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| POLICY: | EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B) SYSTEM ENTRY AND RENEWAL PROCESS | | |
| APPROVAL: | VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMERGENCY MEDICAL SERVICES (EMS) | | |
| EFFECTIVE DATE: 8/6/2018 | CURRENT REVIEW/REVISION DATE: | SUPERSEDES: N/A | ORIGINAL EFFECTIVE DATE: 8/6/18 |
| DEPARTMENT SPECIFIC | | | EMS |

- I. Purpose:**
To define the requirements for EMT-Basics to enter the Morris Hospital EMS System (MHEMSS).
- II. Policy:**
To ensure that EMT-Basics wishing to enter and operate in the MHEMSS have received adequate training and performed at an acceptable standard.
- III. EMT-Basic's System Entry:**
- A.** EMT-Basic's may enter (function in) the MHEMSS by successfully completing the following requirements:
- 1.** Submit the System Entry Checklist (See Attachment A) completely filled out and signed by the applicant. Submit the following with the completed checklist: *Copies must be clear and easily readable.*
 - a.** Copy of current EMT-Basic Illinois State license.
 - b.** Copy of current CPR Card-both sides.
 - c.** Copy of Driver's license. The copy must be completely legible for photo and Driver's License #.
 - d.** If applicable, a letter of good standing from entry applicant's current EMS System.
 - e.** Copies of all continuing education hours acquired in entry applicant's current re-licensure period. (This is only necessary when MHEMSS will be the Primary System.)
 - f.** If coming from within Region 7, a verification of successful completion of Region 7 2016 Standing Medical Orders (SMO) exam for current level of licensure. This exam is based only on the Standing Medical Orders. The exam level (ALS/ILS/BLS), exam date, and exam score shall be included in the verification. ALL entry applicants must complete this exam or show verification of completion.
 - g.** Successful completion of the Region 7 SMO exam (if coming from outside the region). SMO test must be passed with an 80% or higher. Applicants are able to retest after 1 week. If applicant does not pass the exams on the second attempts, he/she will have to wait 90 days before testing again.
 - 2.** The Agency Coordinator shall assist the applicant in completing the checklist and is required to sign the System Entry Checklist. The EMS Coordinator shall review the checklist with the entry applicant ensuring all information on the checklist is clear and legible to avoid delays.

3. System providers may only keep MHEMSS as a secondary system if they maintain an agency affiliation within the System.
4. See Attachment A for the system entry checklist.

IV. EMT-Basic's Renewal Process:

- A. It will be the responsibility of the individual EMT-B and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year re-licensure period. Requirements for EMT license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).
- B. The licensee shall file for renewal with the IDPH in a form prescribed by the IDPH at least 30 days prior to the license expiration date. The System shall process the EMT for renewal upon receiving documentation of the following, from the EMT or the EMT's Agency EMS Coordinator or Chief:
 1. A total of 60 hours of Continuing Education, seminars and workshops, addressing both adult and pediatric care, is required for the 4-year re-licensure period.
 2. A current CPR completion card in compliance with AHA guidelines.
 3. A completed Child Support and Felony Conviction Statement must be made on-line at www.idph.state.il.us/ems using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee set by and paid to IDPH on-line via credit/debit card. **Please submit a hard copy of child support felony conviction statement with other required documents to the EMS system also.**
- C. All re-licensure requirements shall be submitted at the same time to the System. Always keep identical copies of everything for your own records.
- D. Upon re-licensure, the EMT-B must submit a copy of their current EMT license to the System Office, their Agency's EMS Coordinator within 10 days of receiving it in the mail.
- E. An EMT-B who fails to meet all requirements will not be recommended for re-licensure, unless one of the following applies:
 1. The EMT-B submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the EMT-B will have until the end of the extension period to meet all requirements for re-licensure. This request must be submitted prior to license expiration.
 2. At any time prior to the expiration of the current license, an EMT-B may revert to First Responder status for the remainder of the license period. The EMT-B is required to submit their original license and voluntary reduction request in writing to the System (who forwards to IDPH). To re-register at the First Responder level, the individual must then meet the requirements for First Responder registration. An EMT-B who has reverted to First Responder status may NOT be re-instated to the EMT-B level. The First Responder would need to re-complete the respective EMT-B training program.
 3. Any EMT-B, whose license has expired, **within 60 days** after license expiration, may submit all re-licensure material as required in this Part and a late fee set by and payable to the Illinois Department of Public Health, in the form of a certified check, organizational check, or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.

4. Any EMT whose license has expired for a period of **more than 60 days but less than 36 months** may apply for “REINSTATEMENT” with their EMS System. This reinstatement shall include submission of all re-licensure material as required in this policy, plus a fee set by and payable to the Illinois Department of Public Health (IDPH) in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the EMT, the System will approve and sign the EMT’s IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to take and pass an IDPH test for the level of EMT license sought to be reinstated.
 - a. The provider will be required to produce a valid CPR card and 60 hours of CE
 - b. Pay for and submit a State of Illinois background check via ISP.
 - c. 16 hours of ED clinical time with Medical Director (If applicable)
 - d. EMTs will take and pass with a >80% score, 100 question EMT-B general knowledge written exam, a 30 question SMO (most recent) exam and a skills evaluation exam scored on National Registry of Emergency Medical Technicians-Basic (NREMT-B) guidelines.
- F. Any EMT whose license has expired for a period of **more than 36 months** shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

Approval:

Thomas J. Dohm **Date**
Vice President of Professional Services

Robin Stortz, MSN, RN **Date**
EMS & Emergency Management Manager

ATTACHMENT A

MORRIS HOSPITAL EMS SYSTEM

EMT- B SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print Only. All copies must be clear and easily legible

ENTRY DATE: ___/___/___ SYSTEM ID # : _____ (Assigned by System) SSN: _____ - _____ - _____

NAME: _____ D.O.B: _____ - _____ - _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____ - _____ - _____

EMAIL (print clearly): _____

MHEMSS AGENCY: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

HEIGHT: _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ MALE/FEMALE (CIRCLE ONE)

EMS COORDINATOR AND PROVIDER CHECKLIST

Checklist needs to be completed with all of the required documents, signed by the department EMS Coordinator and turned into the MHEMSS by the provider the day he or she is coming into complete SMO exam. This all needs to be done before the provider is allowed to function in the system.

Department Coordinator

1. ___ Copy of current State of Illinois EMT-B License.
License #: _____ Expiration: ___/___/___
2. ___ Copy of current CPR card.
3. ___ Copy of Driver's License. Must be legible with clear photo.
4. ___ Copy of 2016 SMO Update if coming from within Region 7

EMS System

1. ___ Letter of Good Standing from Primary EMS System including current CE hours
(If Applicable)
2. ___ Verification of successful completion of the EMS Region 7 BLS SMO exam

Date: ___/___/___ Score: _____

Signature of EMS Coordinator _____ Date: ___/___/___

Signature of the EMS System _____ Date: ___/___/___