



## APPLICATION FOR EMERGENCY MEDICAL SERVICES CERTIFICATION

### CERTIFICATION

LEVEL

☐ Certification

☐ Recertification

☐ Reciprocity

☐ Audit

TYPE

### APPLICANT INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

SOCIAL SECURITY NUMBER

EMS ID

DRIVER LICENSE NUMBER

STATE

OTHER NAMES KNOWN AS

DATE OF BIRTH

☐ Male

☐ Female

GENDER

HEIGHT

ft

in

WEIGHT

lb

EYE COLOR

### CONTACT INFORMATION

MAILING ADDRESS

CITY

STATE

ZIP CODE

LOCAL OR HOME PHONE

WORK PHONE

MOBILE PHONE

E-MAIL ADDRESS

UTAH AGENCY AFFILIATIONS

### BACKGROUND

List all the states (or countries outside the US) you have resided in within the past five (5) years.

☐ Yes ☐ No Are you a citizen of the United States? If yes, include a photocopy of identification: Driver License, Other State ID, Passport, etc.

☐ Yes ☐ No Are you a permanent resident alien or hold a valid visa? If yes, include a photocopy of passport or visa with alien identification number.

☐ Yes ☐ No \*Do you have a juvenile record?

☐ Yes ☐ No \*Have you plead guilty to or been convicted of a felony?

☐ Yes ☐ No \*Have you plead guilty to or been convicted of a misdemeanor?

☐ Yes ☐ No \*Do you have any pending charges?

\*If you answered yes to any of the criminal background questions, attach a list of all charges, including date, location, and offense.

### OTHER EMS CERTIFICATIONS

CURRENT UTAH EMS CERTIFICATIONS

CURRENT NON-UTAH EMS CERTIFICATIONS (for reciprocity)

### APPLICANT AFFIRMATION

I accept responsibility for having read all information on this form. I authorize investigation of all statements contained herein, and understand that misrepresentation or omission of facts called for is cause for cancellation of the application or revocation of certification. I understand that I am not considered certified as a Utah EMS provider until such time as I have successfully completed ALL certification or recertification requirements AND have in my possession a current EMS certification identification card. I also understand that I am solely responsible to ensure my certification/recertification requirements are completed. I further understand that if I function as an EMS provider without a current EMS certification card, I am in violation of the Utah EMS Systems Act and I may be subject to criminal, civil, or other disciplinary action.

SIGNATURE

DATE



UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
BUREAU OF EMERGENCY MEDICAL SERVICES & PREPAREDNESS

PO BOX 142004  
SALT LAKE CITY UT 84114-2004  
801-273-6666  
Fax 801-273-4149

## APPLICATION FOR EMERGENCY MEDICAL SERVICES CERTIFICATION

### AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied for emergency medical services certification/recertification with the Utah Department of Health. It is my understanding that a comprehensive investigation of my state and federal criminal background may be conducted in connection with my application. I understand that any history which adversely reflects on my qualifications for certification may be cause for disqualification from further consideration for certification with the Utah Department of Health.

I hereby give the Utah Department of Health and its agents the authority to conduct a comprehensive investigation of my background that may be relevant for certification purposes, including pleas in abeyance, diversion agreements and pending criminal charges, as delineated in the Emergency Medical Services System Act, Utah Code, Title 26, Chapter 8, and in the Training and Certification Standards, R426-12. I also authorize a review and full disclosure of all pertinent records, including my juvenile criminal history, maintained by past and present employers, law enforcement agencies, educational institutions, medical institutions, local, state and federal agencies. Any inquiry into records concerning medical treatment and psychiatric consultations which I may have had must be to determine activities and conditions which may be relevant to my EMS certification.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though the copy does not have my original signature.

I hereby release the Utah Department of Health and the Utah State Department of Public Safety and their agents and anyone who gives written information about me to the Utah Department of Health from any claims of liability or damage which may occur as a result of the background investigation except where false information is given with malicious intent.

This Release of Information will be in effect until my next EMS certification expiration date. I understand that I may revoke this authorization at any time, by sending written notice to the EMS Office and by relinquishing my EMS certification. I understand that I may refuse to sign this Authorization. I also understand that the Bureau of EMS and Preparedness may refuse to certify me if I do not sign this Authorization. I understand that once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy law and could be redisclosed by the person or agency that receives it.

### STATEMENT OF UNDERSTANDING

I understand that I am NOT considered certified as a Utah EMS provider until such time as I have successfully completed ALL certification or recertification requirements AND have in my possession a current EMS certification identification card. I also understand that I am solely responsible to ensure my certification/recertification requirements are completed. I further understand that if I function as an EMS provider without a current EMS certification card or sticker, I am in violation of the Utah EMS Systems Act and I may be subject to criminal, civil, or other disciplinary action. I ALSO UNDERSTAND THAT I MUST CONTACT THE BUREAU WITHIN 7 DAYS IF I AM ARRESTED, CHARGED OR CITED, OR CONVICTED OF ANY CRIMES THAT WERE NOT LISTED ON THIS APPLICATION.

NAME

SIGNATURE

DATE

### NOTARIZATION

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ signed the above release of liability in my presence.

Signature of Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_



**UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
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## **APPLICATION FOR EMERGENCY MEDICAL SERVICES CERTIFICATION**

### **CRIMINAL HISTORY DETAILS**

If you answered yes to any of the criminal background questions, list all charges, including date, location, and offense, on this form and submit it to the Bureau of EMS and Preparedness with your application.

NAME

JUVENILE CHARGES

FELONY CHARGES

MISDEMEANOR CHARGES

PENDING CHARGES

**APPLICATION FOR EMERGENCY MEDICAL SERVICES CERTIFICATION****APPLICANT ACKNOWLEDGEMENT OF BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS POLICIES AND PROCEDURES**

This document explains important items that you need to know. Once you have read this, please complete the acknowledgement statement below. Your course coordinator or training officer (or Bureau of EMS and Preparedness staff, if you are applying for Reciprocity) will make a copy of this document, file one copy in your records, and return the second one to you.

1. All applicants are required to have a criminal background check, including a juvenile record check. Additionally, if you have lived outside of Utah anytime in the past five years, you must come to the Bureau of EMS and Preparedness office at 3760 S Highland Drive, Salt Lake City, or another qualified location for LiveScan fingerprints. LiveScan results can take one to six weeks. On your EMS application, you **MUST** include any and all adult and juvenile criminal charges and convictions, including pleas in abeyance, regardless of when or where they occurred.
2. If you are arrested or charged at any time during the training and application process or after certification, you are required to report this information to the Bureau of EMS and Preparedness within seven days.
3. **All fees are non-refundable.**
4. **Initial Certification:** Your course ends on the following date: \_\_\_\_\_. You have 120 days following the end of your course to complete all certification requirements, including testing and retesting.
5. **Reciprocity:** You have 120 days from the date you submit your EMS application to complete all reciprocity requirements, including testing and retesting
6. **Recertification:** You have one year from the date your previous certification expires to complete all recertification requirements. If your previous certification expires before you complete all recertification requirements, you must pay a lapsed recertification fee. If your previous certification has expired for more than one year, you must retake the EMS courses and reapply for initial certification.
7. If extenuating circumstances, such as medical or family problems, keep you from completing all requirements on time, you may submit a letter with backup documentation to the Bureau of EMS and Preparedness requesting an extension. No extensions will be given without backup documentation, such as a doctor's note, military orders, etc.
8. **Initial and Reciprocity Certification (except Paramedic):** You have three opportunities to pass each certification examination (written and practical). Failure to pass both tests after three attempts will require that you retake the certification course. If you have to retest either the written or practical or both, you must pay a retest fee prior to being scheduled to retest.
9. **Initial Certification (except EMD):** The practical testing for the entire class will be scheduled in advance.
10. It is your responsibility to be at the practical test site on the scheduled day and time. If, for some reason, you are unable to test that day, you must contact the Bureau of EMS and Preparedness at least three days prior to the date and ask to be rescheduled. If you fail to appear for testing as scheduled, you will be charged a "no show" fee, which is equivalent to the fee you paid to be scheduled to test or re-test. This fee must be received in our office before we can schedule you for a new practical test date.
11. **Paramedic:** Your written and practical tests will be administered by the National Registry of Emergency Medical Technicians (NREMT). You must follow NREMT policies and procedures for testing.

I have read and understand the above information and realize that it is my sole responsibility to adhere to these policies.

NAME

SIGNATURE

DATE



## APPLICATION FOR EMERGENCY MEDICAL SERVICES CERTIFICATION

### DECLARATION OF UNDERSTANDING OF TECHNICAL, ACADEMIC, AND PHYSICAL STANDARDS FOR THE EMT

I am capable of meeting these requirements.

I am NOT capable of meeting these requirements.

I am capable of meeting these requirements WITH THE ATTACHED ACCOMMODATIONS.

- |                          |                          |                          |                      |
|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Critical Thinking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Problem Solving   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Interpersonal     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Communication     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Mobility          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Motor Skills      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Self Care         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Hearing           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Visual            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Smell            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Tactile          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Temperament      |

I have read and understand the attached standards for the EMT and I have indicated my responses on the "Declaration of Understanding." I understand that I may be asked to demonstrate compliance to any or all of the standards contained in this document.

I further attest that my responses listed above and any attached statements as indicated are true and correct.

I understand that if I desire reasonable accommodation, I must formally file a request for accommodation with the Utah Department of Health as close to the beginning of my course as reasonably possible and that reasonable accommodation requests are considered on a case-by-case basis.

I also understand that I must contact Dennis Bang, Bureau of EMS and Preparedness, at 801-273-6630 or dbang@utah.gov, should I have any questions concerning and accommodation requests.

NAME

SIGNATURE

DATE

### NOTARIZATION OF DECLARATION OF UNDERSTANDING

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ signed the above release of liability in my presence.

Signature of Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

## **TECHNICAL, ACADEMIC, AND PHYSICAL STANDARDS FOR THE EMERGENCY MEDICAL TECHNICIAN**

### **Purpose**

The purpose of this document is to provide a person wishing to be certified as an emergency medical services provider, such as Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic, with a clear understanding of the physical demands required of the job, based on the requirements contained within the Department of Transportation (DOT) National Emergency Medical Services Education Standards and the Utah Department of Health, Bureau of Emergency Medical Services and Preparedness, Disability Accommodation Policy and Functional Job Analysis. The student will be required to demonstrate these tasks with or without accommodation at anytime deemed appropriate by the Bureau of EMS and Preparedness.

### **Procedures**

The student will:

1. Receive EMT standards during the first week of class.
2. Document appropriate responses on the "Declaration of Understanding" form.
3. Sign and have the "Declaration of Understanding" form notarized.
4. Return the "Declaration of Understanding" form to the course coordinator to be forwarded to the Bureau of EMS and Preparedness with the student's application form.
5. File a written request for reasonable accommodation with the Utah Bureau of EMS and Preparedness, if necessary.
6. Demonstrate his/her ability to meet these standards through direct observation by EMS instructors, course evaluations and skill pass-off, and Department-required written and practical certification testing.

The course coordinator will:

1. Provide each student a copy of the standards.
2. Ensure the "Declaration of Understanding" is properly filled out.
3. Return the "Declaration of Understanding" to the Bureau of EMS and Preparedness with the students' applications.
4. Continually evaluate the student's ability to meet these standards through personal observation, documentation from course instructors, or course evaluations and skill pass-off.

### **Accommodations**

All requests for reasonable accommodations are considered by the Bureau of EMS and Preparedness on a case-by-case basis. Requests for specific reasonable accommodation(s) must be in writing and include supporting documentation from a qualified medical professional. All requests for reasonable accommodations must be received by the Bureau of EMS and Preparedness as close to the beginning of the applicant's course as reasonably possible. Requests for reasonable accommodation(s) after the beginning of the course may delay the ability of the Department to review and implement the request, and therefore the student's ability to complete the certification process. Essential functions, course objectives, and standards of performance, will not be waived with or without reasonable accommodation.

## EMERGENCY MEDICAL TECHNICIAN TECHNICAL, ACADEMIC, AND PHYSICAL STANDARDS

(With examples of necessary activities)

- 1) CRITICAL THINKING:** The student must have critical thinking abilities sufficient for clinical judgment such that the individual can make independent judgments in the absence of other medical team members and/or medical control; and determine methods and treatments to use when caring for patients with varying illnesses or injuries.

Examples:

- Assess scene safety in uncontrolled environments.
- Assess patient's physical condition and determine the severity of illness or injury.
- Assess patient's current and past medical histories by asking questions appropriate to the illness or injury.
- Prioritize patient's severity.
- Prioritize specific care modalities.
- Determine correct treatment modalities or algorithms.
- Determine appropriate exceptions to approved treatment modalities.
- Determine limits of acceptable span of control in ordinary and extraordinary circumstances.

- 2) PROBLEM-SOLVING:** The student must have the problem solving abilities to make a correct tentative diagnosis and assessment conclusions that allow selection and pursuit of accepted treatment protocols, and integrations of multiple protocols and modalities in single and multiple patient situations.

Examples:

- Formulate correct decisions based on classic atypical clinical presentation/ histories.
- Integrate correct treatment protocol and/or multiple protocols based upon variable clinical presentation.
- Formulate an acceptable plan to provide patient care in typical and atypical case presentations utilizing basic life support skills and training to implement solutions to problems.
- Utilize standard accepted equipment in typical and atypical but effective clinical applications for safe patient care and movement.

- 3) INTERPERSONAL:** The student must have interpersonal abilities sufficient to interact with individuals, families, groups, public safety personnel and other health care providers from a variety of social, emotional, cultural, and intellectual backgrounds.

Example:

- Establish and maintain supportive relationships with patients, family members, bystanders, public safety, media, political officials and other health care providers under stressful and non-stressful situations.

- 4) COMMUNICATION:** The student must have communication abilities sufficient for interaction with others in verbal and written form. This includes the ability to read, write, and understand the English language. Communication via face-to-face interaction and/or standard radio and telephone links is an integral requirement.

Examples:

- Ask questions of current and past medical history of the patient or bystanders who are able to provide patient information.
- Receive and interpret information from patient(s) or bystanders regarding history, complaints, and response to treatments.
- Receive and interpret verbal orders from physicians via face-to-face interaction, standard radio or telephone links.
- Clarifies order(s) from a physician via standard radio and telephone links.
- Give verbal report to physicians and/or other health care personnel regarding patient(s) condition under varying circumstances (environmental and patient severity).
- Request orders via standard radio or telephone links.
- Provide accurate and legible written report of patient(s) in timely fashion.
- Provide accurate records of daily activities, runs, and skills.
- Provide accurate written incident documentation.
- Provide written or verbal deposition as required by law enforcement for crime scene investigation.
- The ability to read and understand written orders, advanced directives, instructions, protocols, prescriptions, and other pertinent patient information or data.

- 5) **MOBILITY:** The student must have physical abilities sufficient to lift, balance, and carry, patients in excess of 125 lbs (250 lbs with the assistance of another person) from initial location to ambulance including negotiating stairs, hazardous terrain, and/or uneven terrain. Safely operate heavy manual/power equipment and drive large vehicles, under extreme environmental conditions.

Examples:

- Enter/exit ambulance without assistance.
- Perform physical activities involved with EMS delivery for up to 24 continuous hours without a break.
- Negotiate hazardous scenes in all environmental extremes including but not limited to light/dark, heat/cold, wet/dry /frozen scenes.
- Must be able to don appropriate personal protective devices (PPDs) without assistance. Examples include, but are not limited to, gloves, masks, respirators, eyewear, and gowns.

- 6) **MOTOR SKILLS:** The student must have the physical ability to perform gross and fine motor skills required in the normal duties of EMS. This includes, but is not limited to, CPR, bandaging, splinting, childbirth, extrication, oxygen and pharmacological administration, defibrillation, equipment relocation, and patient handling.

Examples:

- Perform physical tasks requiring prolonged physical exertion including but not limited to CPR, walking for long periods of time while carrying equipment and/or patients, vehicle extrication, extrication of a victim from the confines of a structure (residence, business, industry, or mobile dwelling).
- Perform physical tasks requiring detailed activity.
- Perform physical tasks requiring walking, crawling, stooping, bending, kneeling, or working prone or supine including but not limited to patient transfer, movement, and extrication.

- 7) **SELF CARE:** The student must have the ability to present professional appearance and implement measures to maintain their own health.

Examples:

- Implement universal precaution and other appropriate means of body substance isolation.
- Wear and function in personal protective clothing.
- Participate in stress management activities.

- 8) **HEARING:** The student must have the auditory ability sufficient to assess and monitor patient's health needs, to determine personal danger at emergency scenes, hear requests for aid, and hear verbal orders and instructions from members of the medical care team.

Examples:

- Assess breath sounds (qualitative and quantitative)
- Assess blood pressure by auscultation
- Assess sounds associated with upper airway obstruction
- Hear physician orders via standard radio or telephone links
- Hear dangers/warnings associated with hazardous scenes
- Hear audible signals during rescue operation
- Hear voices under protective equipment
- Hear dispatcher's communication via standard radio and telephone links
- Hear preceptors instructions and directions
- Hear warning devices on other vehicles that may be encountered during the operation of an emergency vehicle. Examples include but are not limited to approaching sirens, backup alarms, and horns.

- 9) **VISUAL:** The student must have visual ability sufficient for assessment, observation, and implementation of patient care, for determination of scene hazards that potentially affect the well-being of self, patient, coworkers, and for driving an emergency vehicle.

Examples:

- Read and understand orders and/or instructions
- Observe and identify patient signs including, but not limited to, paleness (white), cyanosis (blue), erythema (redness), jaundice (yellow), ecchymosis (bruising), swelling, burns, blisters, deformity, hemorrhage, fluid and blood loss, pupillary response, reflexes, hives, and pitting edema.



- Observe patient responses to treatment.
- Read labels on medication
- Investigate scenes to determine cause and severity of injury/illness
- Prepare documentation
- Perform patient care techniques that require fine visual skills including, but not limited, to suctioning, pharmacological administration of patient's medications, bandaging, and splinting.
- Perform patient care techniques that require visual skills necessary to prevent injury to other parties including, but not limited to, defibrillation, patient handling, extrication, and rescue coordination.
- Perceive depth such as hives and pitting edema.

**10) SMELL:** The student must have olfactory senses sufficient for maintaining environmental, patient, and personal/coworker safety.

Examples:

- Determine smells contributory to patient assessment such as fruity odors, alcohol smell, and acetone.
- Determine smells contributory to self-preservation and safety of patients and coworkers including but not limited to smoke, burning materials, gasoline and noxious fumes.

**11) TACTILE:** The student must have tactile ability sufficient to assess physical health and perform activities requiring dexterity combined with tactile ability.

Examples:

- Palpate pulses (quantitative and qualitative)
- Palpate blood pressure
- Palpate crepitus
- Palpate subcutaneous emphysema
- Palpate rigidity/guarding of abdomen
- Palpate edema
- Palpate anatomical structures to determine normalcy/abnormality
- Palpate masses
- Assess skin temperature and diaphoresis (presence/absence)
- Determine presence of fluid on patients in dark environments
- Safely handle sharp items such as needles and lancets.
- Open medication containers such as prescription bottles and ampules.

**12) TEMPERAMENT:** The student must be able to deal effectively with stress produced by work and interaction situations. ("Deals with" or "deals effectively with" is defined as maintaining ability to perform basic requirements of the job in an effective and professional manner at the time of the incident with the realization that counseling or debriefing may be required as soon as possible for the EMT).

Examples:

- Deals with emotional situations that affect EMT directly.
- Deals with emotional situation that affect patients, their families, their friends, their coworker, bystanders, public, public safety personnel, other health care workers.