

PLEASE READ THE FOLLOWING CAREFULLY

To work as an EMT in Oklahoma you must have on your person or posted in your agency vehicle a copy of a current State License. If your Basic, Intermediate or Paramedic license expires in the year 2010 your license will expire on March 31, 2010. If you are applying by NREMT renewal you will have till June 30,2010 to present a copy of your renewed NREMT card, but your renewal paperwork must be postmarked by no later than March 30, 2010.

Previous versions of the application will not be accepted. All documentation must be completed in accordance with the instruction sheet that accompanies the application. Please note that the Affidavit of Lawful Presence must be signed and returned with other documentation as required by 21 O.S. 2001, Section 1550.42.

Fee amounts and the return mailing address are located at the bottom of the second page of the application. The application is a two sided form; however when you download one from the website it will be a two page form. Please note that all intermediate and paramedic candidates must have the second page completed by a physician medical director.

If you are submitting documentation from outside the State of Oklahoma and are not renewing by NREMT registration, please keep in mind that Oklahoma continues to require a Department of Transportation (DOT) approved refresher. Refreshers are not done by continuing education topics. Please refer to our Regulations on re-licensure that are posted on our website <http://ems.health.ok.gov>

The State of Oklahoma and the National Registry of EMTs differ in this respect.

Candidates who are placed on Tax Hold by the Oklahoma State Tax Commission must be released by the Tax Commission on or before June 30, 2010. The State EMS Office cannot issue any license for renewal after 90 days of the expiration date according to Regulation.

Please pay close attention to the new renewal fees and Death Benefit fee listed.

(on bottom of application)

EMT Renewal Information

OKLAHOMA STATE DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES DIVISION

THE APPLICATION MUST BE COMPLETED IN FULL OR ALL DOCUMENTATION WILL BE RETURNED TO YOU.

All training submitted on this form must have occurred during the period from April 1, 2008 through March 31, 2010 to be credited toward this renewal period.

Details below are to be followed if not applying through NREMT renewal.

DETAILS IN REGARD TO SPECIFIC RENEWAL REQUIREMENTS

REFRESHER TRAINING – Complete a refresher course at the level of licensure adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at GAC 310:

641-3-2.

ANNUAL CPR TRAINING – Current CPR certification may be documented by copy of the card, the course roster, if card has not been received, or by statement from the specified training coordinator of an approved institution.

CONTINUING EDUCATION – **All CEU's must be listed on our CEU form or on a similar form with the same information signed by your Training Coordinator/Employer. Do not send certificates or other verification without filling out the CEU sheet.** Documentation will outline dates, topics and number of hours completed within the topic. Topics are limited to a maximum of 12 hours with the exception of PHTLS, Extrication, BTLS, PALS, PEPP or other Department approved courses of study containing more than 12 hours of study or attendance.. These topics will allow 16 hours if the full courses are completed (PEPP at the basic level is only 8 hours). ACLS is required at the paramedic level; however, Basics may use it for 4 hours of CE and Intermediates 6 hours of CE. Successful completion of a Department approved paramedic or Intermediate course shall fulfill the refresher and all continuing education requirements for the EMT Basic. Successful completion of a Department approved Paramedic course shall fulfill the refresher and all continuing education requirements for the EMT Intermediate. A copy of the course completion certificate should be submitted if used for continuing education. The completion date and the course authorization number should be shown on the certificate. Continuing education by video may not exceed 10 hours in a two-year period. One half of required continuing education requirements may be accomplished by distributive education if they are Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) approved. The CECBEMS number must be on the certificate of completion.

Subjects for continuing education may include, but not be limited, to any topic covered in the DOT course of instruction at the level being renewed, such as special rescue, shock management, communications, environmental injuries, child abuse, sexual assault, industrial accidents, explosion injuries, electrical hazards, neonatal care/SIDS, domestic violence, crime scene response, athletic injuries, rappelling, hazardous materials, crisis intervention, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, weapons of mass destruction and most of the ICS courses.

Should you have additional questions regarding renewal of your license, please contact Bob Hitt or Eddie Manley of this Division at (405) 271-4027. Renewal is conducted pursuant to Section 1-2501 et al, Title 63 of the Oklahoma Statutes. Individuals who do not submit an application, documentation and fee by **midnight, March 31, 2010**, will be considered EXPIRED, **however if you have not yet received your NREMT card you will have till 06/30/2010 to send it in for renewal.** The Department will have at least thirty working days after receipt of the application to process paperwork. If your application is returned for any reason, the 30 working day processing time will begin upon the receipt of an acceptable application, however, this timeline shall not exceed ninety (90) days from expiration.

Oklahoma For OSDH/EMS Use Only:

EMS License Renewal Application Receipt #: _____

Please print clearly or type Amount: _____

Check level you are renewing

BASIC () INTERMEDIATE () PARAMEDIC ()

FELONY STATEMENT

Have you been convicted of a felony since the last issuance of your license? **YES** _____ **NO** _____.

If "YES", submit with this application documentation that fully describes the offense: date of offense; copies of relevant court documents; disposition and current status.

Have any disciplinary actions been taken against you since your last certification? YES _____ NO _____

Renewal Application is invalid unless the above statement is completed

Social Security No. _____ Oklahoma License #: _____

_____ Last Name: _____ First Name: _____ MI: _____

Is this an address change? YES () NO ()

Home Address: _____

_____ City: _____ State: _____ Zip: _____

Primary Telephone #: (____) _____ Secondary Telephone #: _____

Residence County: _____ Sex: _____ Primary Occupation: _____

Primary EMS Employer: _____

_____ National Registry #: _____ Expiration Date: ____/____/____

REQUIREMENTS:

Attach a copy of your renewed NREMT card or:

1. Successful completion of a State approved refresher course during the previous License period. (Attach copy of Final Course Roster or Certificate of Completion showing course number and completion date (April 1, 2008 to March 31, 2010).

2. Completion of appropriate Continuing Education: Basic 48 hours - Intermediate 36 hours - Paramedic 24 hours (You may use the attached sheet if signed and dated by a training coordinator) or submit certificates or other documentation. The following items must be shown: Topic, Date, Hours Awarded and Issuing Agency (must be completed between April 1, 2008 through March 31, 2010)

3. Current CPR certification. (Attach Current Card) Must expire after March 31, 2010

4. Current ACLS certification – Paramedics Only. (Attach Current Card) Same as Above

I hereby affirm and declare that all statements contained on this application are true and correct. I understand that false statements may be sufficient cause by the Oklahoma State Department of Health to place on probation, suspend, or revoke any license issued. Upon written request by the Department, I agree to provide copies of all documents supporting fulfillment of the Oklahoma EMS renewal requirements.

Signature of Applicant Date

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check which of the following statements apply.)

_____ I am a United States citizen.
_____ I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the
United States. (Alien or Admission # _____)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____ Signature _____

City & State _____ Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person executing this form is receiving services and not making an application for a license, permit or certificate, this form should *not* be used but rather, either the form titled, “*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*” or the form titled “*Affidavit of Lawful Presence by Person Receiving Services*” should be used.
2. If the person executing this form is a citizen of the United States then that person should check the box to the left of the statement, “*I am a citizen of the United States.*” If the person executing this form is not a citizen of the United States but is a qualified alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, “*I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States.*”
3. In the space after the word “*Date*” the person executing this form should write today’s date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
4. Within the context of the execution of this form, the term “penalty of perjury” means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one’s oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.