



Oklahoma State Department of Health  
Creating a State of Health

## 2012 EMT Renewal Application

Basic, Intermediate, and Paramedic licenses that expire in 2012 will expire on June 30, 2012.

There are two options for renewing an Oklahoma EMT license. The first option applies to EMT's that are Nationally Registered. After you receive your National Registry certification, send to the Department:

1. A completed license renewal application
2. Copy of your National Registry Certification
3. The license renewal fee
4. Affidavit of Lawful Presence

If you are renewing your license without a National Registry certification, please send to the Department:

1. A completed license renewal application
2. Copy of your refresher certificate with course authorization number
3. Con-Ed Summary Report Form.
4. Copy of your CPR Card that indicates healthcare provider or professional rescuer certification
5. Affidavit of Lawful Presence
6. The license renewal fee

Please be aware that all EMT's licensed in Oklahoma after April 1, 2010 must maintain their National Registry Certification (O.A.C. 310:641-5-13 (a)). The fee amounts and return mailing address are located at the bottom of the second page of the application.

Licensed EMT's who are placed on Tax Hold by the Oklahoma State Tax Commission must be released by the Tax Commission on or before June 30, 2012. The State EMS office cannot issue any license for renewal after 90 days of the expiration date.

Licensed EMT's that are instructors should submit their instructor renewal separately.

The form for instructor renewal is located at:

<http://www.ok.gov/health/documents/NEWInstructorRenewalApp.pdf>

Regulations concerning EMT Licensure may be found on our website at:

<http://ems.health.ok.gov> or

[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/Statutes\\_and\\_Rules/index.html](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/Statutes_and_Rules/index.html)

If you have any questions, please contact the EMS Division at 405-271-4027 or by email at [esystems@health.ok.gov](mailto:esystems@health.ok.gov)

# **EMT RENEWAL INFORMATION SHEET**

OKLAHOMA STATE DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES DIVISION



**IF YOU ARE NOT CERTIFIED THROUGH THE NATIONAL REGISTRY, PLEASE REVIEW THE INFORMATION BELOW FOR OKLAHOMA EMT LICENSE RENEWAL INFORMATION**

**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 July 1, through June 30, of your respective license period to be credited toward this renewal period.

## **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 OAC 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 the 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 (except 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 completed 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. Additional courses 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 may be counted up to 12 hours per topic.

Should you have additional questions regarding renewal of your license, please contact 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, June 30, 2012** will be considered EXPIRED. The Department will have at least thirty working days after receipt of the application to process paperwork, but your license is not in effect until receipt of your license. 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.

**RETURN THE COMPLETED DOCUMENTATION AS INDICATED ON THE APPLICATION FORM**

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 statements are 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:**

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 (July 1, 2010 to June 30, 2012).
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 July 1 through June 30)
3. **Current CPR certification. (Attach Current Card) Must expire after June 30, 2012)**
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

Verification of Skill Maintenance (Intermediate and Paramedic only):

Statement of satisfaction by physician for skills:

As physician, I do hereby affix my signature attesting to the continued competence of

\_\_\_\_\_, \_\_\_\_\_ in all the following skills.  
 (Applicants name) (License Number)

The skill was performed to my satisfaction and determined by way of:

1. Field Evaluation
2. Practical performance examination
3. Other (please describe) \_\_\_\_\_

Indicate the Method of evaluation for each skill by checking one or more boxes in items 1-9.

|  | 1 | 2 | 3 |
|--|---|---|---|
| 1 Patient Assessment/management (Medical and Trauma)                             |   |   |   |
| 2 Ventilatory Management Skills/Knowledge  |   |   |   |
| 2a Intubation  |   |   |   |
| 3 IV Therapy   |   |   |   |
| 4 Hemorrhage Control   |   |   |   |
| 5 OB/Gynecologic Skills/Knowledge  |   |   |   |
| 6 Spinal immobilization - including cervical collar, short and long spine boards |   |   |   |
| 7 Fracture immobilization- including traction splints                            |   |   |   |
| Paramedic Only   |   |   |   |
| 8 Cardiac Arrest Management  |   |   |   |
| 9 Medication administration  |   |   |   |

\_\_\_\_\_  
 (Physician Name Print)

\_\_\_\_\_  
 (Physician Signature)

Physician License No. \_\_\_\_\_

State of \_\_\_\_\_

Fee:

Basic-----\$20.00 + \$2.50 Death Benefit = \$22.50  
 Intermediate----\$25.00 + \$2.50 Death Benefit = \$27.50  
 Paramedic-----\$30.00 + \$2.50 Death Benefit = \$32.50

Return to:

Oklahoma State Department of Health  
 Attn: Financial Management  
 P.O. Box 268823  
 Oklahoma City, OK 73126-8823



**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR 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.

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 in the United States. (Alien or Admission number: \_\_\_\_\_)

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 and State _____ | Print _____     |