

**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**

Recd _____
Complete _____
Elig approved _____
Comments _____

**EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE
RECIPROCAL CERTIFICATION APPLICATION**

Instructions:

1. This form is to be used by all persons applying for reciprocal Emergency Medical Technician – Intermediate 90 and Emergency Medical Technician 03 certification. To obtain EMT-I certification, you must **FIRST** be a Vermont Basic EMT affiliated with a service licensed at the EMT-Intermediate level or higher.

2. Page two is the Statement of Compliance for Certification. Every applicant for a license or certification in the state of Vermont must sign a statement that the applicant is not under an obligation to pay child support or delinquent taxes, or is in good standing with respect to or in full compliance with a plan to pay any and all child support or delinquent taxes as of the date this application is signed. This compliance statement must be completed and signed in order for this application to be processed.

3. On page three, please print or type all requested information.
 - Vermont EMT number (**REQUIRED**), expiration date and social security number
 - Name, address and telephone numbers
 - Service affiliations - list your primary service affiliation (must be licensed in Vermont) and a secondary service affiliation, if you have one in Vermont.
 - The EMT-I certification level for which you are applying (EMT-I 90 or EMT-I 03)
 - Your National Registry Number (if applicable) and expiration date.
 - The state in which you are currently certified at an advanced level.
 - Your current certification level, number and expiration date in that state (the certification must be current).
 - Educational institution or agency that sponsored the advanced EMT course, contact person (name, title, address, phone) and course completion date.

4. Page four is the signature page. The EMS district chair, district medical advisor and the head of your primary Vermont service must sign. After you have read and answered the three questions, sign in the space provided.

5. Submit with this application a copy of your course schedule, including dates of classes, the instructor of record and the location of the course. Also attach copies (front & back) of your current EMT card, certifications, licenses and other pertinent materials. **The most common reason for rejection of an application is failure to submit these materials.**

PLEASE NOTE: Once your application is complete, we will determine whether you are eligible to take the Vermont EMT-I examination. **DO NOT attempt to take an examination unless you are notified by this office of your eligibility.** If you are eligible, we will contact you with dates and locations of exams and we will send you a form to register for the exam most convenient for you. Processing of reciprocal EMT applications depends on how quickly your home state and course coordinator provide information (may be 4-6 weeks).

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID
OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

OCCUPATION: _____

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

Vermont EMT # _____ Basic EMT Exp. Date _____ Social Security Number _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Town/City _____ State _____ ZIP _____

(____) _____ - _____ (____) _____ - _____ Sex _____ Date of Birth _____

Home Phone _____ Work Phone _____

1) _____ 2) _____

Primary VERMONT Service Affiliation _____ Secondary VERMONT Service Affiliation _____

Applying for: **EMT-Intermediate 90** **EMT-Intermediate 03 (CIRCLE ONE)**

National Registry number (not required for EMT-I cert) _____ Expiration date _____

State in which you currently hold advanced EMT certification _____ Cert number _____

Current advanced EMT certification level _____ Expiration date _____

Educational institution or agency that sponsored the advanced EMT Course _____

Contact person name _____ Title _____

Address _____

Phone _____ Course completion date _____

ATTACH COPIES OF YOUR CURRENT EMT CARD, CERTIFICATIONS, LICENSES AND OTHER PERTINENT MATERIALS.

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

Credentials verified: YES NO by: _____ Date _____

Cleared for exam: YES NO by: _____ Date _____

Written Exam	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	UL	HL
EMT-I 90								
EMT-I 03								
Practical Exam								
Sta 6	P F		P F		P F		Pt Assess & Adv Mgmt	
Sta 7	P F		P F		P F		Inter Airway Mgmt	
Sta 8	P F		P F		P F		IV Ther & Med Admin	
Sta 9	P F		P F		P F			
Sta 10	P F		P F		P F			

Cert processed and card issued by: _____ Date _____

SIGNATURE PAGE

EMS District Board Approval: I certify that the applicant has the support of the Board of Directors of this EMS district in pursuing certification at the **EMT-I 90 / EMT-I 03** level (**CIRCLE ONE**).

District Chair's Name (Printed)	District #
District Chair's Signature	Date

EMS District Medical Advisor Approval: I certify that the applicant is familiar with the protocols of Vermont and this district, has satisfied me that he/she will comply with those protocols and has my support in pursuing certification at the **EMT-I 90 / EMT-03** level (**CIRCLE ONE**).

District Medical Advisor's Name (Printed)	District #
District Medical Advisor's Signature	Date

Service Approval: In signing this application for Vermont Emergency Medical Technician – Intermediate certification I attest that the applicant is affiliated with the service listed below and has support of this organization in pursuing said certification.

Service Name	Service #
Head of Service (Print)	
Head of Service Signature	Date

(This signature must be the same as that appearing on the service's license application.)

- (**CIRCLE ONE**)
YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?
{Ref. EMS Rules Section 11.1602}
If yes, please explain: _____
- (**CIRCLE ONE**)
YES NO Have you been convicted of a crime? {Ref. EMS Rules 11.14}
If yes, please explain: _____
- (**CIRCLE ONE**)
YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?
If yes, please explain: _____

I attest the information contained in this reciprocal certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding reciprocal certification and certification examinations contained in this application. Alteration of this form does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Signature	Date	H:\EMTAdv\Inter Recip App Sig.9912
-----------------------	------	------------------------------------

Vermont EMT-Intermediate Certification Information for Reciprocity Applicants

The Vermont Office of Emergency Medical Services offers two levels of EMT-Intermediate certification. The EMT-I-90 curriculum consists of selected portions of the 1985 national standard paramedic curriculum and covers the topics outlined below. The EMT-I-03 consists of selected portions of the 1999 national standard EMT-Intermediate curriculum augmented by a few topics from the 1998 national standard paramedic curriculum. It covers the topics outlined on the next page. A chart on the next page provides a side-by-side comparison of the topics covered in the two courses. For additional information, contact the Vermont EMS Office.

EMERGENCY MEDICAL TECHNICIAN – INTERMEDIATE – 90 Content Outline

Section 1: Roles and Responsibilities

- I. Medical Ethics and Professionalism
- II. Post-Graduation Responsibilities

Section 2: EMS Systems

Section 3: Medical/Legal Considerations

- I. Essential Principles
- II. Standard of Care
- III. Medical Liability
- IV. Areas of Potential Medical Liability
- V. Medical Liability protection

Section 4: Medical Terminology

Section 5: EMS Communications

- I. Communication Systems
- II. Rules and Operating Procedures
- III. Communication of Medical Information
- IV. Communication Skills

Section 6: General Patient Assessment and Management

- I. Scene Survey
- II. Primary Survey
- III. Resuscitation
- IV. Secondary Survey
- V. History
- VI. Definitive Field Management
- VII. Re-evaluation

Section 7: Airway Management and Ventilation

- I. Airway Anatomy and Physiology
- II. Assessment
- III. Management
- IV. Respiratory Illness
- V. Chest Injuries

Section 8: Assessment and Management of Shock

- I. Definition of Shock
- II. Physiology of Perfusion
- III. Fluids and Electrolytes
- IV. Types of Shock
- V. Pathophysiology
- VI. Assessment
- VII. Management

Section 9: Pharmacology

- I. General Pharmacology
- II. Anaphylaxis
- III. Diabetic Emergencies
- IV. Narcotic Overdose and Coma

Section 10: Major Incident Response and Stress Management

Initial Program Length

All programs must meet the content and objectives of Vermont's EMT-I-90 curriculum. The curriculum includes at least the following amount of training in these areas:

Didactic	63 hours
Clinical	<u>20 hours</u>
Total	83 hours

EMERGENCY MEDICAL TECHNICIAN – INTERMEDIATE – 03 Content Outline

Module 1: Preparatory

Sec 1-1: Foundations of EMT-Intermediate
 Sec 1-2: Overview of Human Systems
 Sec 1-3: Emergency Pharmacology
 Sec 1-4: Venous Access and Medication Administration

Module 2: Airway

Sec 2-1: Airway Management and Ventilation

Module 3: Patient Assessment

Sec 3-1: History Taking
 Sec 3-2: Techniques of Physical Examination
 Sec 3-3: Patient Assessment
 Sec 3-4: Clinical Decision Making

Sec 3-5: Communications

Sec 3-6: Documentation

Module 4: Trauma

Sec 4-1: Trauma Systems & Mechanism of Injury
 Sec 4-2: Hemorrhage and Shock

Module 5: Medical

Sec 5-1: Respiratory Emergencies
 Sec 5-2: Cardiovascular Emergencies
 Sec 5-3: Diabetic Emergencies
 Sec 5-4: Allergic Reactions
 Sec 5-5: Poisoning/Overdose Emergencies
 Sec 5-6: Neurological Emergencies

Module 7: Assessment Based Management

Sec 7-1: Assessment Based Management

Initial Program Length

All programs must meet the content and objectives of Vermont's EMT-I-03 curriculum. The curriculum includes at least 104 hours of didactic material in addition to clinical experience, which is based on patient encounters rather than hours.

Comparison of EMT-I-90 and EMT-I-03

Subject/Intervention	I-90	I-03
Basic and advanced airway management, including Esophageal Tracheal Combitube	Yes	Yes
Collect blood samples	Yes	Yes
Establish and monitor peripheral IVs (including saline locks)	Yes	Yes
Infuse crystalloid solutions	Yes	Yes
Manage medical emergencies: anaphylaxis, hypoglycemia, narcotic overdose	Yes	Yes
Administer medications upon verbal order: epinephrine 1:1000, 50% dextrose, naloxone	Yes	Yes
Administer medications by subcutaneous and intravenous push routes	Yes	Yes
Use blood glucose monitor	No	Yes
Manage medical emergencies: cardiac compromise, dyspnea	No	Yes
Administer medications upon verbal order: glucagon, aspirin, nitroglycerin, albuterol, thiamine	No	Yes
Administer medications by intramuscular, intranasal, inhaled, oral, sublingual routes	No	Yes