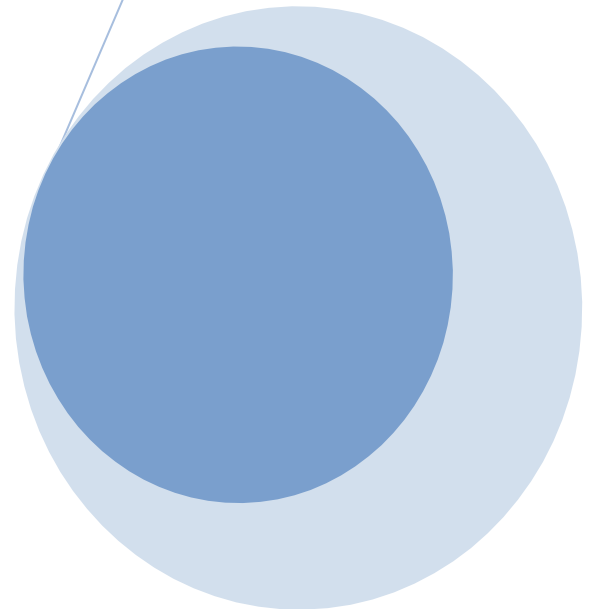


Arkansas

EMSP Reciprocity Manual

The Reciprocity Manual is a guideline on obtaining licensure in Arkansas as an Emergency Medical Service Provider. This manual does not contain all the needed items or materials to meet the reciprocity requirements for Arkansas. Please call the Section of EMS to have the remaining reciprocity packet sent to your address.



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Interim Director and State Health Officer

To: Arkansas EMSP Reciprocity Candidates

From: Section of Emergency Medical Services

Ref: Requirements for Arkansas Reciprocity Licensure

Thank you for seeking reciprocity as a Licensed Emergency Medical Service Provider (EMSP) in state of Arkansas. With your cooperation, we will make every effort to expedite your application.

1. Once the materials are submitted to the Section of EMS, the candidate has **60 days** to submit all missing items. The Reciprocity specialist will contact the candidate to inform them of all items required to complete the process. After 60 days has passed with no attempt to complete the process the candidate will be purged from the system and must restart process including all fees.
2. If your address has changed or you no longer want to pursue Arkansas Licensure, please notify the Section.
3. An Arkansas Reciprocity Manual and forms are included for your use. Sign and date all forms prior to sending to the Section. Please review the requirements for your current EMSP level and send all necessary information to the following address:

Arkansas Department of Health
Attn: Section of EMS
5800 West Tenth Street, Suite 800
Little Rock, AR 72204-1763

If you need additional information or have questions, please contact the Section of Emergency Medical Services at 501-661-2262

Arkansas EMSP Reciprocity

The Arkansas Department of Health, Section of Emergency Medical Services, is the regulatory agency responsible for the testing and licensing of the state's Emergency Medical Service Providers (EMSP). This manual is provided to assist you in gaining Arkansas EMSP licensure. EMSP Licensure is available to out-of-state transfer (OST) applicants and Military EMSP's in three levels:

EMT
Advanced EMT
Paramedic

The evaluation and licensing requirements for each level are outlined in this manual. As stated in the current EMS Rules and Regulations, "The Section is authorized to recognize and honor licenses issued by other states if it is assured that the licensure standards of such states are of at least equal quality as the standards of this State." Arkansas requires documentation of state EMSP licensure for OST applicants from the state in which they are currently providing patient care.

Training of EMSP's in Arkansas is conducted through vocational technical schools, community colleges, universities, and hospitals. Contact one of these institutions, or the Section of EMS if you have questions about training or refresher courses.

Please read this manual and follow the directions provided. An exam date, if needed, cannot be scheduled until all requirements are completed. For employment opportunities, you should contact the ambulance providers personally. If you have any questions, or if you would like a list of providers or the name and numbers of providers in the area, please see our website at www.healthy.arkansas.gov/ems or the Arkansas Ambulance Association at www.aaaintouch.com. You may also call the Section of EMS at 501-661-2262.

Out of State Transfers

Reciprocity is not automatically granted between states. While National Standard Curriculum training is adhered to in most states, there are varied requirements for licensure.

In order to perform patient care in the state of Arkansas, Emergency Medical Service Providers must possess a current Arkansas EMSP license.

In accordance with the Arkansas Department of Health, Rules and Regulations for Emergency Medical Services, Section XIV, F your licensure “will be equal to your pre-existing certification, not to exceed two (2) years.”

Current licensure/renewal period is March and September of each year.

The Reciprocity Manual is a guideline on obtaining licensure in Arkansas as an Emergency Medical Service Provider. This manual does not contain all the needed items or materials to meet the reciprocity requirements for Arkansas. Please call the Section of EMS to have the remaining reciprocity packet sent to your address.

****NOTE: Applicants must maintain their current state licensure and NREMT certification throughout the reciprocity process.***

General Requirements for All EMSP Levels

The following items are required for each candidate applying for reciprocity regardless of licensure level.

1. A completed Verification of EMT Status Form (Page 9).
2. An application fee in the form of a money order or check made payable to the Arkansas Department of Health.
Note: licensure fees are not refundable.
3. Copy of a current **signed** Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component).
4. Copies of all current State and National Registry certification cards.
**Note: If you are not currently a National Registry cardholder, you must acquire one before obtaining Arkansas licensure. If you do not currently possess a state card but have been licensed in the state of Arkansas within the last two renewal cycles (4 years) you are still eligible for reciprocity if you agree to an EMSP skills validation process.*
5. Arkansas requires a criminal background check (which includes a State and FBI check) for all EMSP reciprocity candidates. The attached forms must be completed and returned to the Section with the appropriate fees.
Note: If you are a licensed **RN/EMSP or **LPN/EMSP**, within the Nurse Licensure Compact (NLC) State agreement, complete the appropriate background check forms. Submit a copy of your nursing license. **No fee is required.** Contact the Section if you need further clarification.*

Emergency Medical Technician (EMT)

All state licensed and Nationally Registered EMT's seeking Arkansas licensure must provide all general requirements as well as a Reciprocity Field Evaluation processes. The candidate has the following options to complete this processes.

1. The Section of EMS will hold a Reciprocity Field Evaluation on an as needed basis to accommodate both the candidate and the Section. This will be scheduled after all other reciprocity requirements have been met.
2. The candidate may undergo a Reciprocity Field Evaluation by a Section of EMS approved Paramedic instructor affiliated with an Arkansas Reciprocity Field Evaluation Site. If the candidate wishes to participate in this process, the Section of EMS must schedule the evaluation and the instructor must provide documentation of EMT skill validation on school letter head. The EMT skills to be validated will follow Arkansas Reciprocity Field Evaluation guidelines set forth by the Section of EMS. This evaluation will be provided on an as needed basis if requested in writing by the candidate. For a list of schools and instructors approved to conduct these evaluations contact the Section of EMS.

Advanced EMT

All Advanced EMT reciprocity candidates must provide all general requirements as well as Verification of AEMT psychomotor skills within the past two (2) years: (Signature on bubble form by a Medical Director/ Training Officer is acceptable.)

Paramedic

All Paramedic reciprocity candidates must provide all general requirements as well as Verification of Paramedic psychomotor skills within the past two (2) years: (Signature on bubble form by a Medical Director/ Training Officer is acceptable.) Paramedic reciprocity candidates must also provide a **signed** copy (Front and Back) of a current **American Heart Association** Advanced Cardiac Life Support (ACLS) card.

Military Personnel

Arkansas Act 1674 of 2005 gives The Arkansas Department of Health, Section of EMS authority to grant initial licensure to Emergency Medical Service Providers who received training and certification while on active duty.

Military trained/certified personnel will be eligible for licensure based on current National Registry Emergency Medical Technician certification level. Active Military Personnel must submit a DD form 214 listing a medical MOS, AFSC, or NEC. Reserve Military Personnel must provide training information from their 201 file. No practical skills examination is required for military trained personnel.

1. Submit a copy of DD Form 214 or 201 training file.
2. A completed Verification of EMSP Status Form (Page 9).
3. **Application fee is waived in honor of your service by Section of EMS.**
4. Copy of a current **signed** Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component).
5. A copy of your current National Registry card.
6. Arkansas requires a criminal background check (which includes a State and FBI check) for all OST EMSPs. The attached forms must be completed and returned to the Section of EMS.
Note: Military personnel who maintained their Arkansas residency during active duty need to complete only the state background check.
*If you are a licensed RN/EMSP or LPN/EMSP, within the Nurse Licensure Compact (NLC) State agreement, complete the appropriate background check forms. Submit a copy of your nursing license. **No fee is required.** Contact the Section if you need further clarification.*

EMSP Reciprocity Request

Complete the following information for accurate verification of EMSP status. Please print legibly or type.

I hereby request reciprocity as an EMSP into the State of Arkansas.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Current Level of License _____ Licensing State(s) _____

State Licensure Number _____ Expiration Date _____

National Registry Number _____ Expiration Date _____

Social Security Number _____

Have you ever held an Arkansas EMSP license? Yes _____ No _____

If yes, give EMT number and attach a copy of your card or license. _____

I, the undersigned, agree to participate in the Arkansas EMS System. I agree that by signing this form I am responsible to comply with all current EMS Rules and Regulations including meeting all Arkansas re-licensure requirements for my licensure level. Failure to comply can result in the loss of my Arkansas EMSP license.

Signature

Date

Completed, signed and dated forms should be mailed along with all appropriate documentation required for your EMSP level (listed on previous pages in this manual) to:

Arkansas Department of Health
Section of EMS
5800 West Tenth Street, Suite 800
Little Rock, AR 72204

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EMT Reciprocity Field Evaluation

An EMT that meets all other requirements has the option to successfully complete the EMT Reciprocity Field Evaluation process. This evaluation has been designed to ensure EMT reciprocity candidates possess the basic working knowledge and skills to operate as a Licensed Arkansas EMT. Candidates will be required to know and understand the following skills:

- Patient Assessment Medical
- Patient Assessment Trauma
- Spinal Immobilization of a supine patient using a Long Spine Board
- Bleeding Control
- BVM of an adult Apneic patient
- CPR with AED
- Long Bone Immobilization
- Joint Immobilization
- Traction Splint
- Spinal Immobilization using a KED device

In an attempt to make this process less intensive on the candidate the Section of EMS has divided the state into 5 regional zones and recognizes schools within each region as Field Evaluation Sites. Visit our website for a full list of Reciprocity Field Evaluation sites to determine the school that is within your region. Candidates will always have the ability to attend the Section of EMS End of Month Evaluation that will be held the last Wednesday of every month. To schedule your field evaluation, complete the Field Evaluation Request form and submit to the section of EMS. Once all other requirements are met the Section of EMS will provide you with the contact information needed to schedule your Field Evaluation with the Evaluation Site of your choosing.

** Digital copy of all forms locate on the website
www.healthy.arkansas.gov*

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EMT Reciprocity Field Evaluation Request Form

In order to be approved for a field evaluation each reciprocity candidate is required to complete, sign and return this form to the Section of EMS. Field evaluations will not be scheduled until this form has been received and all other required documentation has been submitted. Forms can be submitted either by Mail, Fax or email.

Fax number is 501-280-4801, Address: Section of EMS, c/o Reciprocity Specialist, 5800 W.10th Street, Ste. 800, Little Rock, AR 72204 Email: ADH.EMS@arkansas.org

Name: _____

Current Address: _____

City, State, & Zip Code: _____

Phone Number: _____
(Must be a good contact number)

Email Address: _____

Requested Training Site:

(Please go to the EMS page at www.healthy.arkansas.gov)

I understand if all of the information listed above is not completed the Section will not contact the training site to approve the field evaluation. By signing below I understand that:

- Failure to show for a field evaluation as scheduled with the training site without prior notification will be required to complete their evaluation with the Section of EMS.
- Results of the field evaluation will not be given to you by the evaluation coordinator at the field site. All results will be reviewed, approved and disseminated by the Section of EMS.

NAME

DATE

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ARKANSAS RECIPROCITY CHECKLIST

The following requirements must be met by all Emergency Medical Service Providers for level of application. The following must be submitted.

General Requirements for Level of Application:

- Application for all EMSP Licensure Candidates:**
 - Do not fill in EMT License number or Course number.
 - Answer all Personal History questions.
 - Application must be signed and dated.
 - Submit an **Application Fee** in the form of a check or money order payable to **Arkansas Department of Health**
- EMSP Reciprocity Request Form**
 - Found on page 9
- Proof of Current CPR Training:**
 - A **signed** copy (Front and Back) of your current **American Heart Association** Healthcare Provider Card.
 - OR
 - A **signed** copy of your current **American Red Cross** CPR for Professional Rescuer.
- Current National Registry Card:**
 - You must **currently hold** a valid National Registry certification.
 - Submit a copy of your National Registry certification card.
- Current State License/Certification:**
 - Submit a copy of all current license(s).
- Submit Arkansas Criminal Background check form (Blue Form):**
 - Have Notary Public sign back of form.
 - Submit a **Check or Money** order payable to **Arkansas Department of Health or (ADH)**
- Submit FBI Criminal Background check form (Finger Print Card):**
 - Submit a **Check or Money Order** payable to **Arkansas Department of Health or (ADH)**
- EMT Reciprocity Field Evaluation:**
 - A date will be set when all background checks and license verification come back to the Section.
- AEMT:**
 - Have your **Medical Director/ Training Officer** sign bubble form.
- Paramedics:**
 - Have your **Medical Director/ Training Officer** sign bubble form.
 - A **signed** copy (Front and Back) of your **American Heart Association** ACLS card.
- Military Personal:**
 - Submit a copy of your DD214 form or a copy of your 201 Form.

Reciprocity Fee Schedule

The following is a list of charges associated with the reciprocity processes in gaining an Arkansas EMSP license. An application fee in the form of a money order or check made payable to the Arkansas Department of Health.

**Note: licensure fees are not refundable.*

Price: \$20.00

Arkansas requires a criminal background check (which includes a State and FBI check) for all EMSP reciprocity candidates. The attached forms must be completed and returned to the Section with the appropriate fees.

Note: If you are a licensed **RN/EMSP or **LPN/EMSP**, within the Nurse Licensure Compact (NLC) State agreement, complete the appropriate background check forms. Submit a copy of your nursing license. **No fee is required.** Contact the Section if you need further clarification.*

State Price: \$22.00

Federal Price: \$16.50

Total cost: \$58.50 in the form of a check or money order made payable to “Arkansas Department of Health”. These fees are subject to change, before mailing any fees contact the Section of EMS at (501) 661-2262 to verify the correct amounts.