

INFORMATION AND INSTRUCTIONS FOR FILING - EMERGENCY MEDICAL PERSONNEL

Access this form via our website at: https://cca.hawaii.gov/pvl/boards/medical/application_publication/

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

APPLICATION FORM

Use the on-line fillable form OR print legibly in blue or black ink and sign the application. Incomplete or irregular applications will not be accepted.

LEVELS OF LICENSE

The Hawaii Medical Board licenses four (4) levels of emergency medical technicians:

1. Paramedic (EMT-P)
2. Advanced Emergency Medical Technicians (EMT-A)
3. Emergency Medical Technicians (EMT-Transport)
4. Emergency Medical Technicians 1 (EMT-1-Non-Transport)

REQUIREMENTS EMT-P

To become licensed, you must:

1. Complete a Paramedic program accredited by the Commission on Accreditation of Allied Health Education (CAAHEP); and
2. Hold a current National Registry of Emergency Medical Technicians (NREMT) Paramedic certificate.

LICENSE EMT-P

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

1. A copy of your Paramedic training program certificate of completion OR a letter from your training program verifying that you successfully completed a Paramedic training program; and
2. The appropriate fees (see page 3).

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 or certified (if applicable). Please inquire directly 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 NREMT to request a "Historical Status Verification" of your NREMT Paramedic certificate to be emailed to medical@dcca.hawaii.gov.

REQUIREMENTS EMT-A

In order to become licensed, you must:

1. Complete an Advanced Emergency Medical Technician (AEMT) program; and
2. Hold a current National Registry of Emergency Medical Technicians (NREMT) Advanced Emergency Medical Technician certificate.

LICENSE EMT-A

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

1. A copy of your Advanced Emergency Medical Technician (AEMT) training program certificate of completion OR a letter from your training program verifying that you successfully completed a AEMT training program; and
2. The appropriate fees (see page 3).

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 or certified (if applicable). Please inquire directly 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 NREMT to request a "Historical Status Verification" of your NREMT AEMT certificate to be emailed to medical@dcca.hawaii.gov.

**REQUIREMENTS
EMT
(TRANSPORT)**

To become licensed, you must:

1. Complete an EMT 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 current NREMT EMT certification.

If you are deficient in the didactic training requirement for cardiac defibrillation and/or IV access or clinical training experience, please refer to the attached sheet titled "EMT (Transport) Cardiac Defibrillation, IV Access, and Clinical Training Deficiencies Information Sheet" to determine how to remedy these deficiencies.

**LICENSE
EMT
(TRANSPORT)**

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

1. A copy of your Emergency Medical Technician (EMT) training program certificate of completion OR a letter from your training program verifying that you successfully completed an EMT training program;
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 page 3).

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 or certified (if applicable). Please inquire directly 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 NREMT to request a "Historical Status Verification" of your NREMT EMT certificate to be emailed to medical@dcca.hawaii.gov.

**REQUIREMENTS
EMT-1
(NON-TRANSPORT)**

To become licensed, you must:

1. Complete an EMT training program;
2. Hold current CPR certification;
3. Hold current BLS for healthcare providers certification; and
4. Hold a current NREMT EMT certificate.

**LICENSE
EMT-1
(NON-TRANSPORT)**

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

1. A copy of your Emergency Medical Technician (EMT) training program certificate of completion OR a letter from your training program verifying that you successfully completed an EMT training program;
2. Proof of current CPR certification;
3. Proof of current BLS for healthcare providers certification; and
4. The appropriate fees (see page 3).

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 or certified (if applicable). Please inquire directly 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 NREMT to request a "Historical Status Verification" of your NREMT EMT certificate to be emailed to medical@dcca.hawaii.gov.

(CONTINUED ON PAGE 3)

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 licensed between February 1, even-numbered year through January 31, odd-numbered year, pay \$171
(Application fee - \$20*, License fee - \$32, 1/2 Renewal fee - \$19, Compliance Resolution Fund - \$100)

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

* 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 License to be issued is the payment of fees as set forth in this application. You may be issued 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 License fee and your License will not be valid, and you **may not** do business under that License. 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 License or Examination - Emergency Medical Personnel (EMP-01)* and submit it with the following:

1. a copy of your training program certificate of completion OR letter from your training program verifying that you successfully completed an EMT-P or EMT-A training program;
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 License or Examination, along with all the required documents and fees, **to the Board at least 5 weeks prior to the scheduled examination. Do not mail to NREMT.**

Upon passing the exam and receiving NREMT certification, Statelicense 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, 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 5)

**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.

**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 Licenses, 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 License 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 License 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. Licenses that are not renewed by the deadline are forfeited and the holders of a forfeited License are considered unlicensed and may not practice. After two years License forfeiture, reapplication is required.

EMT (Transport) Cardiac Defibrillation, IV Access, and Clinical Training Deficiencies
Informational Sheet

If an applicant's curriculum does not include didactic training in IV Access and Cardiac Defibrillation, the following must be done in order to meet the requirement:

IV Access:

- Medical legal implications
- Reasons for IV access
- IV equipment (catheter types/sizes) and IV safety (sharps)
- Factors that affect flow rates
- Syringe types and sizes
- Administration sets/extension – types
- Saline locks
- IV fluids
- Cannulation sites
- Equipment set up
- IV securing devices
- IV cannulation procedures
- IV cannulation complications
- IO overview
- Other device overview (IO, central lines, umbilical)
- IV practice

Cardiac Defibrillation:

- Shockable rhythms
- Non-shockable rhythms
- Pad placement
- 3-lead placements
- How to operate the EKG monitor to shock
- Safety concerns

Should an applicant be deficient in clinical training hours, they may meet that requirement by:

- The period of clinical training shall have occurred under the supervision of a certified Paramedic for the number of hours needed to meet the 96-hours of clinical training, and shall consist of at least:

Riding as a third person on an emergency 911 ambulance, running basic life support cases, and successfully demonstrating competency in the following:

- Oxygen administration;
- Utilizing bag-valve-mask;
- Utilizing suction;
- Utilizing airway aids (OPA/NPA);

- Using short board spinal immobilization device;
- Traction splint application;
- Splinting;
- Bandaging
- IV access;
- Cardiac Defibrillation; and
- Basic life support case(s) in which the applicant was in charge or responsible.

**APPLICATION FOR LICENSE 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 - Non-Transport (EMT-1) License

Emergency Medical Technician - Transport (EMT) License

Advance Emergency Medical Technician (EMT-A) License

Advance Emergency Medical Technician (EMT-A) Exam

Paramedic (EMT-P) License

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): _____

FOR OFFICE USE ONLY

<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.
	<input type="checkbox"/> Fees: \$102/\$171
<u>EMTA EXAM</u>	<input type="checkbox"/> Verif NREMT or results
<input type="checkbox"/> Appl-signed	<input type="checkbox"/> Didactic
<input type="checkbox"/> Training Certificate	<input type="checkbox"/> Clinical
<input type="checkbox"/> EMT-A - \$190 (\$20/\$170)	
<i>Effective Date:</i> _____	
<i>Certificate No.:</i>	
EMT1 - _____	
EMT - _____	
EMT-A - _____	
EMT-P - _____	
<i>Temp. Cert. Eff.</i>	<i>Temp. Cert. No.</i>
<i>Temp. Cert. Exp.</i>	<i>Temp. Mailed</i>

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

(SIGNATURE REQUIRED ON PAGE 2)

EMT:	Appl	323	\$20	EMT, 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
EMT-P	Appl	323	\$20		Service Charge	BCF	\$25
	Exam	319	\$170				

EMP-01 0622R

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.

INSTRUCTIONS TO APPLICANTS FOR TEMPORARY LICENSE

POSTPONEMENT OF EXAM

An applicant who holds a temporary license is not allowed to postpone the exam. If the applicant is not able to take the exam, the temporary license is forfeited. Temporary license will not be issued again.

If the applicant fails to take or pass the examination, the temporary license automatically ceases to be effective and must be returned immediately to the address noted below.

BOARD'S ADDRESS

Mail to:

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

OR

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

To apply for temporary license, fill in the information in the block below. Upon approval, the signed license will be mailed to you. Refer to the conditions on the license.

AT-04 0622R

***** DO NOT DETACH *****

TEMPORARY LICENSE - EMERGENCY MEDICAL PERSONNEL STATE OF HAWAII

**VALID ONLY WHEN SIGNED BY THE
EXECUTIVE OFFICER OF THE HAWAII
MEDICAL BOARD, STATE OF HAWAII**

The person named on this license is authorized to act as an: (check one only)

- EMERGENCY MEDICAL TECHNICIAN ONLY
- EMERGENCY MEDICAL TECHNICIAN - EMT-1 ONLY
- EMERGENCY MEDICAL TECHNICIAN - ADVANCED (EMT-A) ONLY
- EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC (EMT-P) ONLY

until the results of the National Registry are known. If the applicant fails to take the examination or fails to pass the examination, this temporary license automatically ceases to be effective and must be returned immediately to the Board.

Print Name & COMPLETE Mailing Address in block below:

TEMPORARY LICENSE NO.: _____

EFFECTIVE DATE OF LICENSE: _____

LICENSE EXPIRES: _____

Executive Officer, Hawaii Medical Board, State of Hawaii

VERIFICATION OF LICENSE/CERTIFICATE - EMERGENCY MEDICAL PERSONNEL

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

State of Hawaii
Hawaii Medical Board

APPLICANT	Name (First, Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		License/Certificate No.
			Date Issued
	I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the Hawaii Medical Board. Date: _____ SIGN HERE: _____		

LICENSING AGENCY	This is to certify that the above-named individual was issued license/certificate number _____	
	To practice as an: <input type="checkbox"/> EMT <input type="checkbox"/> EMT-1 <input type="checkbox"/> Advance EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other _____	
	Date issued: _____	
	Date license/certificate expires: _____	
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____	
	Has this license/certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "YES" response.)</i>	
Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "YES" response.)</i>		
COMMENTS: _____		
Signature: _____ Title: _____ State: _____ Date: _____		
<i>BOARD SEAL</i>		
TO THE AGENCY: Return this form directly to the Hawaii Medical Board. P.O. Box 3469, Honolulu, HI 96801		

VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

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

TO THE APPLICANT:

Complete the APPLICANT section, mail to the: *NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS,
and request a "Historical Status Verification"*
P.O. Box 29233
Columbus, OH 43229
(Attn: Executive Director)

APPLICANT	Name (First, Middle)		(LAST)	Social Security No.
	Address (Include apt. no., city, state & zip code)		School of Graduation & Address (EMT, AEMT or EMT-P)	Birthdate
				Date of Graduation
	EMT Cert. No. & Date Issued	AEMT Cert. No. & Date Issued	Paramedic Cert. No. & Date Issued	
	I authorize the NREMT to provide the Hawaii Medical Board a Historical Status Verification.			
Date: _____		SIGN HERE: _____		

To NREMT: Return this form **directly** to the Hawaii Medical Board by email at medical@dcca.hawaii.gov
or by mail to: P.O. Box 3469, Honolulu, HI 96801