

2022 EMS Personnel Renewal Application

Option 2- Non-NREMT Certified Emergency Medical Technician, Intermediate, and Paramedic

Your license will expire on June 30, 2022. Oklahoma statutes allow for a thirty (30) day grace period after the expiration date of the license (Grace period ends on July 30, 2022) (63 O.S. Section 1-1702).

Renewal applications must have a postmark no later than July 30, 2022.

After July 30, 2022 a completed OSDH **INITIAL** EMS Personnel Application will be required for reinstatement of licensure. **This will require meeting all of the requirements for an initial license, including NREMT certification.**

In cases of hardship, an extension can be granted for up to 90 days. Requests for an extension must be submitted via email to esystems@health.ok.gov The State EMS office cannot issue any license for renewal after 90 days of the expiration date.

Due to COVID-19 restrictions, applicants cannot come to the Department to drop off applications. Applications and payments must be mailed to the address detailed below and on the application.

During the peak renewal period, you can expect a wait for up to 4 to 6 weeks before receiving your renewed EMS license. Renewing your license early in the year will help to ensure your license does not lapse during this wait.

OPTION 1, Nationally Registered EMS Personnel:

DO NOT COMPLETE THIS FORM. Instead, select the “Option 1” license renewal application from the OSDH website.

NATIONAL REGISTRY EMT’s RENEWING AS OKLAHOMA INTERMEDIATE:

DO NOT COMPLETE THIS FORM. Instead, select the “National Registry EMT renewing as Oklahoma Intermediate” renewal application from the OSDH website.

OPTION 2, EMS Personnel WITHOUT National Registry Certification:

Applicants who are currently not registered with National EMT Registry may continue to renew their Oklahoma EMS Personnel license if:

- 1. They were initially licensed in Oklahoma before April 1, 2010. AND**
- 2. They have maintained their Oklahoma EMS license since April 1, 2010.**

To renew your license without National Registration, please send the following to the Department:

- 1. A completed “Option 2” license renewal application with skills verification.**
- 2. Copy of your refresher certificate with course authorization number.**
- 3. Con-Ed Summary Report Form.**
- 4. Copy of your CPR Card that indicates current healthcare provider or professional rescuer certification.**
- 5. Paramedics Only: Copy of your current ACLS certification.**
- 6. The license renewal fee.**

SPECIAL NOTES:

EMS Personnel who are placed on Tax Hold by the Oklahoma State Tax Commission must be released by the Tax Commission on or before the ending of the statutory grace period.

PLEASE READ AND UNDERSTAND THE MEMO Medical Control Requirements for Certified and Licensed Personnel ON THE FOLLOWING PAGES.

EMS Personnel who are instructors should submit their instructor renewal by email to esystems@health.ok.gov

The form for instructor renewal is located here: <http://www.ok.gov/health2/documents/NEWInstructorRenewalApp.pdf> Regulations concerning EMT Licensure may be found on our website

at: <https://www.ok.gov/health2/documents/EMS%20Regulations%209-11-2016.pdf>

If you have any questions, please contact the EMS Division at 405-426-8480 or by email at esystems@health.ok.gov

**EMS RENEWAL INFORMATION SHEET**

OKLAHOMA STATE DEPARTMENT OF HEALTH EMERGENCY SYSTEMS DIVISION

IF YOU ARE NOT CERTIFIED THROUGH THE NATIONAL REGISTRY, PLEASE REVIEW THE INFORMATION BELOW FOR OKLAHOMA EMT LICENSE RENEWAL INFORMATION

All training submitted on this form must have occurred during the period from July 1, through June 30, of your respective license period to be credited toward this renewal period.

DETAILS IN REGARD TO SPECIFIC RENEWAL REQUIREMENTS

REFRESHER TRAINING – Complete a refresher course at the level of licensure adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as authorized in O.A.C. 310: 641-7-16.

ANNUAL CPR TRAINING – Current CPR certification may be documented by copy of the card, the course roster, if card has not been received, or by statement from the specified training coordinator of an approved institution.

CONTINUING EDUCATION – **CEU's must be listed on the CEU form or on a similar form with the same information signed by your Training Coordinator/Employer. Do not send certificates or other verification without filling out**

the CEU sheet. Documentation will outline dates, topics and number of hours completed within the topic. Topics are limited to a maximum of 12 hours with the exception of PHTLS, Extrication, BTLS, PALS, PEPP or other Department approved courses of study containing more than 12 hours of study or attendance... These topics will allow 16 hours if the full courses are completed (except PEPP at the basic level is only 8 hours). ACLS is required at the paramedic level; however, Basics may use it for 4 hours of CE and Intermediates 6 hours of CE. Successful completion of a Department approved Paramedic or Intermediate course shall fulfill the refresher and all continuing education requirements for the EMT Basic. Successful completion of a Department approved Paramedic course shall fulfill the refresher and all continuing education requirements for the EMT Intermediate. A copy of the course completion certificate should be submitted if used for continuing education. The completion date and the course authorization number should be shown on the certificate. One half of required continuing education requirements may be accomplished by distributive education if they are Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) approved. The CECBEMS number must be on the certificate of completion.

Subjects for continuing education may include, but not be limited, to any topic covered in the DOT course of instruction at the level being renewed. Additional courses such as special rescue, shock management, communications, environmental injuries, child abuse, sexual assault, industrial accidents, explosion injuries, electrical hazards, neonatal care/SIDS, domestic violence, crime scene response, athletic injuries, rappelling, hazardous materials, crisis intervention, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, weapons of mass destruction and most of the ICS courses may be counted up to 12 hours per topic.

Should you have additional questions regarding renewal of your license, please contact the EMS Division at (405) 426-8084. Renewal is conducted pursuant to Section 1-2501 et al, Title 63 of the Oklahoma Statutes. Individuals who do not submit an application, documentation and fee by **midnight, July 30, 2022** will be considered EXPIRED. The Department will have at least thirty working days after receipt of the application to process paperwork, but your license is not in effect until receipt of your license. If your application is returned for any reason, the 30 working day processing time will begin upon the receipt of an acceptable application, however, this timeline shall not exceed ninety (90) days from expiration.

! PLEASE READ AND UNDERSTAND THE MEMO Medical Control Requirements for Certified and Licensed Personnel ON THE FOLLOWING PAGE!

Statutory and Regulatory Requirements for Certified and Licensed Personnel

January 4, 2022

To: Oklahoma Certified Emergency Medical Responders
Oklahoma Licensed Personnel (all levels)

From: Dale Adkerson, Administrative Program Manager- EMS Division
OSDH-Emergency Systems

Re: New regulations relating to medical director authority and license requirements

On September 11, 2016, new regulations went into effect that impact all EMS related certificates and license types issued by the Department. This includes the personnel that are certified or licensed by the Department. This memo is an effort to provide individuals with a summary of the requirements for certified and licensed personnel. The summary will include both "old" and "new" language that has been included in the current statutes and regulations.

Many changes occurred when comparing the 2009 regulations to the 2016 regulations. However, many of these changes related to formatting, organization, and clarifications. You are encouraged to be familiar with the language for not only your individual license, but also the regulatory language that apply to the agencies you are employed with.

The regulatory document can be found on our website. The link to the document is: <https://oklahoma.gov/health/protective-health/emergency-systems/ems-division/statutes-rules-regulations-legislation.html>. A broad outline of the content that applies to individuals is:

- the statute that with personnel definitions and requirements are found on pages 3-13;
- the regulatory definitions for personnel are on pages 29 to 32; and
- the subchapter of the regulations for personnel is Subchapter 5, found on pages 54 to 63.

Each of these sections will contain specific definitions or language that applies throughout the document. Currently, the most significant requirements relating to personnel are:

1. All emergency medical responders that had been trained prior to January 1, 2000 and had maintained their certification through refresher courses are required to obtain a certification through the Department. This is to be completed by September 30, 2017.
2. The scope of practice for all certified and licensed personnel requires physician authority. If an individual is asked to provide care when they are not under a physician's authorization (such as when an individual is not on duty or requested as part of your agency), the only interventions authorized is first aid, CPR, and the use of an AED.
3. The Department can now license and renew advanced emergency medical technicians.
4. The renewal requirements for personnel licensed by the Department, but have not maintained their NREMT certification has been clarified. (Personnel licensed after April 1, 2010 are required to maintain NREMT certification.)

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5. Agencies and services are required to maintain a credential file for personnel that define the specific scope of practice that has been authorized by an agencies medical director.

6. The regulations have specific reasons to take licensure action on individuals. This list is extensive, and details inappropriate, unethical, criminal, and other negative actions that an individual may do that can result in licensure action.

The current language that relates to personnel can be found on these pages in the regulatory document:

Certified emergency medical responder	page 3 and page 30	Intermediate	page 31
Critical care paramedic or CCP	page 4 and page 30	Paramedic	page 31
Licensed emergency medical personnel	page 4 and page 30	Tax hold	page 31
Medical control	page 5 and page 31	Requirement for certification or license	page 54
Medical director	page 5 and page 31	Requirement for ID	page 54
Regional medical director	page 5	Qualifications	page 54
Hospital or healthcare facilities	page 6	Issuing and renewals	pages 56-57
Licensed personnel levels	page 6	Expired certifications or licenses	page 57
Performance of medical procedures	page 7	Scope of practice	page 58
Advanced emergency medical technician	page 29	Medical direction	page 60
Emergency medical technician	page 30	Enforcement	page 60

In addition to the changes to the individual certifications and licenses, please be aware of a new certification type that may be required for individuals. This new agency certification is known as the Standby Emergency Medical Response Agency (Standby EMRA). This new agency is the result of an issue that the Department has been working to address for some time. This issue was certified and licensed personnel working without a medical director at private and corporate events.

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EMR's and EMT's are often hired to provide medical support for private events such as races, rodeos, skating events, movie sets, and concerts. The producers, sponsors, and owners of these events hire personnel to provide on-site medical support. When personnel accept these jobs, assumptions are made about their ability to provide care at these events. The intention of this certification type is not to restrict employment opportunities, but to provide the profession and the public a method of ensuring minimum standards.

The requirements for this type of agency are in Subchapter 15 of the regulation document. The central requirement for this type of certification is based on the care being provided at the event or location. If the care being provided is limited to first aid, CPR, and the use of an AED, then there is not a requirement to become a certified standby emergency medical response agency. If, however, the intent is to provide care above first aid, CPR, and the use of an AED, then certification is required.

The application requirements for the Standby EMRA are detailed in Section 15-3 on page 105. The requirements vary depending on the environment, but generally require

- documents showing coordination with the local ambulance service;
- medical direction and protocols;
- specific policies or procedures;
- agency records; and
- credential files.

This is a new agency type that some certified and licensed individuals may choose to obtain because they have been providing medical support at these events or locations.

The Department staff will provide to agencies, individuals, venues, or organizers of events any support we can to transition to the new certification.

Please feel free to contact our office you have questions or concerns by calling 405-426-8480, or emailing our office at ESystems@health.ok.gov.



**2022 Oklahoma EMS License Renewal Application OPTION
2 EMS Personnel without NREMT Certification:**

Please print clearly or type and check ALL applicable boxes

☐ EMT (\$22.50)

☐ AEMT (\$27.50)*

☐ PARAMEDIC (\$32.50)**

****Paramedics Only: Are you a Critical Care Paramedic?** ☐ Yes ☐ No

If yes, please include your credentials for the OSDH Critical Care Registry.

FELONY STATEMENT: Have you been convicted, adjudicated, plead guilty or nolo contendere to a felony since the last issuance of your license? ☐ YES ☐ NO

Has your license or certification ever been suspended or revoked? _____ YES _____ NO

* If yes to either statement, please submit with the application, documentation that fully describes the offense, dates, disposition, and current status.

☐ I have read the memo Medical Control Requirements for Certified and Licensed Personnel and will not provide care above the level of first aid, CPR, and the use of an AED in cases where I have no Medical Direction

Last Name _____ First Name _____ MI _____

OK EMS License #: _____ SSN: _____ / _____ / _____ DOB: _____ / _____ / _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Current EMS Employer(s)/Job Title: _____

If the application is incomplete or if there are questions about the information provided, please contact me
via: _____ email or _____ postal service.

I hereby affirm and declare that all statements contained on this application are true and correct. I understand that false statements may be sufficient cause by the Oklahoma State Department of Health to place on probation, suspend, or revoke any license issued. Upon written request by the Department, I agree to provide copies of all documents supporting fulfillment of the Oklahoma EMS renewal requirements.

Signature of Applicant

Date

CHECKLIST:

- ___ 1. Completed "Option 2" license renewal application, including skills verification.
- ___ 2. Successful completion of a State approved refresher course during previous license period. (Attach copy of course final roster or course completion certificate showing course number and completion date.)
- ___ 3. Completion of appropriate continuing education (EMT- 48 hours; Intermediate-36 Hours; Paramedic -24 hours. You may use the attached sheet if signed and dated by a training coordinator or submit certificates. Show Topic, Date, Hours, and issuing agency. (Completed between July 1, 2020 and June 30, 2022)
- ___ 4. Current CPR Certification. (Attach documentation of certification expiring after June 30, 2022.)
- ___ 5. Current ACLS Certification - Paramedics Only. (Attach documentation of certification expiring after June 30, 2022.)
- ___ 6. The license renewal fee-a check or money order made out to "OSDH". (EMT or Basic - \$22.50, AEMT - \$27.50, Paramedic - \$32.50)

Mail To:

**Oklahoma State Dept. of Health
Emergency Systems
Attn: Financial Management
PO Box 268823
Oklahoma City, OK 73126-8823**



Verification of Skill Maintenance (Intermediate and Paramedic only)

Statement of satisfaction by physician for skills:

As physician, I do hereby affix my signature attesting to the continued competence of

_____ in all the following skills

Applicant's Name (Print)

OK License Number

The skill was performed to my satisfaction and determined by way of:

1. Field Evaluation
2. Practical performance examination
3. Other (please describe) _____

Indicate the Method of evaluation for each skill by checking one or more boxes in items 1-9.

1 2 3

1 Patient Assessment/management (Medical and Trauma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ventilator Management Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 IV Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hemorrhage Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 OB/Gynecologic Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Spinal restriction – including cervical collar, vest-type extrication device and long spine boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Fracture immobilization – including traction splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paramedics Only

8 Cardiac Arrest Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Name (Print)

Physician Signature

Date

Physician License # _____ **State of** _____





EMT-Basic 48-hours Intermediate 36-hours Paramedic 24-hours

Type or Print legibly:

[illegible]

Use additional pages as needed

Total Hours for this page_____

Applicant's Name (Print)

Signature

Date _____

Employer/Training Coordinator (Print)

Signature

Date _____