Idaho Bureau of Emergency Medical Services & Preparedness

Paramedic License Reinstatement Application

Submit completed application to the Bureau of EMS:

IDAHO DEPARTMENT OF HEALTH & WELFARE

Application Requirements Checklist:

☐ Applicant Signature ☐ Affiliating Agency Authorized Signature ☐ Continuing Education Record ☐ Skills Proficiency Signature ☐ Photo ID

☐ $35.00 fee Check or Money Order ☐ DHW Criminal History Unit Background Check ☐ NREMT Assessment Exam after license lapsed

Provider:

Name _____ _____ _____

Last Name **First Name** **Middle Name/Initial**

Idaho EMS License # _____ or **Social Security #** _____ **Gender** ☐ M ☐ F

Mailing Address _____

Street **City** **State** **Zip** **County**

Home Phone # _____ **Work Phone #** _____ **Cell Phone #** _____

E-Mail Address_____

Primary Form of Contact: ☐ **Home Phone** ☐ **Work Phone** ☐ **Cell Phone** ☐ **Email** ☐ **Mail**

Affiliation:

Qualifying Agency of Affiliation _____ **Agency License #**_____

Authorized Representative _____

(Print Name)

Signature _____ **Date** _____

Career Status with Agency (Choose One): Uncompensated Volunteer ☐ Compensated Volunteer ☐ Career Full Time ☐ Career Part Time ☐

I am also an Idaho licensed/certified health care provider as a(n) (circle all that apply): MD / DO / PA / RN / RT / other (please specify) _____

Have you ever applied for or held an EMS certificate or license in any other state? Yes ☐ No ☐

Have you ever been denied or had revoked an EMS certificate or license in any other state? Yes ☐ No ☐

If you answered yes to either question, complete an *Idaho EMS License Verification Request* form for each state in which you have ever applied for, been denied, had revoked or held an EMS certificate / license. (This form is available at www.idahoems.org under Provider Licensure Forms)

By signing I certify that the information I have provided within this application, including any attached supplemental information, is true, complete, and correct. I understand that all information is subject to audit and that violation of IDAPA 16.01.07 "Emergency Medical Services – (EMS) Personnel Licensing Requirements" or 16.01.12 "Emergency Medical Services (EMS) – Complaints, Investigations, and Disciplinary Actions" may result in denial, refusal to renew, suspension, or revocation of my EMS license.

Applicant Signature _____ **Date** _____

For Bureau Use Only

Received in Bureau

Fee Received Date_____ **BARS Receipt #** _____

☐ Cash – Receipt # _____

☐ Check # _____

☐ M.O. # _____

☐ DB - Agency _____

Applicant Name:_____

Paramedic License Reinstatement Education Record

Documentation of Continuing Education for Lapsed License Reinstatement. A candidate for reinstatement of a lapsed license must provide documentation of continuing education consistent with the license holder's lapsed license. Continuing education requirements are provided in Sections 300 through 325 of these rules.

A Paramedic must complete a minimum of 72 total continuing education hours (CE hours) for the last valid licensure cycle; and

Additional continuing education hours in any combination of categories and venues, proportionate to the amount of time since the expiration date of the lapsed license for Paramedic -- Three (3) hours of continuing education per month of lapsed time.

ADDITIONAL CONTINUING EDUCATION HOURS

3 hours X _____ month(s) of lapsed time = _____hours

Category Requirements for CE hours

CE Categories	Hours		
	Min	Max	Actual
Airway, Respiration, and Ventilation	1	22	
Cardiovascular	1	22	
Trauma	1	22	
Medical	1	22	
Operations: Requires Landing Zone & Extrication Awareness	1	22	
Pediatrics	8	22	
		Total Hours (72)	

Venue Requirements for CE hours

Check off the venues that apply to the documented CE hours.
- Continuing Education must include at least 2 Venues

Venues	Check
Structured classroom sessions	
Refresher programs that revisit original curriculum and have an evaluation component	
Nationally recognized courses	
Regional and national conferences	
Teaching CE topics from any of the CE Categories	
Agency Medical Director approved self-study or directed study	
Case reviews and grand rounds	
Distributed Education: distance learning, online resources, and audio/visual resources	
Journal article review with an evaluation instrument	
Author or co-author an EMS related article in a nationally recognized EMS publication	
Simulation Training	
Evaluator at a State or National Psychomotor Exam.	
Total Venues (2)	

Agency Medical Director Skills Proficiency Verification

As the Medical Director for the qualifying EMS Agency, I attest that this license renewal candidate has demonstrated competency in the knowledge, skills and judgment necessary to provide safe and effective patient care within the Scope of Practice of a Paramedic, as authorized in IDAPA 16.02.02 "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission".

o Is the scope of practice for this license renewal candidate **restricted** as a result of failure to meet or maintain proficiencies? **Yes or No**

_____ _____ _____

Medical Director or Agency MD Designee **Signature** **Date**

NREMT Assessment Exam

- NREMT written assessment exam or recertification exam must be completed after the date your license expired.
- To be approved for the assessment exam for the purpose of licensure in the state of Idaho, we require that an application for licensure has been received by the Bureau and verification of any other current state licensure and any adverse actions taken by another state not previously disclosed. Upon submission of this application, you can apply for the level specific assessment exam through the NREMT under National EMS Certification Examinations; Apply for Assessment Examination. You can access their website at: NREMT.org.

DHW Criminal History Unit Background Check

- Submit to and pass a Criminal History Check by the Department of Health and Welfare.
- You can access their website at: https://chu.dhw.idaho.gov.
- Use **Employer ID# 1350** Bureau of EMS and Service Code 310 *EMS Certification Applicants* or 311 *EMS Certification Applicant Volunteers*

Received in Bureau