Instructions for Completing the
Idaho Limited Request for Recognition Form

The purpose of the "Limited Request for Recognition Form" and program is to allow an individual who holds a valid, unrestricted out-of-state EMS provider license to practice EMS under limited conditions in Idaho. Idaho Code 56-1011 recognizes the importance of the delivery of EMS and provides for the reasonable regulation of the same if such care is rendered under the responsible supervision and control of a physician. "Supervision" means the medical direction by a licensed physician of activities provided by licensed personnel… …including, but not limited to: establishing standing orders and protocols, reviewing performance of licensed personnel, providing instructions for patient care via radio or telephone, and other oversight.

Per the Idaho Administrative Procedures Act (IDAPA) 16.01.07.140, an individual possessing an EMS license or certification from another state must have prior recognition before providing EMS patient care in Idaho. This may be accomplished under the conditions of an interstate compact with Idaho when one is in place from the state where the provider is licensed, or limited recognition is granted by the Bureau of EMS and Preparedness (Bureau).

The provider can apply for limited recognition through an Idaho licensed EMS agency or a Medical Unit Leader (MEDL) who has established a Medical Unit in Idaho for specific event coverage (such as wildland fire support) where patient care is provided under the supervision of a physician. The provider may not provide EMS until recognition is granted by the Bureau.

This form is not an application for licensure or reciprocity, only recognition. A National Registry of Emergency Medical Technicians (NREMT) card does not authorize EMS personnel to provide EMS patient care in the State of Idaho. Only a current card issued by a state or U.S. territory EMS office will be accepted as proof of EMS license/certification.

It is the responsibility of the MEDL to complete and submit the "*Limited Request for Recognition*" form as soon as possible, on behalf of all licensed personnel when utilizing licensed out-of-state EMS providers. This form may be printed and filled out, or filled out electronically, and submitted prior to the event, as personnel may not practice until they receive recognition from the Bureau. A new form must be completed for each incident and updated when new EMS personnel assigned to the Medical Unit arrive or move from incident to incident within the state.

The Bureau will acknowledge receipt of the form and provide recognition to the MEDL after validating the EMS licenses of listed personnel. If the Bureau is unable to validate an EMS license or a license has been revoked or suspended in Idaho or any other state, the MEDL will be notified. EMS personnel without valid state EMS licenses will not be granted limited recognition and will not be authorized to provide EMS.

The MEDL should contact the Bureau by phone at (208) 334-4000, by fax at (208) 334-4015 or by email at EMSProvLic@dhw.idaho.gov to submit their form or for further information.

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The EMS agency or MEDL will complete this form and submit it to the Idaho Bureau of EMS and Preparedness (Bureau) when the event utilizing out-of-state providers is located in Idaho. Agencies or MEDLs are responsible for reporting all arriving EMS personnel resources to the Bureau within 24 hours, as personnel are not authorized to provide EMS until recognized by the Bureau.

Event or Incident Name: _____ Date: _____

Agency or Organization Name: _____

The location of this incident is:_____ (Closest city and county).

The Idaho licensed physician supervising this incident is: _____(Name).

The physician's contact information is: _____(Phone or email).

Last Name	First Name	License Level	State/License #	Expiration Date

Authorization for limited recognition of the above EMS personnel assigned to this incident is requested. These personnel will provide EMS at this incident beginning on _____ and anticipated to end on _____ (Dates).

I attest that I have physically examined the <u>state EMS license</u> of the above individuals. (A NREMT card <u>does not</u> meet this requirement.)

MEDL Name - Print _____ MEDL - Signature _____ Date _____

Phone Number _____ Fax Number _____ E-mail Address _____

Please indicate the preferred route for communication from the Bureau:

Phone ☐ Fax☐ E-Mail ☐ Other_____