

INFORMATION AND INSTRUCTIONS FOR FILING - EMERGENCY MEDICAL PERSONNEL

Access this form via our website at: cca.hawaii.gov/pvl

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

APPLICATION FORM

Use the on-line fillable form OR print legibly in dark ink and sign application. Incomplete or irregular applications will not be accepted but will be returned to the applicant. Determine filing deadlines and observe them.

- **Failure to provide all the requested information will delay the processing of your application.**

LEVELS OF CERTIFICATION

Hawaii certifies three levels of emergency medical technicians (EMT):

1. EMT-Paramedic (EMT-P)
2. EMT-Advanced (EMT-A)
3. EMT-Basic (EMT-B)

REQUIREMENTS EMT-P & EMT-A

In order to become certified, you must:

1. complete an EMT training program in the level for which you are applying; and
2. hold a current National Registry of Emergency Medical Technicians (NREMT) certificate in the level for which you are applying.

CERTIFICATION EMT-P & EMT-A

Complete the *Application for Certification or Examination - Emergency Medical Personnel (EMP-01)* and submit it with the following:

1. a copy of your training program certificate verifying completion of an EMT training program in the level for which you are applying; and
2. the appropriate fees (see page 2).

In addition to the above, please:

1. send the *Verification of License/Certificate (AT-05)* **directly** to the state(s) in which you are or were ever licensed/certified (if applicable). Please inquire with that state whether there is a fee that you will have to pay for the verification; and
2. send the *Verification of National Registry Certificate (AT-06)* **directly** to the National Registry.

REQUIREMENTS EMT-B

In order to become certified, you must:

1. complete an EMT-B training program;
2. complete didactic training in cardiac defibrillation and IV access in a State-approved EMT training program;
3. complete 96 hours of clinical training experience obtained through a board-approved agency; and
4. hold a current EMT-B National Registry of Emergency Medical Technicians certificate.

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**CERTIFICATION
EMT-B**

Complete the *Application for Certification or Examination - Emergency Medical Personnel (EMP-01)* and submit it with the following:

1. a copy of your EMT-B training program certificate;
2. evidence of didactic training in cardiac defibrillation and IV access from a State-approved EMT training program;
3. evidence of 96 hours of clinical training experience from a board-approved agency; and
4. the appropriate fees (see below).

In addition to the above, please:

1. send the *Verification of License/Certificate (AT-05)* **directly** to the states(s) in which you are or were ever licensed/certified (if applicable). Please inquire with that state whether there is a fee that you will have to pay for the verification; and
2. send the *Verification of National Registry Certificate (AT-06)* **directly** to the National Registry.

FEES

Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If you wish to be certified between February 1, even-numbered year through January 31, odd-numbered year, pay	\$171
<i>(Application fee - \$20*, Certificate fee - \$32, 1/2 Renewal fee - \$19, Compliance Resolution Fund - \$100)</i>	

If you wish to be certified between February 1, odd-numbered year through January 31, even-numbered year, pay	\$102**
<i>(Application fee - \$20*, Certificate fee - \$32, Compliance Resolution Fund - \$50)</i>	

* *Application fee is not refundable.*

** *Subject to renewal January 31, even-numbered years regardless of issue date.*

NOTE: *One of the numerous legal requirements that you must meet in order for your new Certificate to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fee is honored by your bank. If your payment is dishonored, you will have failed to pay the required Certification fee and your Certificate will not be valid, and you **may not** do business under that Certificate. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

**EXAMINATION
EMT-P & EMT-A**

Complete the *Application for Certification or Examination - Emergency Medical Personnel (EMP-01)* and submit it with the following:

1. a copy of your training program certificate verifying completion of an EMT training program in the level for which you are applying ; and
2. the appropriate fees:

\$190 (Application fee - \$20*, Practical Exam Administration fee - \$170)

Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

* *Application fee is not refundable.*

Submit the Application for Certification or Examination, along with all the required documents and fees, **to the Board** by the filing deadline. **Do not mail to NREMT.**

Upon passing the exam and receiving NREMT certification, State certification fees will be due.

POSTPONEMENT OF EXAM is permitted for those who **do not** hold temporary certificates. Submit a written request to the board two (2) weeks prior to the exam date.

**TEMPORARY
CERTIFICATION
(Exam applicants
only)**

To be eligible for temporary certification, you must:

1. have completed a Hawaii approved EMT-B, EMT-A, or EMT-P course of training within 12 months of the date of application; and
2. apply for the **first available exam after completing the course of training**. (You will not be allowed to postpone the exam.)

Complete Form *AT-04* by filling in your name and address in the BLOCK at the bottom. Submit it with the Application for Certification or Examination. Upon approval, Form *AT-04* will be signed and mailed back to you.

The temporary certificate is valid until the exam results are received. If you fail to take or pass the exam, the temporary certificate ceases to be effective and must be returned immediately. You will not receive another temporary certificate.

**APPLICANTS
WITH SPECIAL
NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

GENERAL INFORMATION

**COMPLETED
APPLICATION**

We are unable to take action on an application unless it is complete. Therefore, please ensure that we have received all the documents and fees necessary.

**MAILING
ADDRESS**

APPLICATION, DOCUMENTS AND FEES are to be:

Mailed to:

Hawaii Medical Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Delivered to:

PVL Licensing Branch
335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion of **Release of Information to Third Party**, sign and date it.

(CONTINUED ON PAGE 4)

**SOCIAL
SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued, you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

LAWS & RULES

To obtain copies of the pertinent laws and rules, send a written request to: Hawaii Medical Board, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. In your request, please specify that you would like to obtain copies of:

1. Chapter 453, Hawaii Revised Statutes
2. Chapter 85, Hawaii Administrative Rules
3. Chapter 436B, Hawaii Revised Statutes - The Professional & Vocational Licensing Act should be read in conjunction with the above statutes.

- The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Medical and Osteopathy".

**U.S. CITIZEN,
U.S. NATIONAL,
OR AN ALIEN
AUTHORIZED TO
WORK IN THE
U.S.**

Pursuant to section 436B-10, the Hawaii Revised Statutes, and federal laws, **all applicants are required to be a U.S. citizen, U.S. national, or an alien authorized to work in the United States.** This means that even if an applicant meets the education, training and examination requirements for certification (by possessing the NREMT certificate), that applicant will not be issued a certificate if that applicant is not a U.S. citizen, U.S. national or an alien authorized to work in the United States.

However, the Board may issue the applicant a conditional approval that signifies that the applicant has met the education, experience and examination requirements for certification (by possessing the NREMT certificate). This conditional approval is not a certificate to engage in the profession and does not authorize the applicant to work in Hawaii.

To obtain authorization to work in the United States, the applicant may contact the U.S. Citizenship and Immigration Services ("USCIS") at: www.uscis.gov or 1-800-375-5283.

Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number and has met all of the certification requirements, the applicant may be issued a certificate, provided that there is no change in the applicant's status or the information that was originally submitted. The Board may ask the applicant to submit up-to-date documents to determine whether there have been any changes and whether the applicant still qualifies for certification.

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**U.S. CITIZEN,
U.S. NATIONAL,
OR AN ALIEN
AUTHORIZED TO
WORK IN THE
U.S. (cont'd)**

The conditional approval is valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a certificate issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for certification and meet all of the requirements in effect at that time.

DENIAL

If for any reason you are denied the certification you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application (HMB), and must be made within 60 days of notification that your application for a certification has been denied.

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**BIENNIAL
RENEWAL**

All Certificates, regardless of issuance date, **are subject to renewal on or before January 31 of each even-numbered year.** A fee must be paid **and** hours of continuing education must be completed to renew.

About 2 months before the Certificate expiration date, a renewal application is mailed to all licensees at their address of record. If you do not receive a renewal application approximately one month prior to the Certificate expiration date, contact the Licensing Branch at (808) 586-3000 for assistance. To ensure that you receive a renewal application, keep the Board informed of your address. Certificates that are not renewed by the deadline are forfeited and the holders of a forfeited Certificate are considered unlicensed and may not practice. After two years Certificate forfeiture, reapplication is required.

APPLICATION FOR CERTIFICATION OR EXAMINATION - EMERGENCY MEDICAL PERSONNEL

Access this form via website at: cca.hawaii.gov/pvl

Read instructions before completing this form.

Applying for (check one):

Emergency Medical Technician (EMT-B) Certification

Advance Emergency Medical Technician (EMT-A) Certification

Advance Emergency Medical Technician (EMT-A) Exam

Paramedic (EMT-P) Certification

Paramedic (EMT-P) Exam

Legal Name (First, Middle): _____ (Last): _____

Other Names Used: _____

Residence Address (include apt. no., city, state and zip code):

Mailing Address (**ONLY** if different from residence):

Social Security No.: _____ Date of Birth: _____ Phone No. (day time): _____

<u>EMTP EXAM</u>	<u>CERTIFICATION</u>
<input type="checkbox"/> Appl-signed	<input type="checkbox"/> Appl-signed
<input type="checkbox"/> Training Certificate	<input type="checkbox"/> Training Certificate
<input type="checkbox"/> EMT-P - \$190 (\$20/\$170)	<input type="checkbox"/> Verif of Lic.
<u>EMTA EXAM</u>	<input type="checkbox"/> Fees: \$102/\$171
<input type="checkbox"/> Appl-signed	<input type="checkbox"/> Verif NREMT or results
<input type="checkbox"/> Training Certificate	<input type="checkbox"/> Didactic
<input type="checkbox"/> EMT-A - \$190 (\$20/\$170)	<input type="checkbox"/> Clinical
<i>Effective Date:</i> _____	
<i>Certificate No.:</i> EMT-B - _____ EMT-A - _____ EMT-P - _____	
<i>Temp. Cert. Eff.</i>	<i>Temp. Cert. No.</i>
<i>Temp. Cert. Exp.</i>	<i>Temp. Mailed</i>

FOR OFFICE USE ONLY

- Check answers and provide details as directed for any "YES" response to the questions below:**
1. Are you at least 18 years of age? YES NO
 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
 3. Were you ever licensed in Hawaii as an EMT-B or EMT-A? YES NO
 If "YES", what was your license number? _____ Exp. Date? _____
 4. Are you presently a certified EMT-B or EMT-A in Hawaii? YES NO
 5. Do you have a current certificate from the National Registry of Emergency Medical Technicians (NREMT)? YES NO
 6. Are you licensed/certified in another jurisdiction(s)? YES NO
 If "YES", which jurisdiction(s)? _____
 7. Has any certificate or license to practice in any state, city or country ever been revoked, suspended or otherwise subject to discipline? YES NO
 8. Are you presently being investigated or is any disciplinary action presently pending against you? YES NO

(SIGNATURE REQUIRED ON PAGE 2)

	EMT-B: Appl 323 \$20	EMT-B, EMT-A or EMT-P: Lic 312 \$32	
	EMT-A: Appl 323 \$20	CRF 324 \$50/\$100	
	Exam 319 \$170	1/2 Ren 300 \$19	
EMP-01 1016R	EMT-P: Appl 323 \$20	Service Charge BCF \$25	
	Exam 319 \$170		

Print Applicant's Name: _____

Date: _____

- 9. Are you aware of any derogatory information about you on the file of any licensing/certifying agency? YES NO
- 10. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

(If "YES" to questions 7, 8, 9 or 10, explain on a separate sheet with detailed information and attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions for each sentence.)

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19 and 453-8, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 453 and Chapter 85.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the certification process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Phone Number: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.