

Emergency Medical Responder
TRAINING AND TESTING VERIFICATION FORM

EXAMINEE INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

EXAMINEE TRAINING INFORMATION

Date Examinee completed the EMR training: ____/____/____

Course Authorization Number: _____

What Facility provided the EMR Course?

TRAINING PROGRAM: Name of Training Program _____ Site
Code _____

Ambulance Service or EMRA: Name of service _____

If the course was not taught at the above facility, provide the location of the
class _____

TRAINING VERIFICATION STATEMENT

I verify that the above named student has passed the Emergency Medical Responder (First Responder) curriculum and final practical examination within the past 24 months and that the training is currently approved by the Oklahoma State Department of Health - Emergency Medical Services Division.

Instructor Printed Name

Instructor Signature

Date

Instructor Email

Instructor Phone

NOTES: _____

THIS APPLICATION IS NOT VALID WITHOUT THE WRITTEN EXAM RECORD, OKLAHOMA EMR INITIAL APPLICATION FORM AND AFFIDAVIT OF LAWFUL PRESENCE (SEE FOLLOWING PAGES)

WRITTEN EXAM RECORD

The Test Site Coordinator must sign and date this form at each EMR Written examination. Examinees that fail three attempts of the written examination within two years of original training must complete a new EMR Course

Written Exam 1 _____

Test Site Coordinator Signature

_____ Date

Test 1 OVERALL SCORE _____ PASS FAIL

Airway score_____

Trauma Score_____

Cardiology Score _____

OB/Ped Score_____

Medical Emer.Score_____

EMS Ops Score_____

Written Exam 2 _____

Test Site Coordinator Signature

_____ Date

Test 2 OVERALL SCORE _____ PASS FAIL

Airway score_____

Trauma Score_____

Cardiology Score _____

OB/Ped Score_____

Medical Emer.Score_____

EMS Ops Score_____

Written Exam 3 _____

Test Site Coordinator Signature

_____ Date

Test 3 OVERALL SCORE _____ PASS FAIL

Airway score_____

Trauma Score_____

Cardiology Score _____

OB/Ped Score_____

Medical Emer.Score_____

EMS Ops Score_____

CANDIDATE INSTRUCTIONS:

When you have passed the written exam, complete the Oklahoma EMR Initial Application form and the Affidavit of Lawful Presence (Pages 3 and 4) and send pages 1-4 with the \$10 Fee to:

**Financial Management
Emergency Systems
Oklahoma State Department of Health
123 Robert S. Kerr Ave Suite 1702
Oklahoma City, OK 73102-6406**

If you unsuccessfully attempt the written exam three times, please return page 1 and 2 to:
OSDH-Emergency Systems * 123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73102-6406



2020 Emergency Medical Responder Initial Registration Form

Applicants, please read instruction sheet (page 1) to ensure you meet all requirements for Oklahoma EMR Certification. **All fees are non-refundable.**

Applying as (select one):	
<input type="checkbox"/> National Registry EMR	<input type="checkbox"/> Oklahoma Registered EMR

Please print or type all information.

Last Name _____ First Name _____ MI _____

SSN: ____/____/____ DOB: ____/____/____ Gender: _____

Mailing Address: _____

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

Telephone #: _____ Email: _____

National Registry #(if applicable): _____ National Registry Expiration Date: ____/____/____

Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", submit with this application documentation that fully describes the offense: date of offense; copies of relevant court documents; disposition and current status.
Has your EMR certification or ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide any relevant information regarding the suspension or revocation.

<input type="checkbox"/> I have read the memo Statutory and Regulatory Requirements for Certified and Licensed Personnel (pages 2-4) and will not operate above the First Aid level in cases where I have no Medical Direction

By signing this application, I hereby attest to the accuracy of the above information and understand that any fraudulent entry may be considered cause to deny or revoke any EMT License that may be issued in the State of Oklahoma.

Applicant signature: _____ **Date:** _____



**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

I am a United States citizen.

OR

I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.



State of Oklahoma EMR Registration 2021 Procedures and Guidelines

All required documentation should be completed in full (incomplete documents will not be processed) and returned to the address below. Please verify you are using the current version of this form available from the OSDH website. Due to new OSDH building security, walk-in applicants should not expect to receive a copy of their license on the same day. Walk in Applicants will leave their application and payment with the cashiers.

Applicant Types – All individuals applying for an Oklahoma EMR Registration must meet one of the following four requirements:

1. Nationally Registered

If you are currently **Nationally Registered**, provide the following:

- Completed LEGIBLE and SIGNED Application (page 2)
- Affidavit of Lawful Presence (page 3)
- \$10.00 Fee (Applied to the EMS Death Benefit Fund) Made out to 'OSDH'
- Copy of a current National Registry EMR Certification card

2. Oklahoma EMR

If you have completed an Oklahoma EMR course and tested with CareerTech

- Completed LEGIBLE and SIGNED Application (page 2)
- Affidavit of Lawful Presence (page 3)
- \$10.00 Fee (Applied to the EMS Death Benefit Fund) Made out to 'OSDH'
- Proof of Completion of an OSDH approved EMR Course This can be a copy of your Completion certificate, a roster, or statement from your instructor indicating a passing grade.
- Proof of passing a CareerTech sponsored EMR Written Exam
This can be a copy of the CareerTech EMR Assessment report(Coaching Report) indicating a cumulative passing score of 70% or higher OR OSHD form 681-Training and Testing Verification Form indicating a cumulative passing score of 70% or higher.

NOTICE: As of September 11, 2016 the EMS rules have changed the expiration date for Oklahoma certified EMR's. The expiration will be the second June 30th following the date the application is received by the Department.

Send the completed application, the Affidavit of Lawful Presence, the \$10 "EMS Death Benefit Fee and required documentation to:

**Financial Management
Emergency Systems
Oklahoma State Department of Health
123 Robert S. Kerr Ave Suite 1702
Oklahoma City, OK 73102-6406**

If you have any questions, please feel free to contact us at (405)271 4027 or email esystems@health.ok.gov



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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.

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.



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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 405.271.4027, or emailing our office at ESystems@health.ok.gov.