification
- Copy of CPR credential, the approved class listing is at: [www.chems.alaska.gov/EMS/training/CME.htm](http://www.chems.alaska.gov/EMS/training/CME.htm)
- Copy of ETT credential or signed verification (if using the ETT-to-EMT Bridge option); and
- A **non-refundable \$25.00 fee (according to 7 AAC 26.080).**

**Please review this checklist carefully.  
Failure to submit a complete application will result in a delay in the certification process.**

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 the Section of Emergency Programs to determine eligibility for certification.

## ***CRIMINAL HISTORY QUESTIONS***

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

<b><i>Name:</i></b>		
<b><i>Yes*</i></b>	<b><i>No</i></b>	<b><i>Question</i></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 ineligibly 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 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.**

**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)

<b>Training Program Information</b>	
Location of Program:	Start Date:
Name of Instructor:	Completion Date:
Instructor Contact (email or phone number):	Course Number:
Date of Written Examination for Certification:	Date of Practical Examination for Certification:

### ***SKILLS VERIFICATION***

This is to verify that \_\_\_\_\_ successfully completed a Department approved training program on \_\_\_/\_\_\_/\_\_\_, and is eligible to take the Alaska written and practical examinations for certification. Further, this verifies that the above named individual has successfully completed the skills required in the Alaska Skill Sheets to my satisfaction as a Department approved EMT Instructor and in accordance with the State of Alaska Skill Sheets, and/or applicable standards established by the American Heart Association.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Level of Class

**This section of the form must be completed prior to taking the written and practical examinations for certification and must be brought to the certification examination site.**

<b>ETT Verification (Sign only when using the ETT-to-EMT Bridge training course option)</b>	
I verify that the individual named on the first page of the application has provided evidence of a valid ETT card signed by a certified ETT instructor.	
Signature of Instructor or Certifying Officer:	Date:

### **NOTE:**

### **CPR VERIFICATION**

**Please attach to this application, evidence of a valid CPR card from the American Heart Association, American Red Cross, or other CPR training agency approved by the Department of Health and Social Services (approved classes listed at [www.chems.alaska.gov/EMS/training/CME.htm](http://www.chems.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.**

## ***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.

I, \_\_\_\_\_, as physician medical director, support the certification of \_\_\_\_\_ at the EMT-\_\_\_\_ level and will perform the duties of a physician medical director as outlined above.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Director

### ***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 retained in electronic, paper, and/or microfilm formats. You have the 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 of Emergency Programs in writing, of the perceived error.

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.

**Payment of Fees**

A non-refundable \$25 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   
Check Number: \_\_\_\_\_

**Credit Card Payment**

The Section of Emergency Programs 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 \$25 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 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, 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

## 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 The 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 the Section of Emergency Programs each month and the 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, 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 the Section of Emergency Programs. The 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. The 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.

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