

Application for Recertification Emergency Medical Technician

Section of Injury Prevention & Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907)465-3029 FAX: (907) 465-6736

Internet - <http://chems.alaska.gov>

I am applying for recertification 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
Ethnic Origin (Optional):	
White Black Hispanic American Indian Alaska Native Asian or Pacific Islander Other: _____	

- 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: _____

<i>Examinations and Skills Training</i>	
Location at which WRITTEN examination for recertification was taken:	Date:
I am recertifying with a PRACTICAL examination. Location of exam:	Date:
If recertifying with the Skill Sheets option, the skills verification are signed by an appropriate Alaska EMT-level Instructor.	Completion Date:

Please review the application checklist on page 9 of this application.

Failure to submit a complete application will result in a delay in the recertification process. If your certification has expired prior to receiving your new 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 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 IPEMS 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 Injury Prevention and EMS 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 SUBMIT THE FOLLOWING REQUIRED MATERIALS:**

- An Affidavit¹;
- An Interested Persons Report (IPR).²

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)

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.

<i>Name of Applicant</i>		<i>Certification Number</i>
<i>Skill</i>	<i>Date</i>	<i>Skills must be verified by an AK-certified Instructor:</i>
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)		
Pneumatic Anti-Shock Garment (Optional)		
Oropharyngeal Airway Insertion – Adult		
Oropharyngeal Airway Insertion – Child		
Assisting with Prescribed Medications (Optional)		
EMT-2 Skills (In addition to EMT-1 skills listed above)		
Endotracheal Intubation or Multilumen Airway or LMA (circle the skill observed)		
IV Access		
Administration of IV Medications		
Pediatric Intraosseous Infusion (Optional for Adult)		
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

<i>Printed Name</i>	<i>Signature</i>	<i>Printed Name</i>	<i>Signature</i>

Note:
CPR Verification

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/EMS/training/CME.htm) in accordance with 7 AAC 26.985. The CPR card evidenced successful completion of a course which taught adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices

Primary Use of EMT Skills
Please check only ONE of the following:

<input type="checkbox"/>	Ambulance or First Responder Service (Not affiliated with a fire department)	<input type="checkbox"/>	Injury Prevention Aide / Practitioner
<input type="checkbox"/>	Ambulance or First Responder Service (Affiliated with a fire department)	<input type="checkbox"/>	Back Country / Wilderness Use
<input type="checkbox"/>	Fire Department	<input type="checkbox"/>	Athletic Events
<input type="checkbox"/>	Rescue Service	<input type="checkbox"/>	Industrial First Aid
<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	None, I am not planning on using my EMS skills within an organization
<input type="checkbox"/>	Ski Patrol	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Military		_____

Are you paid for performing EMS?

<input type="checkbox"/>	Full Time	You are employed full time in a job which requires EMT certification
<input type="checkbox"/>	Part Time	You are not a full time EMS employee but you receive pay for providing EMS that exceeds the costs of providing care
<input type="checkbox"/>	Stipend	Your receive a small stipend intended to reimburse you for your costs in providing care
<input type="checkbox"/>	Not Paid	You receive no pay for providing EMS

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.

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 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 of Medical Director

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 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.**

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 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

APPLICATION CHECKLIST

All Applicants

- Completed, signed, and notarized application for recertification.
- A nonrefundable \$25 fee (according to 7 AAC 26.080).
- Attached a copy of your current CPR card (1- & 2-person CPR, adult, child, and infant CPR and foreign body airway obstruction treatment) to application. For list of approved classes see www.chems.alaska/EMS/training/CME.htm

If your certification has not expired or has been expired for 12 months, or less:

(All materials **must be received** by State EMS Office within 12 months following expiration of certification)

- Documentation of 48 hours, or more, of approved continuing medical education obtained within the two years preceding the date of application for recertification. (Successful completion of a department-approved refresher training program may be applied to satisfy part of this requirement.)
- Documentation of successful completion of the recertification written examination, not more than one year preceding recertification. (The written examination will be scored at the State EMS Office.); and **EITHER**
- Verification from a department-approved instructor attesting to the fact that you have successfully demonstrated competence in the skill areas outlined by the department (not more than one year preceding recertification) **OR**
- Documentation of successful completion of the recertification practical examination, not more than one year preceding recertification.

If your certification been expired for between 12 and 36 months:

(All materials **must be received** by State EMS Office within 36 months following expiration of certification)

- Documentation of 72 hours, or more, of approved continuing medical education obtained within the two years preceding the date of application for recertification.
- Documentation of successful completion of the recertification written and practical examinations. (The written examination will be scored at the State EMS Office). Please note that the practical examination must be completed in addition to the practical skills check off performed in the refresher training program.
- Documentation of successful completion of a refresher training program. The program must have been completed no more than 12 months preceding the date of receipt of the completed application by the department. The refresher training program counts hour-for-hour towards the 72 hours of CME required for recertification.
- Verification from the instructor of the refresher training program attesting to the fact that you have successfully demonstrated competence in the skill areas outlined by the department within the twelve months preceding the date of application.

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

- 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.

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 Purchase Order
Check Number: _____ PO Number: _____

Current Certification Number: _____ (Will be used as invoice 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: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Expiration Date: ____ / ____

Billing Address for Credit Card: _____

City: _____ State: _____

Zip Code: _____

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):

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.