

Idaho Bureau of Emergency Medical Services & Preparedness

Advanced (AEMT) License Renewal Application



IDAHO DEPARTMENT OF HEALTH & WELFARE

Submit completed application to the Bureau of EMS:

Email EMSPROVLIC@dhw.idaho.gov

Mail 2224 E. Old Penitentiary Rd, Boise, ID 83712 Fax 208-334-4015

Application Requirements Checklist:

- Applicant Signature Affiliating Agency Authorized Signature Continuing Education Record Skills Verification Signature
 \$25 Renewal Fee check or money order enclosed or Direct Bill my Agency : _____

Provider:

Name _____
Last Name _____ First Name _____ Middle Name/Initial _____

Idaho EMS License # _____ or Social Security # _____ Gender M F

Mailing Address _____
Street _____ City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____

Primary Form of Contact: Home Phone Work Phone Cell Phone Email Mail

Affiliation:

Qualifying Agency of Affiliation _____ Agency License # _____

Authorized Representative _____
(Print Name)

Signature _____ Date _____

Career status for qualifying agency (Choose One): **Volunteer** { Uncompensated Compensated } or **Career** { Full Time Part Time }

Disclosures:

Have you had either of the following that has not been previously disclosed to the Department?

Yes No **Charged with or convicted of a misdemeanor or felony**

Yes No **Had an EMS agency take adverse action against your license**

If yes, please explain _____

By signing I certify that the information I have provided within this application, including any attached supplemental information, is true, complete, and correct. I understand that all information is subject to audit and that violation of IDAPA 16.01.07 "Emergency Medical Services – (EMS) Personnel Licensing Requirements" or 16.01.12 "Emergency Medical Services (EMS) – Complaints, Investigations, and Disciplinary Actions" may result in denial, refusal to renew, suspension, or revocation of my EMS license.

Applicant Signature _____ Date _____

For Bureau Use Only

Received in Bureau

Fee Received Date _____ BARS Receipt # _____

Cash– Receipt # _____

Check # _____

M.O. # _____

DB- Agency _____

AEMT License Renewal Education Record

An AEMT must complete a minimum of **54** total continuing education hours (CE hours) within the 24 months preceding their expiration date. Documentation requirements and requirements for CE hours are defined in IDAPA 16.01.07.300-335.

Category Requirements for CE hours

Document the number of CE hours by category based on the following requirements:

- **C1** 6 hours in Pediatric Assessment and Management
- **C2-C13** 36 hours with 4 hours per category in 9 of 12 categories
- **C14** 3 hours in EMS Systems and Operations
 - Must include state approved LZO & EA training during cycle
- **Total Hours** 54 hours: Remaining 9 hours can be in a single category or combination of categories

Venue Requirements for CE hours

Check off the venues that apply to the documented CE hours.

- Continuing Education must include at least **2 Venues**

Categories		Hours	Venues		Check
C1	Pediatric Assessment & Management (6)		V1	Structured classroom sessions	
C2	Anatomy and Physiology		V2	Refresher programs that revisit original curriculum and have an evaluation component	
C3	Medical Terminology		V3	Nationally recognized courses	
C4	Pathophysiology		V4	Regional and national conferences	
C5	Life Span Development		V5	Teaching CE topics from any of the CE Categories	
C6	Public Health		V6	Agency Medical Director approved self-study or directed study	
C7	Pharmacology		V7	Case reviews and grand rounds	
C8	Airway Management, Ventilation, and Oxygenation		V8	Distributed Education: distance learning, online resources, and audio/visual resources	
C9	Assessment		V9	Journal article review with an evaluation instrument	
C10	Medical Conditions		V10	Author or co-author an EMS related article in a nationally recognized EMS publication	
C11	Shock and Resuscitation		V11	Simulation Training	
C12	Trauma		V12	Evaluator at a State or National Psychomotor Exam.	
C13	Special Patient Populations		Total Venues (2)		
C14	EMS Systems & Operations (3)				
Total Hours (54)					

Agency Medical Director Skills Proficiency Verification

As the Medical Director for the qualifying EMS Agency, I attest that this license renewal candidate has demonstrated competency in the knowledge, skills and judgment necessary to provide safe and effective patient care within the Scope of Practice of an Advanced, as authorized in IDAPA 16.02.02 "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission".

- Is the scope of practice for this license renewal candidate restricted as a result of failure to meet or maintain proficiencies? Yes or No

Medical Director or Agency MD Designee

Signature

Date

Idaho Bureau of Emergency Medical Services & Preparedness

Advanced (AEMT) License Transition Application

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AEMT Transition

Name : _____
Last Name First Name Middle Name SSN or EMS License # _____

AEMT 2011

- Must complete an Idaho Bureau of EMS & Preparedness approved **AEMT** transition course* with both a didactic and transition skills check verified by the course physician to prove competency.
- Must pass both the written and practical Idaho-approved **Advanced** level examinations.**
- *CentreLearn & FISDAP* Online lessons only cover the didactic portion of transition.
- Course completion is recognized when the course coordinator has submitted the Course Completion Record to the Bureau, indicating date of completion.

Transition Course #: TAEMT- _____ Completion Date _____

Written Exam Date _____ Practical Exam Date _____

AEMT 85/EMT 2011 (Optional Updated SOP)

- Must have a current Advanced/AEMT 85 Idaho license and complete an Idaho Bureau of EMS & Preparedness approved **EMT** level transition course* with both a didactic and transition skills check verified by the course physician to prove competency

Course #: TEMT- _____ Completion Date _____

*Find a bureau approved transition course at IdahoEMS.org, under **Education**, go to the Testing and Training Information section and choose the **Training tab** to find the **Transition Courses** link. Courses are listed by county and agency/institution.

Apply for the written exam at NREMT.org. Links to the **Exam Schedule and **Candidate Practical Exam Application** are available on the **Testing tab** at IdahoEMS.org, under **Education**, go to the Testing and Training Information section.

By signing I certify that the information I have provided within this application, including any attached supplemental information, is true, complete, and correct. I understand that all information is subject to audit and that violation of IDAPA 16.01.07 "Emergency Medical Services – (EMS) Personnel Licensing Requirements" or 16.01.12 "Emergency Medical Services (EMS) – Complaints, Investigations, and Disciplinary Actions" may result in denial, refusal to renew, suspension, or revocation of my EMS license.

Applicant Signature _____ Date _____

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