

Notice of Proposed Rule

DEPARTMENT OF HEALTH

Division of Emergency Preparedness and Community Support

RULE NO.:	RULE TITLE:
64J-1.001	Definitions
64J-1.004	Medical Direction
64J-1.008	Emergency Medical Technician
64J-1.009	Paramedic
64J-1.010	Voluntary Inactive Certification
64J-1.011	Involuntary Inactive Certification
64J-1.020	Training Programs
64J-1.0202	EMS Recertification Training Programs

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JOINT ADMINISTRATIVE
PROCEDURES COMMITTEE

PURPOSE AND EFFECT: The purpose and effect is to amend rule language as part of the agency's rule line reduction initiative, including the initiative to remove outdated obsolete and unnecessary rule language and update rule forms. Additionally, for some of the rule sections, amendment is required to implement Fla. Session Law 2013-128, and 2016-941 related to training standards, certification requirements and inactive licensure status.

SUMMARY: The proposed rule will update department forms and requirements for: EMT and Paramedic certification, recertification, certification renewal and inactive status certification; EMT and Paramedic training programs and courses related to certification and recertification; EMS medical direction requirements. The department intends to update definitions of terms used in Chapter 64J-1, Florida Administrative Code, (F.A.C.). Some of the definition terms to be updated may be incorporated in section 64J-2.001, F.A.C. The rulemaking makes amendments as necessary to implement Fla. Session Laws 2013-128 and 2016-230.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST AND LEGISLATIVE

RATIFICATION: The agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency. The agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Based on the SERC checklist and the information analyzed in preparing that checklist, this rulemaking will not have an adverse impact or regulatory costs in excess of \$1 million within five years as established in s. 120.541(2)(a), Florida Statutes. Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 381.0011, (13), 381.0034, 381.0035, 395.401, 395.4025(13), 395.405, 401.121, 401.265, 401.23, 401.27, 401.2715, 401.272, 401.35, 499.05 FS.

LAW IMPLEMENTED: 381.001, 381.0011, 395.4001, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 395.405, 401.121, 401.211, 401.23, 401.24, 401.25, 401.26, 401.265, 401.27, 401.2715, 401.281, 401.2915, 401.30, 401.34, 401.35, 401.435, 401.41, 401.411, 401.414, 499.005 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Melia Jenkins, 4052 Bald Cypress Way, Bin A-22, Tallahassee, Florida 32399, (850) 245-4440, ext. 2773, Melia.Jenkins@flhealth.gov.
THE TEXT OF THE PROPOSED RULE IS:

64J-1.001 Definitions.

In addition to the definitions provided in Sections 395.401, 395.4001, 401.107, and 401.23, F.S., the following definitions apply to these rules:

(1) ~~Abbreviated Injury Score (AIS-90)~~ —as defined in Rule 64J-2.001, F.A.C.

(1)(2) "Application" —means a completed application form, as specified by the department, together with all documentation required by these rules and the required fee.

(3) ~~Burn~~ —means a tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents.

(2)(4) "Certificate of Public Convenience and Necessity" (COPCN)²² means a written statement or document, issued by the governing board of a county, granting permission for an applicant or licensee to provide services authorized by a license issued under Chapter 401, Part III, F.S., for the benefit of the population of that county or the

benefit of the population of some geographic area of that county. No COPCN from one county may interfere with the prerogatives asserted by another county regarding COPCN.

(3)(5) "Certification Examination" —means an examination developed or adopted by the department to be used for the purpose of testing the ability to practice as a Florida licensed emergency medical technician or paramedic.

~~(6) Chief —means the chief of the department's Bureau of EMS.~~

(4)(7) "Controlled sSubstances" —means those drugs listed in Chapter 893, F.S., and the "designer drugs" referred to in Section 893.035, F.S.

(5)(8) "Convicted or cConviction" —means a determination of guilt of a felony in any court of competent jurisdiction which is the result of trial of the entry of a plea of guilty or a plea of nolo contendere, regardless of whether adjudication is withheld.

(6)(9) "Department" —means the Florida Department of Health (DOH ~~DH~~), Bureau of Emergency Medical Services, 4052 Bald Cypress Way, Bin ~~A22~~ ~~C18~~, Tallahassee, Florida 32399-1738.

(7) "Electronic Patient Care Record" means an incident level electronic record in accordance with the format specified in the Emergency Medical Services Tracking and Reporting System (EMSTARS) Data Dictionary Version 1.4 or in Version 3.

(8)(10) "Emergency Medical Services Provider" or "EMS provider" —means any entity licensed in the state of Florida to provide air, or ground ambulance, whether basic life support (BLS) provider or an advanced life support (ALS) provider, and whether a non-transportation or a transportation service.

(9)(11) "Glasgow Coma Scale Score" — as defined in Rule 64J-2.001, F.A.C.

(12) ICD 9 CM —as defined in Rule 64J-2.001, F.A.C.

(13) Injury Severity Score (ISS) — as defined in Rule 64J-2.001, F.A.C.

(10)(14) "Neonatal Ambulance" —means an ALS vehicle permitted solely for Neonatal Transport.

(11)(15) "Neonatal Transport" —means critical ~~erital~~ care interfacility transport of any neonate from a hospital licensed under Chapter 395, F.S., to a hospital licensed under Chapter 395, F.S., to deliver Level II or Level III neonatal intensive care services as defined in Rule 59C-1.042, F.A.C.

(12)(16) "Neonate" —means an infant less than 28 days of life or 5 kg in weight.

(13)(17) "Out-of-state or military trained emergency medical technician or paramedic" means an applicant for certification as an EMT or paramedic in Florida who received his or her initial training either in the military or in a program located in another state a person with a current certification or registration as an emergency medical technician or paramedic from any state or territory of the United States, other than Florida, that was conditioned upon that person being a trained emergency medical technician or paramedic.

(14)(18) "Patient Care Record" —means an electronic or written the record used by each EMS provider to document patient care, treatment and transport activities that at a minimum includes the information required under Rules paragraphs 64J-1.003(5)(a), (b), and Rule 64J-1.014, subsections 64J-2.002(5), 64J-2.004(5), (6) and (7), 64J-2.005(4), F.A.C.

(19) Pediatric Trauma Patient —as defined in Rule 64J-2.001, F.A.C.

(15)(20) No change.

(16) "Subject matter expert" means someone with specialized knowledge, education or experience in a particular area or topic, for example, a labor and delivery nurse teaching the childbirth section of a program or an attorney teaching the medical legal portion of a program.

(17)(21) "Trained emergency medical technician or paramedic" means an emergency medical technician or paramedic who has successfully completed either of the United States Department of Transportation emergency medical technician or paramedic training curricula curriculum described at Rule 64J-1.008(1)(a)2., F.A.C. (for EMT's) or 64J-1.009(1)(a)2., F.A.C. (for paramedics) (which training may have occurred in any state or territory of the United States, including Florida), which is incorporated by reference and is available for purchase from the Government Printing Office by telephoning (202) 512-1800.

(18)(22) "Training Program" —means an educational institution having one designated program director, one designated medical director, and single budget entity; for the purposes of providing EMT or paramedic education programs, as approved by the department.

(19)(23) "Training Program Medical Records" —means the medical records of the student.

(20)(24) No change.

(21)(25) "Transfer or transport" —means a Air, land or water vehicle transportation, by vehicles not exempted under Section 401.33, F.S., of sick or injured persons requiring or likely to require medical attention during such transportation.

(22)(26) "Trauma" — as defined in Rule 64J-2.001, F.A.C.

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~~(27) Trauma Alert~~ — as defined in Rule 64J-2.001, F.A.C.

~~(23)(28) "Trauma Alert Patient"~~ — as defined in Rule 64J-2.001, F.A.C.

~~(24)(29) "Trauma Patient"~~ — as defined in Rule 64J-2.001, F.A.C.

~~(30) Trauma Registry~~ — as defined in Rule 64J-2.001, F.A.C.

~~(25)(34) "Trauma Transport Protocols"~~ (TTPs) — as defined in Rule 64J-2.001, F.A.C.

Rulemaking Authority 381.0011(13), 395.401, 395.4025(13), 395.405, 401.121, 401.35 FS. Law Implemented 381.0011, 395.4001, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 395.405, 401.121, 401.211, 401.23, 401.25, 401.35, 401.435 FS. History—New 4-26-84, Amended 3-11-85, Formerly 10D-66.485, Amended 11-2-86, 4-12-88, 8-3-88, 8-7-89, 6-6-90, 12-10-92, 11-30-93, 10-2-94, 1-26-97, Formerly 10D-66.0485, Amended 8-4-98, 7-14-99, 2-20-00, 11-3-02, 6-9-05, 10-24-05, 4-22-07, Formerly 64E-2.001, Amended 1-12-09, 11-5-09, 2-16-10, 5-27-10, _____.

64J-1.004 Medical Direction.

(1) Each ALS, BLS or air ambulance provider shall maintain on file for inspection and copying by the department its current contract for a medical director by which it procures the services of ~~employs or independently contracts with~~ a physician qualified pursuant to this section to be its medical director.

(2) There is no standard format for a medical director's contract, however, in drafting such an instrument, the following provisions may be addressed:

(a) Name and relationship of the contracting parties.

(b) A list of contracted services inclusive of medical direction, administrative responsibilities, professional membership, basic and advanced life support review responsibilities, and reporting requirements.

(c) Monetary consideration inclusive of fees, expenses, reimbursement, fringe benefits, clerical assistance and office space.

(d) Termination clause. _____

(e) Renewal clause.

(f) Provision for liability coverage.

(g) Effective dates of the contract.

(2)(3) Qualifications:

(a) through (b) No change.

(c) A medical director shall be board certified and active in a broad-based clinical medical specialty with demonstrated experience in prehospital care and hold an ACLS certificate or equivalent as determined in Chapter 64J-1.022, F.A.C. Prehospital care experience shall be documented by the provider.

(d) A medical director shall demonstrate and have available for review by the department documentation of active participation in a regional or statewide physician group involved in prehospital care.

(3)(4) The ~~d~~Duties and ~~r~~Responsibilities of the licensed EMS provider ~~m~~Medical ~~d~~Director include:-

(a) through (b) No change.

(c) With the exception of BLS medical directors, each ALS or air ambulance service medical director shall possess proof of current registration as a medical director, either individually or through a hospital, with the U.S. Department of Justice, Drug Enforcement Administration (DEA), to provide controlled substances to an EMS provider. DEA registration shall include each address at which controlled substances are stored. Proof of such registration shall be maintained on file with each ALS or air ambulance provider and shall be readily available for inspection.

(d) Ensure and certify that security procedures of the EMS provider for medications, fluids and controlled substances are in compliance with Chapters 499 and 894, F.S., and Chapter 61N-1 ~~64F-12~~, F.A.C.

(e) through (g) No change.

(h) An EMT employed by a licensed ALS provider is authorized to start a non-medicated IV under the following conditions:

1. No change.

2. If the licensed ALS provider elects to utilize EMTs in this capacity, the licensed EMS provider shall ensure that the medical director provides IV Therapy training deemed sufficient by the medical director at least equivalent to that required by the 1999 U.S. D.O.T. EMT Intermediate National Standard Curriculum relating to IV therapy which is incorporated by reference and available from the Superintendent of Documents, Post Office Box 371954, Pittsburgh, PA 15250-7954. The licensed EMS provider shall document successful completion of such training in each EMTs training file and make documentation available to the department upon request.

(i) through (k) No change.

(4)(4) Medical ~~d~~Directors of a training program shall:

(a)1. Be responsible for the instruction of the Department of Transportation (DOT) approved training programs program for EMTs and paramedics that are adopted by Rules 64J-1.008(1)(a)1. and 64J-1.009(1)(a)1., F.A.C., respectively.

2. through 5. renumbered (b) through (e) No change.

(f)6. The EMS training center shall by contract, require such medical director to Bbe available 4 hours per month for classroom teaching or review of student performance, and participate in direct contact time with EMS field level providers for a minimum of 10 hours per year. Notwithstanding the number of training centers or EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per training center.

(g)7. The training program shall Pprovide written documentation to the dDepartment that confirms the mMedical dDirector has reviewed and approved all policies, procedures, and methods used for the orientation of instructors and preceptors.

(h)8. The training program shall Pprovide written documentation to the dDepartment that confirms the mMedical dDirector has reviewed and approved all student testing procedures, evaluators and assessment tools used for each comprehensive final written (cognitive) and practical examination (psychomotor skills) for EMT and paramedic students. The mMedical dDirector shall review each student's performance on the comprehensive final written (cognitive) and practical examination (psychomotor skills) before certifying a student has successfully completed all phases phase of the educational program and EMTs are proficient in BLS basic life support techniques and paramedics are proficient in ALS advanced life support techniques.

(5) The medical director of a licensed EMS provider may authorize paramedics under his or her supervision to perform immunizations pursuant to a written agreement with a County Health Department in the county in which the immunizations are to be performed. Should the medical director elect to utilize paramedics in this capacity, he or she shall verify on DH Form 1256, Certification of Training, December 12/2008, which is incorporated by reference and available from the department at <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####>, that each paramedic authorized to administer immunizations has received sufficient completed training and experience to administer immunizations, as determined by the medical director consistent with that of other staff giving immunizations in the County Health Department as required by the Director of that County Health Department.

Rulemaking Authority 381.0011, 395.405, 401.265, 401.272, 401.35, 499.05 FS. Law Implemented 401.23, 401.24, 401.25, 401.26, 401.265, 401.27, 401.272, 401.281, 401.2915, 401.30, 401.34, 401.35, 401.41, 401.411, 499.005 FS. History—New 8-7-89, Amended 6-6-90, 12-10-92, 1-26-97, Formerly 10D-66.0505, Amended 8-4-98, 1-3-99, 2-20-00, 4-15-01, 11-19-01, 10-24-05, 12-18-06, Formerly 64E-2.004, Amended 5-27-10, _____.

64J-1.008 Emergency Medical Technician.

(1) Qualifications and Procedures for Certification pursuant to Section 401.27, F.S. To be qualified for EMT certification, an individual must:

(a)1. Successfully complete an initial Florida EMT training program conducted in accordance with the January 2009 U.S. DOT EMT National EMS Education Standards 1994 U.S. DOT EMT Basic National Standard Curriculum, which are is incorporated by reference and is available at www.ems.gov/educationstandards.htm and <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####> for purchase from the Government Printing Office by telephoning (202) 512-1800, or writing to the Government Printing Office, Superintendent of Documents, Post Office Box 371954, Pittsburgh, PA 15250-7954, or

2. If out of state or military trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT EMT National EMS Education Standards, currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NREMT). The 1994 U.S. DOT EMT-Basic National Standard Curriculum is incorporated herein by reference and available at www.ems.gov/educationstandards.htm and <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####>.

(b) Each applicant must or another U.S. state or territory which has the certifying authority to submit to the department DH Form 1583, 04/2017 12/08, Application for EMT/Examination for Emergency Medical Technician (EMT) & Paramedic Certification, which is incorporated by reference and available from the department, as defined by Rule subsection 64J-1.001(6)(9), F.A.C., or at <http://www.FLhealthsource.com> and <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####>.

(c) Applicants who are subject to subparagraph (1)(a)1. must pass or otherwise have passed the department required EMT Certification Examination within 2 years of completing the initial Florida training program.

(b) Apply for and pass Florida EMT certification examination on DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification; and

(c) Possess a high school diploma or a General Education Development (GED) diploma.

(2) Renewal Certification – To maintain an active certificate, the EMT shall pay the recertification fee and affirm continued compliance with all applicable requirements contained in paragraph 64J-1.008(2)(a), (b) or (c), F.A.C., complete and submit the applicable certification renewal notice, Certificate Renewal Notice DH-MQA 1212, 06/17/09, which is incorporated by reference and mailed by the department, or apply for renewal online at www.flhealthsource.gov ~~www.flhealthsource.com~~, where the form may also be obtained as well as at <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####>; and within 2 years prior to the expiration date of his or her EMT certification complete one of the following:

(a) Complete 30 hours of EMT refresher training based on criteria in the January 2009 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum EMS Education Standards, to include adult and pediatric education with a minimum of 2 two hours in pediatric emergencies, an additional 2 hours of HIV/AIDS refresher training, in accordance with Section 381.0034, F.S.; and maintain a current CPR card as described provided in Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C., CPR training may shall be included in the 30 hours of refresher training, provided that the CPR training is taken with a continuing education provider recognized by the department pursuant to Section 401.2715, F.S. ~~The 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum shall be the criteria for department approval of refresher training courses.~~ The department shall accept either the affirmation of a licensed EMS provider's medical director; or a certificate of completion of refresher training from a department approved Florida training program or a department approved continuing education provider as proof of compliance with the above requirements; ~~The 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum is incorporated by reference and available for purchase from the Government Printing Office by telephoning (202) 512-1800 or writing to the Government Printing Office, Superintendent of Documents, Post Office Box 371954, Pittsburgh, PA 15250-7954.~~

(b) Successfully pass the EMT certification examination required by the department during the current certification cycle; and complete 2 hours of HIV/AIDS refresher training, in accordance with Section 381.0034, F.S.; and maintain a current CPR BLS card for the professional rescuer; ~~Prior to taking the examination, a candidate must request approval to sit for the examination. Such approval is requested by submitting DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification to the department.~~

(c) Satisfactorily complete the first semester of the paramedic training course at a department approved Florida training center pursuant to Section 401.2701, F.S., within the current 2-year certification cycle. ~~Complete 2 hours of HIV/AIDS refresher training in accordance with Section 381.0034, F.S., and also maintain a current CPR card for the professional rescuer; or~~

(d) No change.

(3) No change.

(4) ~~Individuals who document their possession of the following in their application shall be deemed to satisfy subsection 64J-1.012(3), F.A.C., for certification as an EMT only while these criteria are applicable:~~

(a) ~~Status as a member of the United States military;~~

(b) ~~Valid EMT certification from the National Registry of Emergency Medical Technicians; and~~

(c) ~~Assignment to Florida as part of a training program to operate as an EMT.~~

Rulemaking Authority 381.0011, 381.0034, 381.0035, 401.23, 401.27, 401.35, 456.013 FS. Law Implemented 381.001, 401.23, 401.2715, 401.27, 401.34, 401.35, 401.41, 401.411, 401.414 456.013(1) FS. History—New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.56, Amended 11-2-86, 4-12-88, 8-3-88, 12-10-92, 11-30-93, 12-10-95, 1-26-97, Formerly 10D-66.056, Amended 8-4-98, 1-3-99, 9-3-00, 4-15-01, 6-3-02, 11-3-02, 10-24-05, 1-10-06, 1-23-07, 10-16-07, Formerly 64E-2.008, Amended 11-22-09, 5-27-10, _____.

64J-1.009 Paramedic.

(1) Qualifications and Procedures for Certification pursuant to Section 401.27, F.S. To be qualified for paramedic certification, an individual must:

(a)1. Successfully complete an initial Florida paramedic training program that was conducted in accordance with the January 2009 1998 U.S. DOT EMT-Paramedic (EMT-P) National EMS Education Standards Standard Curriculum, (NSC), which is incorporated by reference and is available at www.ems.gov/educationstandards.htm and <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####> for purchase from the Government Printing Office by telephoning (202) 512-1800; or

2. If out of state or military trained in accordance with the 1998 U.S. DOT EMT-Paramedic (EMT-P) NSC or the January 2009 U.S. DOT Paramedic National EMS Education Standards, currently hold a valid paramedic certification from the National Registry of Emergency Medical Technicians (NREMT). The 1998 U.S. DOT EMT-

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Paramedic (EMT-P) NSC is incorporated herein by reference and available at www.ems.gov/educationstandards.htm and <http://www.flrules.org/Gateway/reference.asp?No=Ref-####>.

(b) Each applicant must or be currently certified in another U.S. state or territory which has the certifying authority to submit to the department DH Form 1583, 6/16 12/08, Application for EMT/Examination for Emergency Medical Technician (EMT) & Paramedic Certification (see Rule 64J-1.008 F.A.C.).

(c) For those applicants subject to subparagraph (1)(a)1., file the completed application form described in paragraph (1)(b) to apply for certification and pass or otherwise have passed the Florida required paramedic certification examination within two years of completing the Florida initial training program.

(b) Apply for and pass Florida paramedic certification examination on DH form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification; and

(c) Possess a high school diploma or a General Education Development (GED) diploma.

(2) Renewal Certification – To maintain an active certificate the paramedic shall pay the recertification fee and affirm continued compliance with all applicable requirements contained in Rules paragraph 64J-1.009(2)(a) or (b), F.A.C., complete and submit the applicable certification renewal notice, Certificate Renewal Notice DH- MQA 1212, 06/17 7/09, which is incorporated by reference in Rule 64J-1.008, F.A.C., and mailed by the department, or apply for renewal online at www.flhealthsource.gov www.flhealthsource.com, where the form may also be obtained or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-####>, and within 2 years prior to the expiration date of his or her paramedic certification complete one of the following:

(a) Complete 30 hours of paramedic refresher training based on criteria in the January 2009 1998 U.S. DOT Paramedic National EMS Education Standards D.O.T. EMT Paramedic NSC, to include adult and pediatric education with a minimum of 2 two hours in pediatric emergencies, an additional 2 hours of HIV/AIDS refresher training in accordance with Section 381.0034, F.S., and also maintain a current Advanced Cardiac Life Support (ACLS) card as provided in Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C. ACLS training may shall be included in the 30 hours of refresher training, provided that the ACLS training includes the continuing education criteria recognized by the department pursuant to Section 401.2715, F.S. The department shall accept either the affirmation of a licensed EMS provider's medical director, or a certificate of completion of refresher training from a department approved Florida training program, or a department approved continuing education provider as proof of compliance with the above requirements; or

(b) Successfully pass a the paramedic certification examination required by the department during the current certification cycle; complete 2 hours of HIV/AIDS refresher training in accordance with Section 381.0034, F.S.; and also maintain a current ACLS card. Prior to taking the examination, a candidate must request approval to sit for the examination. Such approval is requested by submitting DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification to the department.

(3) through (4) No change.

Rulemaking Authority 381.0011, 381.0034, 381.0035, 401.27, 401.35, 456.013 FS. Law Implemented 381.001, 401.23, 401.27, 401.2715, 401.34, 401.35, 401.41, 401.411, 401.414, 456.013- FS. History—New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.57, Amended 4-12-88, 8-3-88, 12-10-92, 11-30-93, 12-10-95, 1-26-97, Formerly 10D-66.057, Amended 8-4-98, 1-3-99, 9-3-00, 4-15-01, 6-3-02, 11-3-02, 10-24-05, 1-23-07, 10-16-07, Formerly 64E-2.009, Amended 11-22-09, 5-27-10, _____.

64J-1.010 Voluntary Inactive Certification.

An EMT or paramedic who is currently certified can place their certificate on inactive status by sending a written request to the department and paying a fee of \$50. Any EMT or paramedic whose certificate has been placed on inactive status shall not function as an EMT or paramedic until such time as he or she has completed the following requirements for reactivating the certificate:

(1) A certificate holder whose certificate has been on inactive status for 12 months or less can activate his or her certificate by submitting a written request to the department for activation and receiving written approval. The certificate holder must pPay a late renewal fee of \$50.

(a) through (b) No change.

(2) An EMT whose certificate has been on inactive status for more than 1 year can activate his or her certificate by completing the following:

(a) 30 hours of EMT refresher training which shall meet the requirements of Rule 64J-1.008(2)(a) be based on the 1996 U.S. DOT EMT Basic National Standard Refresher Curriculum and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) training. The 1996 U.S. DOT EMT Basic National Standard Refresher Curriculum is incorporated by reference in Rule 64J-1.008, F.A.C. The training:

1. through 2. No change.

(b) Hold a current CPR card pursuant to Section 401.27(4)(e)1., F.S., and Rule 64J-1.022, F.A.C., ~~or equivalent pursuant to Rule 64E-2.038, F.A.C.~~

(c) No change.

(d) Pass the EMT certification examination required by the department. Should the applicant fail the examination, he or she must meet requirements for initial certification.

(e) After completion of the above requirements, submit to the department:

~~1. The required fee and affirmation of all applicable requirements contained in subsection 64J-1.010(2), F.A.C., to the department.~~

~~2. DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.~~

(3) A paramedic whose certificate has been on inactive status for more than 1 year can activate his or her certificate by completing the following:

(a) 30 hours of paramedic refresher training which shall meet the requirements of Rule 64J-1.009(2)(a), F.A.C. ~~be based on the 1998 U.S. DOT EMT Paramedic NSC, which is incorporated by reference in Rule 64J-1.009, F.A.C., and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) training.~~ The training:

1. through 2. No change.

(b) Hold a current ACLS card pursuant to Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C., ~~or equivalent pursuant to Rule 64J-1.022, F.A.C.~~

(c) No change.

(d) Pass the paramedic certification examination required by the department. Should the applicant fail the examination, he or she must meet the requirements for initial certification.

(e) After completion of the above requirements, submit to the department:

~~1. The required fee and affirmation of all applicable requirements contained in subsection 64J-1.010(3), F.A.C. to the department.~~

~~2. DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.~~

Rulemaking Authority 401.27, 401.35, 456.036 FS. Law Implemented 401.27, 401.34, 401.35, 456.036 FS. History—New 8-4-98, Amended 1-3-99, 9-3-00, 4-21-02, 6-3-02, 11-3-02, 10-24-05, 1-23-07, 10-16-07, Formerly 64E-2.0094, Amended 11-22-09, _____.

64J-1.011 Involuntary Inactive Certification.

(1) An EMT or paramedic certificate that is not renewed at the end of the 2-year certification period shall automatically revert to an inactive status for a period of no more than two additional 2-year renewal cycles ~~180 days~~.

(2) ~~EMT~~ Such certificates may be reactivated if the applicant submits the renewal certification fee required by Section 401.34, F.S., and a late renewal fee of \$25 and ~~the following items to the department:~~

(a) if applying for reactivation of the certificate within the first additional 2-year renewal cycle, The required fees and affirmation of all applicable requirements, contained in subsection 64J-1.008(2) or 64J-1.009(2), F.A.C.

(b) ~~Verification of having met one of the recertification requirements contained in Rule subsection 64J-1.008(2)(a) or 64J-1.009(2), F.A.C., or The requirements for recertification shall be completed before the end of the 180-day inactive certification period.~~

(b) if applying for reactivation of the certificate within the second additional 2-year renewal cycle, the applicant must verify having met the recertification requirements contained in Rule 64J-1.008(2)(a), F.A.C., including an additional 30 hours of the refresher course training described in that rule paragraph, and must pass the department approved certification examination before the end of the second additional 2-year renewal cycle.

(3) Paramedic certificates may be reactivated if the applicant submits the renewal certification fee required by Section 401.34 F.S., a late renewal fee of \$25, and:

(a) if applying for reactivation of the certificate within the first additional 2-year renewal cycle, verification of having met the recertification requirements contained in Rule 64J-1.009(2)(a), F.A.C., or

(b) if applying for reactivation of the certificate within the second additional 2-year renewal cycle, the applicant must verify having met the recertification requirements contained in Rule 64J-1.009(2)(a), F.A.C., including an additional 30 hours of the refresher course training described in that rule paragraph, and must pass the department approved certification examination before the end of the second additional 2-year renewal cycle.

(4) All recertification training requirements required for reactivation of a certificate under this rule section must

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be completed before the application is filed.

(5) Application for reactivation of a certificate under this rule must be made on Form DH 5023-MQA, 06/2017, Request for EMT/Paramedic Reactivation of Expired Certification, which is incorporated by reference and available at www.flhealthsource.gov and <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####>.

(6)(3) An application for reactivation ~~recertification~~ received by the department more than four years ~~180 days~~ after the expiration date of the certificate shall be denied. Such applicant ~~certificate holder~~ is ineligible for recertification or reactivation and must meet the requirements for initial certification.

Rulemaking Authority 401.27, 401.35 FS. Law Implemented 401.27, 401.34, 401.35 FS. History—New 8-4-98, Amended 1-3-99, 9-3-00, 4-15-01, 10-24-05, Formerly 64E-2.0095, Amended 11-22-09, _____.

64J-1.020 Training Programs.

(1) No change.

(2) To be approved as an EMT Training Program, an entity shall submit a completed DH Form 1698, 04/2017 ~~December 2008~~, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is incorporated by reference and available from the department, at www.floridahealth.gov and at <http://www.flrules.org/Gateway/reference.asp?No=Ref-#####> as defined by subsection 64J-1.001(9), F.A.C., or at <http://www.fl-ems.com>.

(3) To be approved as a Paramedic Training Program, an entity shall submit a completed DH Form 1698, 04/2017 ~~December 2008~~, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at <http://www.fl-ems.com>.

(4) No change.

(5) Approved training programs that wish to offer EMT or Paramedic training programs after their approval expiration date must apply to the department. An entity shall submit a completed DH Form 1698, 04/2017 ~~December 2008~~, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at <http://www.fl-ems.com>. The application must be received by the department not less than 90 days before the training program ~~programs~~ approval expiration date and no earlier than 180 days prior to the approval expiration date.

(6) ~~Emergency Medical Technician (EMT)~~ training program course length shall be a minimum of 300 ~~250~~ hours. EMT students shall not have less than five (5) patient contacts resulting in the student accompanying the patient to the hospital. Student-to-Instructor ratios shall not exceed 6:1 during the skills laboratory phase of the program.

(7) Paramedic training program course length shall be a minimum of 1100 hours that includes the recommended hours listed in the United States Department of Transportation, National Highway Traffic Safety Administration's, ~~1998 EMT Paramedic National Standard Curriculum for classroom, skills laboratory, hospital clinical, and field internship.~~

(8) Florida approved EMT and paramedic ~~Emergency Medical Technician~~ Training Programs must have, at a minimum, the equipment and supplies listed in DH Form 1698, 04/2017, Application for Approval of an Emergency Medical Services (EMS) Training Program Table I.

(9) Florida approved paramedic Training Programs must have at a minimum the equipment and supplies listed in Table I and Table II.

(9)(10) No change.

TABLE I EMERGENCY MEDICAL TECHNICIAN BASIC TRAINING PROGRAM REQUIRED EQUIPMENT AND SUPPLIES

AIRWAY

Oral pharyngeal airways	(Adult, Child, & Infant)
Nasal pharyngeal airways	(Adult, Child, & Infant)
Bag valve mask	(Adult, Child, & Infant)
Pocket mask with one-way valve	(Adult)

SUCTION

Portable suction unit Connecting tubing	(Battery Powered & Manual)
Soft tip suction catheters	(Sizes 6 – 18 French)

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Rigid suction tip
Meconium Aspirator
Bulb syringe

Oxygen (O₂) and Supplies
O₂ tank with wrench
Regulator with high flow port
Demand valve **
Bite sticks
High concentration mask
Simple face mask
Nasal cannulas
Venturi mask
O₂ tubing
Nebulizer

(Adult, Child, & Infant)
(Adult, Child, & Infant)
(Adult, Child, & Infant)
(Adult)

DIAGNOSTIC EQUIPMENT

Blood pressure cuffs (Thigh, Large Adult, Adult, Child, and Infant)
Stethoscopes (Adult & Pediatric)
Teaching stethoscopes
Thermometer
Penlights

INFECTION CONTROL

Gloves (latex, non-latex, & powder free) (All Sizes)
Disinfectant
Biohazard trash bags
Sharps container**
Personal protective equipment (Gown, Eye & Face Shields)

PHARMACEUTICALS

Insta-glucose
Epi-Pen trainer
Activated charcoal
Placebo inhalers
Nitroglycerin (May be simulated)

MEDICAL TRAINING EQUIPMENT

AED trainer with pads** (Adult & Child)
CPR manikins (Adult, Child & Infant)
Airway manikins ** (Adult, Child & Infant)
Childbirth manikins**
Full body basic life support manikins (Adult & Child)
Moulage kit **

IMMOBILIZATION AND EXTRICATION

Non-wood long spine board with straps (Adult & Pediatric)
Short board (Adult & Pediatric)
Vest style immobilization device with straps (Adults)
C-collars (Adult Child & Pediatric)
Head immobilizers (Adult & Pediatric)
Basket stretcher**
Scoop stretcher**
Car seat** (Child & Infant)
Flexible stretcher **

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Patient restraints

SPLINTS

Traction splints (two out of the three)	(Adult & Pediatric)
Vacuum	(Assorted sizes)
Air	(Assorted sizes)
Padded board splints	(Assorted sizes)

PATIENT TRANSPORT EQUIPMENT

Stretcher with straps	(Must be capable of multi-level positioning)
Stair chair with straps	

BANDAGES AND DRESSINGS

Elastic bandage	
Roller gauze	
Non-sterile or sterile sponges	
Abdominal pads	
Multi-trauma dressing	
Non-adherent dressing	
Petroleum gauze	
Triangular bandages	
Eye pads	
Band aids	
Tape	(Assorted sizes)
Cold packs	
Burn sheets	(May be simulated)
OB kits	
Tongue depressors	

MISCELLANEOUS

Trauma shears	
Ring cutter with extra blades	
Emergency/Survival blanket	
Jump bag	
Helmets	(Open & Full face)
Football Helmet and Shoulder Pads **	

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Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.

PARAMEDIC TRAINING PROGRAM EQUIPMENT AND SUPPLIES

In addition to equipment and supplies required for EMT Training Programs

AIRWAY

Esophageal intubation detector	(Two out of three)
Colorimetric CO2 detector	(Adult & Pediatric)
Bulb type intubation detector	(Adult)
Syringe type intubation Detector	(Adult)
Endotracheal tubes	(Sizes 2.5-8)
Naso-gastric tubes	(Assorted sizes)
Commercial manufactured tube holder	(Adult & Pediatric)
Laryngoscope handles with batteries	(Adult & Pediatric)
Laryngoscope with Macintosh and miller blades	(Complete set of each)
Replacement laryngoscope light bulbs	
Stylettes	(Assorted sizes)

Lighted stylettes _____ (Adult)
Cricothyrotomy kit**
Pneumothorax kit**
Supraglottic airways

OXYGEN AND SUPPLIES

Continuous Positive Airway Pressure (CPAP) with Circuits and Mask ** (Adult)
Automatic Ventilator with Circuits Mask and Peep Valve** (Adult & Pediatric)

DIAGNOSTIC EQUIPMENT

Glucometer with lancets and test strips

CARDIOLOGY SUPPLIES

Cardiac monitor capable of defibrillation with cables
Cardiac monitor capable of defibrillation, 12 lead EKG, and pacing, with cables, and wave form end title carbon dioxide detector capable of printing
Battery support system with spare batteries
EKG paper
Rhythm generator capable of generating 3 or 4 lead displays
Rhythm generator capable of generating 12 lead rhythms

IV AND PHARMACEUTICALS SUPPLIES

IV catheters _____ (Sizes 22 - 14 gauges)
Butterfly needles _____ (Assorted Sizes)
Blood collection tubes
Vacutainer device with luer adapter
Syringes _____ (Sizes 3-20cc)
Hypodermic needles _____ (Sizes 25-18 gauge)
Intraosseous Needles
Practice medication ampoules, vials, and premeasured syringes
Macrodrugs IV sets
Microdrips IV sets
IV extension sets
3-way stop cocks
Buretrol solution set
IV fluids
IV start kits

ADVANCED LIFE SUPPORT PHARMACOLOGICAL DRUGS

(May be commercially packaged or simulated)

Atropine
Dextrose
Furosemide
Magnesium
Naloxone
Sodium Bicarbonate
Epinephrine 1:10000
Epinephrine 1:1000
Lidocaine
Amiodarone
Dopamine
Vasopressin
Procainamide
Adenosine
Digoxin
Verapamil

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Cardizem
Morphine Sulfate
Nitroglycerin
Aspirin
Lidocaine drip
Dopamine drip

MEDICAL TRAINING EQUIPMENT

IV trainer	(Adult)
Cricothyrotomy manikins**	(Adult)
Intraosseous trainer**	(Pediatric)
IM and Sub-Q injection trainer**	(Adult & Pediatric)
Pneumothorax trainer**	(Adult)
Full body advanced life support manikins**	(Adult, Child, & Infant)
Consumable parts for all trainers **	(Adult, Child, & Infant)

MISCELLANEOUS ITEMS

Triage tags
Two-way communication radios or walkie-talkie
Length Base resuscitation device

****Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.**

Rulemaking Authority 401.27, 401.2715 FS. Law Implemented 401.27, 401.2715 FS. History—New 9-3-00, Amended 4-15-01, 4-21-02, 11-3-02, 12-18-06, 10-16-07, Formerly 64E-2.036, Amended 8-12-10, _____.

64J-1.0202 EMS Recertification Training Programs.

(1) Commencing with the effective date of this rule and expiring December 1 of even numbered years thereafter, entities not licensed as an emergency medical services provider or a department approved Florida training program shall be approved to conduct EMT or paramedic recertification training providing they meet the requirements contained in Section 401.2715, F.S., and this section. To be approved as an EMS Recertification Training Program, each applicant shall:

- (a) through (b) No change.
- (c) Submit the following for each course offering:
 - 1. Behavioral objectives:

a. Describe expected learner outcomes in terms that can be evaluated, are obtainable and are relevant to the January 2009 1996 U.S. DOT EMT-Basic National EMS Education Standards Standard Refresher Curriculum referenced in Rule 64J-1.008, F.A.C., and to the January 2009 1998 U.S. DOT EMT-Paramedic (EMT-P) National EMS Education Standards Standard Curriculum referenced in Rule 64J-1.009, F.A.C.

- b. No. change.
- 2. through 7. No change.
- (2) through (5) No change.

Rulemaking Authority 401.27, 401.2715 FS. Law Implemented 401.27, 401.2715 FS. History—New 5-27-10, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Melia Jenkins

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Celeste Philip, MD, MPH,
State Surgeon General

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 19, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 5, 2016

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DEPARTMENT OF HEALTH

Division of Emergency Preparedness and Community Support

RULE NO.:	RULE TITLE:
64J-1.001	Definitions
64J-1.004	Medical Direction
64J-1.008	Emergency Medical Technician
64J-1.009	Paramedic
64J-1.010	Voluntary Inactive Certification
64J-1.011	Involuntary Inactive Certification
64J-1.020	Training Programs
64J-1.0202	EMS Recertification Training Programs

STATEMENT OF FACTS AND CIRCUMSTANCES JUSTIFYING RULE PROPOSAL

The purpose and effect is to amend rule language as part of the agency's rule line reduction initiative, including the initiative to remove outdated obsolete and unnecessary rule language and update rule forms. Additionally, for some of the rule sections, amendment is required to implement Fla. Session Law 2013-128, and 2016-941, related to training standards, certification requirements and inactive licensure status. These revisions will amend the following rules: 64J-1.001, 64J-1.004, 64J-1.008, 64J-1.009, 64J-1.010, 64J-1.011, 64J-1.020, and 64J-1.0202.

STATEMENT REGARDING FEDERAL STANDARDS

There is no ascertainable parallel federal rule or standard with which to make a comparison.

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Proposed Rule: Is a SERC Required

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Division: Emergency Preparedness and Community Support

Rule (number & description):

64J-1.001 Definitions
64J-1.004 Medical Direction
64J-1.008 Emergency Medical Technician
64J-1.009 Paramedic
64J-1.010 Voluntary Inactive Certification
64J-1.011 Involuntary Inactive Certification
64J-1.020 Training Programs
64J-1.0202 EMS Recertification Training Programs

Please remember to analyze the impact of the rule, NOT the statute, when completing this form.

I. Adverse Impact Determination

a. Economic? (Check all that apply.)

- ☐ Increased fees to be paid by licensee, applicant, registrant, etc.
☐ Increased costs of doing business (equipment, software, etc.)
☐ Increased personnel costs (additional employees, insurance, overtime, training, etc.)
☐ Decreased opportunity for profit (limits on fees, scope of business/practice, ability to partner with others, etc.)

b. Non-economic? (Check all that apply.)

- ☐ Increased time and effort to comply (forms, tests, etc.)
☐ Increased need for specialized knowledge (legal, technical, etc.)

If any of the above boxes are checked, answer "Yes," then continue to the next section. If no boxes are checked, answer "No," and skip to Section III below. ☐ Yes ☒ No

II. Small Business Determination

a. Are any of the affected entities a "small business?" (Check all that apply.)

- ☐ 200 or less **permanent full-time** employees;
☐ Net worth less than \$5 million (including value of affiliates);
☐ Independently owned and operated (NOT a subsidiary of another entity); **AND,**
☐ Engaged in a commercial enterprise?

If **ALL** of the preceding boxes are checked, answer "Yes," and skip to Section III below.

If you did not check **ALL** of the above boxes, check "No," then continue to the next qualification.

☐ Yes ☐ No

b. Small Business Certification

- ☐ Does any affected entity have Small Business Administration 8(a) certification?
☐ Yes (see, www.ccr.gov) ☐ No

If the answers to I and II are "Yes," the agency must prepare a SERC.

III. Regulatory Cost Increase Determination

Direct: a. Increased Regulatory Cost: 0

- Indirect:
- b. Number of Entities Impacted: 53,824
 - c. Multiply a. times b.: 0
 - d. Is c. greater than \$200,000? ☐ Yes ☒ No
 - e. Any ascertainable indirect costs? ☐ Yes ☒ No
 - f. Amount of Indirect Cost: 0
 - g. Number of Entities Impacted: 53,824
 - h. Multiply g. times f.: 0
 - i. Is h. greater than \$200,000? ☐ Yes ☒ No
 - j. Is h. plus c. greater than \$200,000? ☐ Yes ☒ No

If the answer to d., i., or j. is "Yes," the agency must prepare a SERC.

Prepared By (type name): Steve McCoy

Date (type date): May 10, 2017

To be certified by the agency head, if the agency is within the purview of the Governor; otherwise, certified by the agency's legal counsel or other appropriate person.

Is a SERC required? ☐ Yes ☒ No

Name: Celeste Philip, MD, MPH
(Print Name)


(Signature)

Title: State Surgeon General and Secretary
Florida Department of Health

Date: 6/19/17

Phone: (850) 245-4444 ext 4321

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RECERTIFICATION NOTICE AND APPLICATION

Bureau of Emergency Medical Services – Paramedic and EMT

Expiration: 12/01/_____



License Type:

Status:

The fee of \$45.00 and the renewal notice must be postmarked on or before December 1, 20____. Renewal notices postmarked on or after December 02, 20____, require renewal and delinquent fees of \$70.00.

Name:	
Mailing Address:	Practice Location:
Attention:	Attention:

☐ My mailing address has changed, please see update on Information Sheet.

☐ My practice location address has changed, please see update on Information Sheet.

License/Certificate Status

Change of License/Certificate Status

- ☐ I wish to change my license/certificate status from Active to Voluntary Inactive. The fee for a Voluntary Inactive status receipt on or before December 01, 20 ____, is \$50.00. You may not practice in this status according to Florida Administrative Code Rule 64J-1.010.

Change of Military Status

- ☐ I am requesting Military Active status (You need to submit proof of active military duty. Please attach a copy of current active duty orders or a letter from your Commanding Officer). There is no fee for Military Active status.

Name Change

- ☐ Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the Department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation. If the name change cannot be completed, your license will be renewed using the current name.

Last First Middle Title

Emergency Registration

- ☐ Please check if you are renewing in active status and you would be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster.

Required Criminal Conviction Question

Please circle YES or NO

Have you ever been convicted or pled nolo contendere, regardless of adjudication, to a felony charge since your last certification?

If you have ever been convicted or pled no contest, regardless of adjudication, to a felony charge within the last two years, you are required to submit documentation of the date, location, facts and disposition of the charge and, as applicable, documentation of the status of your civil rights after the felony conviction. You must submit a copy of the judgment of each felony, all probation documents, any documents that are relevant to the felony, and your explanation, must be certified by a court of competent jurisdiction. You may also submit any current letters of recommendation from your employer, probation officer, or other community leaders that you would like to have considered in this review.

Renewal Statement

By submitting the appropriate renewal fees to the Department, I certify that I have complied with all requirements for recertification pursuant to Chapter 401, F.S., and Florida Administrative Code Rule 64J-1, to the best of my knowledge and belief of the statements contained herein and on any attachments are true, correct, complete and made in good faith, I am free from any physical or mental defect or disease that might impair my ability to perform as an emergency medical technician or paramedic (does not apply to those renewing restricted certifications), and I am not addicted to alcohol or any controlled substance.

CONTINUING EDUCATION:

Continuing Education: Verify your Continuing Education Credits. Visit www.cebroker.com to find out more.

NEED HELP?

Visit <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/renewal/index.html> for more information.

CHECKLIST FOR MAILING RECERTIFICATION NOTICE/APPLICATION FORM:

If mailing your recertification notice/application form use the checklist below as a guide to ensure your application is complete. Please allow 2-4 weeks processing time.

Required items:

- ☐ Recertification Notice/Application Form
- ☐ Cashier's Check or Money Order made payable to "Florida Department of Health"
- ☐ Mail to:

Florida Department of Health
P.O. Box 6320
Tallahassee, Florida 32314-6320

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INFORMATION SHEET

Address Updates

If your address has changed, complete the information below and mail this page with your renewal form.

- ☐ Change of Mailing Address

Certificate Number

Last Name

First Name

Middle Initial

Street and Number

City

State

ZIP

Country

Telephone: Primary

Alternate

Cell/Mobile

- ☐ Change of Practice Location (Please note: Practice location must be a street address, not a post office box.)

Street and Number

City

State

ZIP

Country

- ☐ I am not practicing in the State of Florida and wish to change my Practice Location to "Not Practicing in Florida." By checking the box, you are indicating that you do not practice in Florida. The Department website will reflect "Not Practicing in Florida," and your mailing address will be printed on your license.

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**APPLICATION FOR EMT/PARAMEDIC
CERTIFICATION:**

- **Emergency Medical Technician (2501)**
- **Paramedic (2502)**

Please TYPE or PRINT in ink. Read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions may delay processing.

1. APPLICANT INFORMATION:

Last Name First Name Middle Initial Date of Birth / /

Mailing Address: (The address where mail and your license should be sent.)

Street and Number Suite/Apt #

City State/Province Zip Code Country

Physical Address: (A post office box is not acceptable. If your mailing address is a post office box please provide your street address.)

Street and Number Suite/Apt #

City State/Province Zip Code Country

Day time phone # () Home phone # () Cell Phone # ()

Email address: _____

Email addresses are public records under Florida law. If you do not want your email address released in response to a public records request do not provide an email address or send electronic mail to this office. Instead, contact the office by phone or in writing.

2. PERSONAL INFORMATION:

Gender: ☐ Male ☐ Female

Ethnicity: ☐ White ☐ Black ☐ Native American ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other

3. Would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster if your employer releases you to do so?

☐ Yes ☐ No

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4. CRIMINAL BACKGROUND:

Have you ever been convicted in any court in any state of a felony? ☐ Yes ☐ No

Charges: _____

If convicted, were your civil rights restored? ☐ Yes ☐ No

If you answered 'yes', you are required to submit all of the applicable documents listed below:

- ☐ Law enforcement background check from each state where a felony occurred. (e.g., Florida—FDLE)
- ☐ The court documents showing final disposition for all cases (arrest affidavit, probation documents, etc.)
- ☐ Proof of civil rights restoration (if applicable)
- ☐ Your explanation of circumstances surrounding the event(s)
- ☐ Reference letters (if you wish to have them considered)

5. APPLICATION TYPE: Indicate below the professional education requirement you have completed and the type of application you are submitting. If you are a Florida trained Paramedic, you must decide which examination you would like to take as outlined in section 7. Fees listed below are for application for initial certification only. All examination fees are to be paid directly to the vendor.

PROFESSIONAL EDUCATION	INITIAL APPLICATION	RE-EXAM APPLICATION
<input type="checkbox"/> FLORIDA TRAINED EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1010)	N/A
<input type="checkbox"/> FLORIDA TRAINED PARAMEDIC / NREMT EXAMINATION (2502)	<input type="checkbox"/> Application Fee \$45.00 (1010)	N/A
<input type="checkbox"/> FLORIDA TRAINED PARAMEDIC / FLORIDA EXAMINATION (2502)	<input type="checkbox"/> Application Fee \$45.00 (1010)	<input type="checkbox"/> Application Fee \$45.00 (1011)
<input type="checkbox"/> FLORIDA HEALTH PROFESSIONAL/PARAMEDIC (MD, DO, PA, RN, DDS) (2502)	<input type="checkbox"/> Application Fee \$45.00 (1014)	N/A
<input type="checkbox"/> OUT-OF-STATE TRAINED EMT With Current NREMT Registration (2501)	<input type="checkbox"/> Application Fee \$35.00 (1015)	N/A
<input type="checkbox"/> OUT-OF-STATE TRAINED PARAMEDIC With Current NREMT Registration (2502)	<input type="checkbox"/> Application Fee \$45.00 (1015)	N/A
<input type="checkbox"/> MILITARY TRAINED EMT With Current NREMT Registration	<input type="checkbox"/> Application Fee \$35.00 (1016)	N/A
<input type="checkbox"/> MILITARY TRAINED PARAMEDIC With Current NREMT Registration	<input type="checkbox"/> Application Fee \$45.00 (1016)	N/A
<input type="checkbox"/> FLORIDA PARAMEDIC APPLYING FOR EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1025)	N/A

6. PROFESSIONAL CERTIFICATION: Indicate the card you hold that applies to the level of certification you are seeking. (Check all that are applicable.)

- ☐ CPR for Professional Rescuer or its equivalent (EMT) ☐ ACLS card or its equivalent (Paramedic)
☐ American Heart Association
☐ American Red Cross
☐ Other provider: _____

Issue Date: _____

Expiration Date: _____

7. FLORIDA TRAINED EMT AND PARAMEDIC APPLICANTS:

- 7a.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program and passed the National Registry of Emergency Medical Technicians (NREMT) Certification within two years, please submit your examination date and results to the Department of Health (Department).
- 7b.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program within the last two years, but have not already passed the NREMT Certification Examination please register for the NREMT Certification Examination directly with NREMT and provide your candidate number below. You do not have to wait for approval from the Department to sit for the examination, but you must pass the examination within two years of program completion.

NREMT Candidate Number: _____

- 7c.** If you are an applicant for Paramedic Certification who completed a Florida Training Program within the last two years, but have not already passed the NREMT Certification Examination, and wish to take the Florida Paramedic Examination, please complete this application in its entirety, and wait for approval from the Department to sit for the Florida Paramedic Examination. If you do not pass the Florida Paramedic Examination, you may not retake the examination until you receive an Authorization to Test, by reapplying to the Department.

8. OUT-OF-STATE TRAINED AND MILITARY TRAINED APPLICANTS:

If you received your training in another state or in the military, you must have a current National Registry of Emergency Medical Technicians (NREMT) certification in order to be licensed in Florida.

9. TRAINING:

- 9.a.1.** Are you a graduate of a Florida approved training program located in Florida? ☐ Yes ☐ No
- 2.** If the answer to question 9.a.1. above is No, please skip to question 9.b.
If the answer to question 9.a.1. above is Yes, provide the date you completed the training program: _____
- 3.** Please provide a certificate of course completion from the Florida training program that includes the number of hours and the date of completion.
- 9.b.1.** Are you applying for certification based on holding a current certification from the National Registry of Emergency Medical Technicians (NREMT)? ☐ Yes ☐ No
- 2.** All applicants who answer Yes to questions 9. b.1. must have the NREMT provide a completed "Statement of Good Standing" directly to the Department. The Statement of Good Standing is part of this application.

10. PUBLIC RECORDS EXEMPTION: Pursuant to section 119.071(4)(d)2.o., Florida Statutes., Paramedics and EMTs are entitled to have their home address, telephone number, date of birth and photograph(s) exempted from public disclosure upon request to the Department. Please indicate whether you would like the Department to maintain the confidentiality of this information.

☐ Yes

☐ No

11. I hereby certify that I am not addicted to alcohol or any controlled substance.

☐ Yes

☐ No

12. I hereby certify that I am free from any physical or mental defect or disease that might impair my ability to perform my duties.

☐ Yes

☐ No

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OATH OR AFFIRMATION (Must Be Completed):

I, the undersigned, do swear or affirm that I am the person referred to in this application for certification in the state of Florida, that I am at least 18 years of age, I am of good moral character and that I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare under penalty of perjury that the answers and all statements made by me herein and attached are true and correct.

AFFIANT
Name: _____ [PRINT]

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
_____ who is ☐ personally known OR ☐ produced
identification. Type of identification presented: _____.

{NOTARY SEAL}

Signature of Notary Public
Name: _____ [PRINT]
Commission No.: _____
Expires: _____



THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION*

**Florida Department of Health
EMT/Paramedic Initial Application**

Name: _____
Last First Middle

Social Security Number: _____

This page MUST be submitted with the application.

*** The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13).**

Florida Department of Health
4052 Bald Cypress Way, Bin C85
Tallahassee, Florida 32399-3285

Website: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html>

GENERAL INFORMATION AND APPLICATION INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE MAILING THE APPLICATION.

Any missing documents will slow the processing of your application.

Any reference to "licensure" in this application also means "certification".

This application form (DH 1583, 04/17) may be used to apply for certification for Emergency Medical Technician or Paramedic. You must complete and return pages 1 through 4 of the application and the Certificate of Course Completion, if applicable, along with your money order or cashier's check made payable to the Florida Department of Health.

1. ALL APPLICANTS MUST BE 18 YEARS OF AGE.

2. ALL FORMS are available for download at: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/applications-and-forms/index.html>.

3. PROFESSIONAL RESCUER CERTIFICATION

An applicant for EMT certification must hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by Florida Administrative Code Rule 64J-1.022.

An applicant for Paramedic certification must hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association, American Red Cross, or its equivalent as defined by Florida Administrative Code Rule 64J-1.022.

You may go to our website: <http://www.floridahealth.gov/licensing-and-regulation/licensing-ems-education/documents/cpr.acls.providers.20151.pdf> to verify approved courses other than those listed above.

4. CRIMINAL HISTORY BACKGROUND: If you answered **YES** to the criminal history question (#4), you must submit the listed documentation and

- ☐ Law enforcement background check from each state where a felony occurred. (For offenses committed in Florida, contact the Florida Department of Law Enforcement, <http://www.fdle.state.fl.us>).
- ☐ Copies of arrest report(s), court documents showing sentence, proof of completing all terms of sentence, including rehabilitation/treatment programs, proof of restoration of civil rights if applicable.
- ☐ Reference letters and any other information/documents you would like taken into consideration.

5. AMERICANS WITH DISABILITIES ACT REQUESTS: Applicants taking the National Registry of Emergency Medical Technicians (NREMT) examination and seeking an ADA accommodation must contact the NREMT directly at (614) 888-4484. All Applicants taking the Florida examination should call (850) 245-4444, Ext. 3973, for ADA requests.

6. When this application is submitted online, the applicant signature page, certificates of course completion, good standing forms and criminal history documents and specifically requested documents must be mailed, faxed or emailed to the Department.

7. Examination fees are payable directly to the NREMT or Prometric depending on the examination selected.

Your examination scores will not be mailed to you. They will be available approximately 14 days after you sit for the exam at: <http://ww2.doh.state.fl.us/OnlineTestNET/default.aspx>.

CONTACT INFORMATION	
MQA Customer Service Center General Information	850-488-0595
EMT/Paramedic/Rad Tech Certification Office	850-245-4910 (telephone) 850-921-6365 (fax)
Website	http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html
E-mail	mqa.emt-paramedics@flhealth.gov
License Verification/ Address Change/Renewal	www.flhealthsource.com
Exam Results	http://ww2.doh.state.fl.us/OnlineTestNET/default.aspx
Mailing address for application and fees	Florida Department of Health EMT-Paramedic Certification Office P.O. Box 6330 Tallahassee, FL 32314-6330
Mailing address for any correspondence containing no fees	Florida Department of Health EMT-Paramedic Certification Office 4052 Bald Cypress Way, BIN C85 Tallahassee, FL 32399-3285

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES

APPLICATION FOR APPROVAL OF AN
EMERGENCY MEDICAL SERVICES (EMS) TRAINING PROGRAM
(Application must be typed or printed)

Select only one: EMT _____ Paramedic _____

Part I:

Name of Institution: _____

Address of Institution: _____

Name of Chief Executive Officer: _____

Primary Instructional Location: _____

Name of Program Director: _____

Telephone Number of Program Director: () _____ FAX () _____

Email: _____ @ _____ Institution's Website (if applicable): _____

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EMERGENCY MEDICAL SERVICES
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For Non-Public Schools: Attach a copy of the current license issued by the Florida Department of Education, Commission for Independent Education to offer the program and evidence of compliance with any other applicable requirements. **Attach as Attachment 1.**

Part II:

1. **Affiliations** - for the purpose of conducting hospital and field clinical training:

a. Name of hospital(s) and other facilities: _____

b. Paramedic program's name of Advanced Life Support EMS Providers: (Must have at least one agreement with a licensed primary 911 response and transport agency) _____

c. EMT program's name of Basic Life Support Providers: _____

d. Attach a current written agreement or contract for each hospital and EMS provider agency used for the clinical training of your students. **Attach as Attachment 2.**

2. **Program of Study:**

- a. Attach a comprehensive list or skill sheets of psychomotor skills required to complete the Training Program. **Attach as Attachment 3.**
- b. Contact hours of each program component:
Didactic _____ Clinical Internship _____
Field Internship _____ Skills Practice Laboratory _____
Other areas _____ Contact Hours of Entire Training Program: _____
- c. Specify all pre-requisites or co-requisites to the program. **Attach as Attachment 4.**
- d. Specify how you familiarize the students with Chapter 401, Florida Statutes, (F.S.) and Chapter 64J-1, Florida Administrative Code (F.A.C.). **Attach as Attachment 5.**
- e. List each course and the number of hours for each course. **Attach as Attachment 6.**
- f. Clearly define phase one of the paramedic program. **(Paramedic Programs Only) Attach as Attachment 7.**
- g. Submit documentation verifying that the curriculum includes each of the following:
 1. Two hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as required by section 401.2701, Florida Statutes.
 2. Sudden Unexpected Infant Death (SUID) training as required by section 383.3362(3)(a)(b), Florida Statutes.
 3. A comprehensive final written and practical examination evaluating the skills described in the most current US DOT National Education Standards. (Do not send the actual written exam.) **Attach as Attachment 8.**
- h. Specify the student-to-instructor ratio for the skills practice laboratory component of the program
_____/_____
- i. Attach a copy of the course syllabus or course outline that is used for the Training Program that will document all areas of Part II, Section 2, of this application. **Attach as Attachment 9.**

3. **Faculty:**

1. **Medical Director:**

- a. Name: _____
- b. Address: _____

- c. Florida Physician License #: _____ Date Issued: _____
- d. Provide documentation that the Training Program's Medical Director has current certifications as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 10.**
- e. Attach a copy of a current contract between the Training Program and the program's Medical Director, as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 11.**
- f. Have the Medical Director clearly state how he/she certifies that graduates have successfully completed all phases of the education program and are proficient in basic or advanced life support techniques as applicable and required by section 401.2701, Florida Statutes. **Attach as Attachment 12.**
- g. Have the Medical Director clearly state how he/she participates in the mid-term evaluation and the final practical examination of students as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 13.**

2. Instructional Staff:

- a. Name of Program Coordinator: _____
- b. Name of Lead Instructor (also known as Primary Instructor): _____

- c. Name(s) of Adjunct Faculty: _____

- d. Attach a description of the institution's qualification requirements for the position and the duties and responsibilities of the Program Director, Program Coordinator, and Lead Instructor(s). **Attach as Attachment 14.**
- e. Submit a CV or resume for the Program Director, Program Coordinator, Lead Instructor(s), and Adjunct Faculty demonstrating they meet the qualifications of Rule 64J-1.0201, Florida Administrative Code. **Attach as Attachment 15.**

4. Records:

Attach a list of documents retained in a student's record as required by section 401.2701, Florida Statutes. **Attach as Attachment 16.**

- These records will be reviewed during the site visit.

5. **Program Policies:**

- a. Attach a copy of the Training Program's admission requirements, student handbook, and any printed advertisement(s) referencing the EMT and/or Paramedic Training Program. **Attach as Attachment 17.**
- b. Specify the institution's definition of course completion. **Attach as Attachment 18.**
- c. Attach a copy of the certificate of completion that is issued to the graduate that includes the course hours and date of completion. **Attach as Attachment 19.**
- d. Attach a description of the institution's student uniform policy during class, lab, clinical, and field internship that clearly identifies them as a student to the public. **Attach as Attachment 20.**

6. **Training Program Locations:**

- a. Specify all physical locations of instructions: **Attach as Attachment 21.**
- b. Submit an inventory of the Training Program's medical equipment and supplies.
(If more than one instructional location, attach an inventory list for each location).
Attach as Attachment 22.

7. **Required Emergency Medical Technician and Paramedic Training Program Equipment and Supplies:**

AIRWAY

Oral pharyngeal airways (Adult, Child, & Infant)
Nasal pharyngeal airways (Adult, Child, & Infant)
Bag valve mask (Adult, Child, & Infant)
Pocket mask with one-way valve (Adult)

SUCTION

Portable suction unit (Battery Powered & Manual)
Connecting tubing
Soft tip suction catheters (Sizes 6 - 18 French)
Rigid suction tip
Bulb syringe.....

Oxygen (O²) and Supplies

O² tank with wrench.....
Regulator with high flow port
Bite sticks
High concentration mask (Adult, Child, & Infant)
Simple face mask (Adult, Child, & Infant)
Nasal cannulas (Adult, Child, & Infant)
O² tubing
Nebulizer

DIAGNOSTIC EQUIPMENT

Blood pressure cuffs
..... (Thigh, Large Adult, Adult, Child, Infant)
Stethoscopes..... (Adult & Pediatric)

Teaching stethoscopes
Thermometer
Penlights

INFECTION CONTROL

Gloves (latex, non-latex & powder free) (All Sizes)
Disinfectant
Biohazard trash bags
Sharps container**
Personal protective equipment.....

PHARMACEUTICALS

Insta glucose.....
Epi Pen trainer
Activated charcoal.....
Placebo inhalers
Nitroglycerin (May be simulated)

MEDICAL TRAINING EQUIPMENT

AED trainer with pads** (Adult & Child)
CPR manikins (Adult, Child & Infant)
Airway manikins** (Adult, Child & Infant)
Childbirth manikins**
Full body basic life support manikins... (Adult & Child)
Moulage kit **

IMMOBILIZATION AND EXTRICATION

Non-wood long spine board with straps
..... (Adult & Pediatric)
Short board..... (Adult & Pediatric)
Vest style immobilization device with straps
C-collars (Adult Child & Pediatric)
Head immobilizers (Adult & Pediatric)
Basket stretcher**
Scoop stretcher**
Car seat** (Child & Infant)
Flexible stretcher**
Patient restraints.....

SPLINTS

Traction splints (2 out of the 3) (Adult & Pediatric)
Vacuum (Assorted sizes)
Air(Assorted sizes)
Padded board splints (Assorted sizes)

PATIENT TRANSPORT EQUIPMENT

Stretcher with straps (must be capable of multi-level
positioning).....
Stair chair with straps

BANDAGES AND DRESSINGS

Elastic bandage.....
Roller gauze
Non-sterile or sterile sponges
Abdominal pads.....
Multi trauma dressing
Non-adherent dressing
Petroleum gauze
Triangular bandages.....
Eye pads
Band-Aids.....
Tape (Assorted sizes)
Cold packs.....
Burn sheets (May be simulated)
OB kits.....
Tongue depressors.....

MISCELLANEOUS

Trauma shears
Ring cutter with extra blades
Emergency/Survival blanket
Jump bag
Helmets (Open & Full face)
Football Helmet and Shoulder Pads**

PARAMEDIC TRAINING PROGRAM EQUIPMENT AND SUPPLIES.

(In addition to equipment and supplies required for
EMT Training Programs...)

AIRWAY

Esophageal intubation detector (2 out of 3)
Colorimetric CO2 detector (Adult & Pediatric)
Bulb type intubation detector (Adult)
Syringe type intubation detector (Adult)
Endotracheal tubes (Sizes 2.5 - 8)
Naso-gastric tubes (Assorted sizes)
Commercial manufactured tube holder.....
..... (Adult & Pediatric)
Laryngoscope handles with batteries
..... (Adult & Pediatric)
Laryngoscope with Macintosh and Miller blades
(Complete set of each).....
Replacement laryngoscope light bulbs
Stylettes (Assorted sizes)
Lighted stylettes (Adult)
Cricothyrotomy kit**
Pneumothorax kit**
Superglottic airways.....

OXYGEN AND SUPPLIES

CPAP with Circuits and Mask ** (Adult)
Automatic Ventilator with Circuits Mask and Peep
Valve** (Adult & Pediatric)

DIAGNOSTIC EQUIPMENT

Glucometer with lancets and test strips

CARDIOLOGY SUPPLIES

Cardiac monitor capable of defibrillation with cables ..
Cardiac monitor capable of defibrillation, 12 lead
EKG, pacing, and wave form end title carbon
dioxide detector capable of printing
Battery support system with spare batteries
EKG paper
Rhythm generator capable of generating 3 or 4 lead
displays
Rhythm generator capable of generating 12 lead
rhythms.....

IV AND PHARMACEUTICALS SUPPLIES

IV catheters..... (Sizes 22 – 14 gauges)
Butterfly needles (Assorted Sizes)
Blood collection tubes
Vacutainer device with luer adapter
Syringes (Sizes 3-20cc)
Hypodermic needles (Sizes 25-18 gauge)
Intraosseous Needles
Practice medication ampoules, vials, and pre-
measured syringes
Macrodrrips IV sets
Microdrrips IV sets.....
IV extension sets.....
3 way stop cocks.....

Buretrol solution set.....
 IV fluids
 IV start kits.....

ADVANCED LIFE SUPPORT

PHARMACOLOGICAL DRUGS

(May be commercially packaged or simulated)

Atropine Vasopressin
 Dextrose Procainamide
 Furosemide Adenosine
 Magnesium Digoxin
 Nalaxone Verapamil
 Sodium Bicarb Cardizem
 Epi 1:10000 Morphine Sulfate
 Epi 1:1000 Nitroglycerin
 Lidocaine Aspirin
 Amiodarone Lidocaine drip

Dopamine Dopamine drip

MEDICAL TRAINING EQUIPMENT

IV trainer (Adult)
 Cricothyrotomy manikins** (Adult)
 Intraosseous trainer** (Pediatric)
 IM and Sub-Q injection trainer** (Adult & Pediatric)
 Pneumothorax trainer** (Adult)
 Full body advanced life support manikins**
 (Adult, Child, & Infant)
 Consumable parts for all trainers**
 (Adult, Child, & Infant)

MISCELLANEOUS ITEMS

Triage tags
 Two-way communication radios or walkie-talkie
 Length-Base resuscitation device.....

****Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.**

8. Additional Information or Comments: Attach as Attachment 23.

Part III:

Important Information for the Applicant:

1. The applicant must complete all departmental requirements, to include a site visit, within 120 days of receipt of this application by the Department or this application will no longer be accepted (or considered valid). The institution has the right to reapply.
2. Once this application is deemed accepted by the Department, a site visit will be scheduled. The site visit will consist of a records review and collection of documents that substantiate that the program complies with the US DOT National Education Standard, all applicable Florida Statutes, and all applicable Florida Administrative Code rules.
3. Any changes to Part I or Part II, Section 1 of this application, require submission of a new application and approval. Any changes to Part II, Section 2 of this application require written notification to the Department within 30 days of the change.
4. Application and onsite evaluation must be completed for each location in which instruction occurs.
5. All components of the US DOT National Education Standards will be evaluated during the on-site-visit.

6. Certification Statement

We, the undersigned representatives of the sponsoring institution described herein, do hereby confirm that our institution meets all the standards for an EMS Training Program as provided in Chapter 401, F.S., and Chapter 64J-1, F.A.C. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval.

Program Director's Signature

Date

Name of Person Completing Application

Title

Submit this completed application form with all requested attachments to:

ATTN: State EMS Education Coordinator
Emergency Medical Services
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

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**REQUEST FOR EMT/PARAMEDIC
REACTIVATION OF EXPIRED CERTIFICATION:**



- *Emergency Medical Technician (2501)*
- *Paramedic (2502)*

Please TYPE or PRINT in ink. Read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted.

1. FEES:

Please submit with your request for reactivation of your expired certificate the appropriate fees for your profession as described below. Payment must be made by check or money order payable to the Florida Department of Health (Department). These fees are not refundable.

☐ **EMTs:** **\$45 (\$20 renewal fee plus \$25 late fee)**

☐ **Paramedics:** **\$70 (\$45 renewal fee plus \$25 late fee)**

2. CERTIFICATION INFORMATION:

Certificate Number

Last Name

First Name

Middle Initial

Date of Birth

Mailing Address: (The address where mail and your certificate should be sent.)

Street and Number

Suite/Apt. #

City

State/Province

Zip Code

Country

Physical Address: (A post office box is not acceptable. If your mailing address is a post office box please provide your street address.)

Street and Number

Suite/Apt #

City

State/Province

Zip Code

Country

Telephone: _____

Primary

Alternate

Cell/Mobile

Email

address(optional): _____

Email addresses are public records under Florida law. If you do not want your email address released in response to a public records request do not provide an email address or send electronic mail to this office. Instead, contact the office by phone or in writing.

3. EMTs Only: (See Florida Administrative Code Rule 64J-1.008) (2)(a))

- a. If you are attempting to reactivate your certification in the 2 years following its expiration, please attach to this form the following:

Proof of completion of 30 hours of EMT refresher training based on the January 2009 U.S. DOT EMT National EMS Education Standards, to include adult and pediatric education with a minimum of 2 hours in pediatric emergencies described in Florida Administrative Code rule 64J-1.008 (2) (a).; and

- b. If you are applying to reactivate your certification in the second renewal cycle following its expiration, attach proof of completion of an additional 30 hours of the course content described in 3. a. above; and

You must pass the National Registry of Emergency Medical Technicians (NREMT) EMT certification examination before the end of the second renewal cycle.

4. Paramedics Only: (See Florida Administrative Code Rule 64J-1.009) (2)(a))

- a. If you are attempting to reactivate your certification in the 2 years following its expiration, please attach to this form the following:

Proof of completion of 30 hours of paramedic refresher training based on the January 2009 U.S. DOT Paramedic National EMS Education Standards, to include adult and pediatric education with a minimum of 2 hours in pediatric emergencies described in Florida Administrative Code rule 64J-1.009 (2) (a).; and

- b. If you are applying to reactivate your certification in the second renewal cycle after its expiration, proof of completion of an additional 30 hours of the course content described in 4.a. above; and

You must either pass the Florida paramedic exam or the National Registry of Emergency Technicians (NREMT) paramedic certification examination before the end of the second renewal cycle.

- 5. PUBLIC RECORDS EXEMPTION:** Pursuant to Section 119.071(4)(c)2.o., Florida Statutes, paramedics and EMTs are entitled to have their home address, telephone number, date of birth and photograph(s) exempted from public disclosure upon request to the Department. Please indicate whether you would like the Department to maintain the confidentiality of this information.

☐ Yes

☐ No

- 6.** I hereby certify that I am not addicted to alcohol or any controlled substance.

☐ Yes

☐ No

- 7.** I hereby certify that I am free from any physical or mental defect or disease that might impair my ability to perform my duties.

☐ Yes

☐ No

OATH OR AFFIRMATION (Must Be Completed):

I, the undersigned, do swear or affirm that I am the person referred to in this application for reactivation of expired certification in the state of Florida, that I am at least 18 years of age, I am of good moral character and that I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare under penalty of perjury that the answers and all statements made by me herein and attached are true and correct.

AFFIANT
Name: _____

[SIGN]

[PRINT]

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
_____ who is ☐ personally known OR ☐ produced
identification. Type of identification presented: _____.

{NOTARY SEAL}

Signature of Notary Public
Name: _____
Commission No.: _____
Expires: _____

[PRINT]

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**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT
CERTIFICATION OF TRAINING**

I _____, as medical director of _____, a Florida licensed EMS provider, hereby verify that the following paramedics have been trained to administer immunizations in accordance with the requirements of Section 401.272(2)(b), Florida Statutes and 64J-1.004(5) Florida Administrative Code:

	<u>Name</u>	<u>Certification Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

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Signature _____

Florida Medical License number _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
20____, by _____. Personally Known _____ OR
Produced Identification _____ Type of Identification _____.

Signature of Notary

(Seal) My Commission Expires

Emergency Medical Technician-Basic: National Standard Curriculum

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EMT-BASIC: NATIONAL STANDARD CURRICULUM

PROJECT DIRECTOR

David J. Samuels, MBA
System Director
Samaritan AirEvac/Emergency Medical Services
Samaritan Health System
Phoenix, AZ

CO-MEDICAL DIRECTORS

Henry C. Bock, MD, FACEP
Emergency Physician
Methodist Hospital of Indiana, Inc.
Indianapolis, IN

Kimball I. Maull, MD, FACS
Director
R Adams Cowley Shock Trauma Center
Baltimore, MD

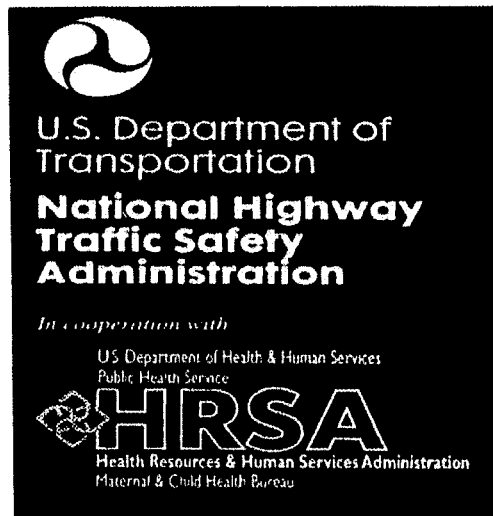
PRINCIPAL INVESTIGATOR

Walt A. Stoy, Ph.D., EMT-P
Director of Educational Programs
Center for Emergency Medicine
Research Assistant Professor of Medicine
University of Pittsburgh School of Medicine
Pittsburgh, PA

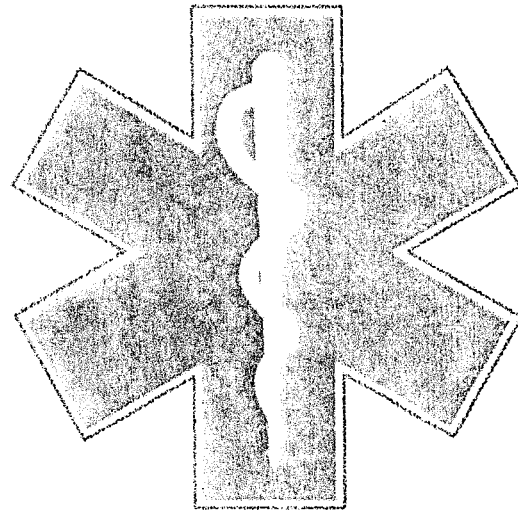
Contract Number DTNH22-90-C-05189

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EMT-PARAMEDIC



National Standard Curriculum

EMT-PARAMEDIC: NATIONAL STANDARD CURRICULUM

Project Director

Walt A. Stoy, Ph. D., EMT-P
*Associate Professor and Chair
Emergency Medicine Program
School of Health and Rehabilitation Sciences
Research Associate Professor of Emergency Medicine
Department of Emergency Medicine
School of Medicine
University of Pittsburgh
Director of Educational Programs
Center for Emergency Medicine*

Principal Investigator

Gregg S. Margolis, MS, NREMT-P
*Assistant Professor, Emergency Medicine Program
School of Health and Rehabilitation Sciences
Instructor, Department of Emergency Medicine
School of Medicine
University of Pittsburgh
Associate Director of Education
Center for Emergency Medicine*

Medical Directors

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