

# *Application for Certification Comity*

## 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-I       EMT-II       EMT-III

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male    Female	Work Phone:
EMS Affiliation/s:	
<p style="text-align: center;">Ethnic Origin (Optional):</p> <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: _____	

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

# **CRIMINAL HISTORY QUESTIONS**

*Must be completed by all applicants*

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen</b> years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?                                      |

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits"

**NOTE:** Regulations require EMTs 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.

## **INSTRUCTIONS FOR AFFIDAVITS**

PLEASE READ THIS SECTION COMPLETELY:

1. **All individuals who responded "YES" to either of the two questions** above on this application must submit a signed affidavit with this application for certification. The 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 germane to your application for EMT certification.

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.

The Section of Injury Prevention and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.

2. **In addition, applicants who responded "YES"** to either of the above questions on this application must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic-related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

**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.**

<i>Summary of EMS Training Programs</i>				
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-II and EMT-III Applicants

7 AAC 26.640 MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS. (a) A medical director's approval of standing orders for a state-certified EMT-II, EMT-III, 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-II or EMT-III shall
- (1) provide direct or indirect supervision of the medical care provided by each state certified EMT-II or EMT-III;
  - (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-II or EMT-III and the circumstances under which the techniques may be performed;
  - (4) provide quarterly critiques of patient care provided by the EMT-II or EMT-III, 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 continue to 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 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

## ***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 or EMS Certifying Officer, 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.

For more information about public records in Alaska, the reader is directed to review AS 40.25.110 – 40.25.125 and 6 AAC 96.010 – 6 AAC 96.900.

## ***APPLICATION CHECKLIST***

### **All Applicants**

- Completed and signed application for certification.
- Copy of the valid state, territory, or National Registry certification.
- Evidence of valid basic life support CPR credential from a department-approved CPR training agency, such as the American Heart Association or American Red Cross; the certification must be for all adult, child, and infant CPR and airway obstruction skills.
- If trained and authorized to use an automated external defibrillator, a copy of your AED training certificate or wallet card.
- Payment of a non-refundable \$25.00 fee.

### **EMT-II and EMT-III Applicants (in addition to requirements above)**

- Evidence that your EMT-II and/or EMT-III 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.

#### **Notes:**

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-I 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-II and EMT-III 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-II or EMT-III level.

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

**7 AAC 26.150. COMITY.** (a) The department will issue a certificate for the equivalent level to a person who has a valid certification as an EMT-I, EMT-II, or EMT-III or the equivalent in another state or territory or has a valid certification from the National Registry of Emergency Medical Technicians, if the person provides the department with the following:

- (1) a copy of the valid state, territory, or National Registry certification;
- (2) evidence of a valid CPR credential;
- (3) other proof that the department will require as necessary to assess the person's qualifications;
- (4) evidence of successful completion of the written and practical examination, administered by the department, at the level for which the person is applying, unless the person is applying for certification as an EMT-I;
- (5) for applicants for EMT-II or EMT-III certification, evidence of the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC [26.640](#); and
- (6) a non-refundable application fee of \$25.

(b) Repealed 8/16/2002.

(c) Repealed 8/16/2002.

(d) A person who is certified or licensed in another state or territory as an EMT-I, or equivalent, but whose training does not include the objectives contained in the United States Department of Transportation, National Standard Curriculum for the Emergency Medical Technician: Basic, 1994, will be issued an EMT-I certificate valid until December 31 of the year of application, but the person must take a department-approved refresher training program and must apply for recertification as an EMT-I in order to practice as an EMT-I after that date.

(e) When providing mutual aid, and when treating and transporting a patient to or within this state, a person who is licensed or certified in another state, territory, or nation, as an EMT, mobile intensive care paramedic, or some other designation as an emergency medical responder, may provide care consistent with the scope of practice in the state, territory, or nation of origin, so long as medical direction is provided by a physician for advanced life support procedures, and the care is not precluded by the laws of the state, territory, or nation of origin.

(f) The department will, in its discretion, issue an EMT-I, EMT-II, or EMT-III certificate to a person living in another state, territory, or nation, if the person will provide care in this state under a mutual aid agreement with an emergency medical service certified under [AS 18.08](#) and this chapter. The applicant must meet the requirements of 7 AAC [26.030](#), except that a person providing advanced life support may be under the sponsorship of a physician licensed in the other state, territory, or nation who agrees to fulfill the requirements outlined in 7 AAC [26.640](#).

(g) An applicant under this section may not have a history that includes one or more of the grounds for denial of certification set out

(1) in 7 AAC [26.950\(a\)](#) ; or

(2) in 7 AAC [26.950\(b\)](#) unless the department's consideration of one or more of the factors in 7 AAC [26.950\(f\)](#) (1) - (5) results in a finding that issuance of the certificate is appropriate. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/29/93, Register 126; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

**Editor's note:** The publications mentioned in 7 AAC [26.150](#) are available for a fee from the emergency medical services section, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616.

## 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) prohibits IPEMS from the renewing the license of a person who is in default on a loan made by the Commission on Postsecondary Education once it has received notice from the Commission that the individual is in default. 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.