

Application for Comity Certification Emergency Medical Technician

Section of Injury Prevention and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

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

<http://www.chems.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 (Optional): Male Female	Work Phone:
EMS Affiliation/s:	Email Address:
Ethnic Origin (Optional): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	

<i>Examinations for Certification (For EMT-2 and EMT-3)</i>	
Date of Alaska Written Examination:	Date of Alaska Practical Examination:

APPLICATION CHECKLIST

All Applicants

- Completed, signed, and notarized application for certification.
- Copy of the valid state, territory, or National Registry certification.
- Copy of valid CPR credential.
- Payment of a non-refundable \$25.00 fee.

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

- Evidence that your EMT-2 and/or EMT-3 training met or exceeded the contents of the curricula used in Alaska.
- Evidence of successful completion of the Alaska written and practical examinations at the appropriate level.
- Evidence that you are under the sponsorship of a physician medical director who agrees to fulfill the responsibilities of a physician medical director outlined in the EMS regulations.

Please review the application checklist above.

Failure to submit a complete application will result in a delay in the certification process. If your state or national certification has expired prior to receiving your Alaska certificate and wallet card, you are NOT authorized to practice as an EMT in the State of Alaska.

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

<i>Name:</i>		
<i>Yes*</i>	<i>No</i>	<i>Question</i>
		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?

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

- An Affidavit¹;
- An Interested Persons Report (IPR),²
- If the conviction was in another state, a background check form that state will also be required.

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.

¹ See page 3 of this application.

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

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.³

³ 7 AAC 26.950 (b) (4)

Summary of EMS Training Programs

Level/Class	Date Completed	# Hours	Course Coordinator	Contact Phone
EMT-B				
EMT-B Refresher				
EMT-Intermediate (85)				
EMT-Intermediate (99)				
EMT-Intermediate Refresher				
Other Relevant Training:				

Please enter the appropriate letter to the left of the procedure or medication. "T" means you were trained in this medication or procedure **but not** authorized to use it. "A" means you were trained in this medication or procedure **and were** authorized to use it. Leaving the space blank means you were not trained in this medication or procedure.

- | | | |
|---|---|--|
| <input type="checkbox"/> Pneumatic Anti-Shock Garment | <input type="checkbox"/> Sodium Bicarbonate | <input type="checkbox"/> Naloxone HCl |
| <input type="checkbox"/> IV Therapy & Fluid Replacement | <input type="checkbox"/> Advanced Airways | <input type="checkbox"/> Epinephrine 1:1,000 |
| <input type="checkbox"/> Obtaining Blood Samples | <input type="checkbox"/> Atropine | <input type="checkbox"/> Epinephrine 1:10,000 |
| <input type="checkbox"/> 50% Dextrose in Water | <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Manual Defibrillation |
| | <input type="checkbox"/> Morphine | |

EMT-2 and EMT-3 Applicants

7 AAC 26.640 MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS. (a) A medical director's approval of standing orders for a state-certified EMT-2, 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 emergency medical service using a state certified EMT-2 or EMT-3 shall
- (1) provide direct or indirect supervision of the medical care provided by each state certified 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-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 sponsor as outlined above.

Signature of Medical Director

Date

Printed Name

Telephone number

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 _____

(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 attesting to 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 Injury Prevention and EMS, in writing, of the perceived error. The address of the section is listed on the first page 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.

Specific Notes For Persons Applying for Certification Via Comity

The credentials on which the Alaska certificate is to be based (e.g., National Registry certification or certification from another state), must be current. Certification in Alaska will not be issued based on lapsed credentials.

Applicants for EMT-1 certification whose training and certification did not include the skills contained in the 1994 National Standard Curriculum, EMT-Basic, must complete a department-approved refresher training program.

All applicants for EMT-2 and EMT-3 certification are required to take the Alaska written and practical examinations at the appropriate level. Typically, the applicant need only take and pay for the test at the highest level for which he or she is applying.

The Department of Health and Social Services may require that you obtain additional training before you are able to be certified at the EMT-2 or EMT-3 level.

Applications may be sent by FAX. The originals must be sent to the Section of Injury Prevention and EMS as soon as possible.

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.