Email: EMSPROVLIC@dhw.idaho.gov Mail: 2224 E. Old Penitentiary Rd, Boise, ID 83712 Fax: 208-334-4015

Idaho Bureau of Emergency Medical Services & Preparedness

Paramedic License Renewal Application

Submit completed application to the Bureau of EMS:

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 _____

Revised July 2016

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Applicant Name:_____

Paramedic License Renewal Education Record

Licensed EMS personnel may submit renewal application and documentation to the EMS Bureau up to six (6) months prior to the current license expiration date. Continuing education (CE) taken after early submission of a renewal application may be counted as CE for the next licensure cycle. Prior to the expiration date of the current license, the licensee must submit written notification to the EMS Bureau of the intention to use those CE hours for the next licensure cycle.

A licensee certified by a national EMS certification body may petition the Department to review the certification standards under which the licensee was certified. The Department may waive specific duplicated continuing educational requirements where appropriate. When an external education requirement is found to be more rigorous than these rules, the Department may elect to renew a license based on that education. IDAPA 16.01.07.120.02.a

NREMT#_____

OR

A Paramedic must complete a minimum of **72** 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 16.01.07.120-325.

Venue Requirements for CE hours

Check off the venues that apply to the documented CE hours.
- Continuing Education must include at least 2 Venues

Venues	Check
Structured classroom sessions	
Refresher programs that revisit original curriculum and have an evaluation component	
Nationally recognized courses	
Regional and national conferences	
Teaching CE topics from any of the CE Categories	
Agency Medical Director approved self-study or directed study	
Case reviews and grand rounds	
Distributed Education: distance learning, online resources, and audio/visual resources	
Journal article review with an evaluation instrument	
Author or co-author an EMS related article in a nationally recognized EMS publication	
Simulation Training	
Evaluator at a State or National Psychomotor Exam.	
Total Venues (2)	

Category Requirements for CE hours

CE Categories	Hours		
	Min	Max	Actual
Airway, Respiration, and Ventilation	1	22	
Cardiovascular	1	22	
Trauma	1	22	
Medical	1	22	
Operations: Requires Landing Zone & Extrication Awareness	1	22	
Pediatrics	8	22	
Total Hours (72)			

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 a Paramedic, 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**

Revised July 2016