



OKLAHOMA STATE DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICE DIVISION  
**PROCEDURE FOR OBTAINING EMR REGISTRATION**

**Personal Information**

Complete the top [shaded] Box. Print your Last Name, First Name, MI, Address, City, State, Zip, SSN, Phone#, Date of Birth, email [if you have one].

**Entry Requirements**

All individuals applying for State Emergency Medical Responder [EMR] registration must meet one of the following requirements.

**1. Certified before January 1, 2000**

If you were trained before January 1st, 2000 and do NOT have National Registration, you need to complete the first box on the EMR registration application. You must provide a current provider-level CPR card and documentation of successful completion of the National Standard USDOT First Responder Refresher courses every two years since January 1, 2000. Fill out Box 1 on the form.

**2. Nationally Registered**

If you are currently **Nationally Registered**, you need to complete the EMR registration application and forward it with a copy of your current National Registry card. Fill out Box 2 on the form.

**3. Tested after August 1, 2007 with *careertech***

A passing score on the new *careertech* examination will allow EMR's to be entered into the Oklahoma EMR database. Fill out Box 3 on the form.

OSDH-EMS has developed the EMR registration application and you will need to forward this completed application to OSDH-Financial Management, PO Box 268823, Oklahoma City OK 73126-8823.

**As of July 1, 2010 a \$10.00 initial registration fee must accompany the application for EMR.**

All qualifying EMR's will be entered into the Oklahoma EMR database.

**EMR Re-Registration with the State:**

Subsequent registration shall be for a two year period beginning October 1<sup>st</sup> through September 30<sup>th</sup>. The first re-registration expiration date will be September 30<sup>th</sup>, 2010. A renewal form will be mailed by the Department in June of the re-registration year. As of July 1, 2010 a \$5.00 fee must accompany the renewal.

If you have any questions, please feel free to contact us at (405)271 4027 or email <jemanley@health.ok.gov>



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**OKLAHOMA STATE DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICE DIVISION  
EMERGENCY MEDICAL RESPONDER  
INITIAL REGISTRATION FORM**

**Please PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_

month/ day/ year

**COMPLETE ONE OF THE FOLLOWING: [circle one]**

**DO NOT SEND BASIC, I/85 OR PARAMEDIC – THIS IS FOR EMR ONLY**

BOX 1

**1st Responder [EMR]** certified in Oklahoma prior to January 1, 2000 and **NOT** Nationally Registered - OAC 310:641-5-61(b) (4)

Attach a copy of current Provider Level CPR card

Attach documentation of successful completion of National Standard USDOT First Responder Refresher courses every two years since January 1, 2000.

BOX 2

**Nationally Registered 1st Responder [EMR]**

Attach a copy of your current National Registry card

Box 3

**Emergency Medical Responder** [tested by *careertech* after August 1, 2007]

Attach the original, or a copy, of successful OHD Form 681 "Training and Testing Verification Form" to this application. **[If you have already submitted this form then we have you on the State EMR Registry]**

***Please READ the following Carefully:***

As of July 1, 2010 you must submit a \$10.00 fee for "EMR Death Benefit"

This is NOT a RENEWAL form – use for INITIAL registration only.

**I verify that the information and documents attached to this application for EMR registration are true and correct. I understand that any falsification of this document or attachments may subject me to revocation and/or additional penalties pursuant to O.S. Title 63, Section 2501, et al.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**RETURN TO: OSDH-Financial Management, PO Box 268823, Oklahoma City  
OK 73126-8823**