



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES**

**OEMS FORM
#200- 21
(9/09)**

APPLICATION INSTRUCTIONS

**MA BASIC EMT CERTIFICATION BASED ON OUT-OF-STATE LICENSURE,
NATIONAL REGISTRY, TRAINING (WITH IN ONE YEAR), OR MILITARY EMT
RELATED SERVICE**

WHO SHOULD USE FORM 200-21

This form is for applicants applying for Massachusetts EMT certification based on out-of-state licensure, National Registry EMT registry card, EMT training only (if within one-year of completion), or Military EMT related service .

ELIGIBILITY

Out-of-state licensure:

Individuals applying for MA EMT certification based on out-of-state licensure will be required to send completed application, copy of current state EMT card and current CPR card (CPR training must meet AHA standards for HealthCare Provider), and verification of EMT status form completed by current state EMS Office (form is required to be in a sealed envelop and initialed by EMS office)

Individuals who hold current out-of-state licensure will be required to complete Massachusetts EMT written exam only.

National Registry EMT Credentialed only:

Individuals applying for MA EMT certification based on National Registry credentials only will be required to send completed application, copy of current National Registry EMT card and current CPR card (CPR training must meet AHA standards for HealthCare Provider), and verification of EMT status form completed by National Registry corporate office (form is required to be in a sealed envelop and initialed by National Registry representative).

Individuals who submit application based on current National Registry credentials will be required to complete both Massachusetts EMT practical and written exams.

EMT training only (if within one-year of completion):

Individuals applying for MA EMT certification based on EMT training credentials only will be required to send completed application, copy of course completion certificate and current CPR card (CPR training must meet AHA standards for HealthCare Provider). Insure that training program contact information is completely filed in on bottom of first page of application.

Individuals who hold current training credentials will be required to complete both Massachusetts EMT practical and written exams.

Military EMT related service:

Individuals applying for MA EMT certification based on Military EMT related serves credentials only will be required to send credentials indicating military job title, completed application, copy of course completion certificate and current CPR card (CPR training must meet AHA standards for HealthCare Provider).

Individuals who hold current military credentials will be required to complete both Massachusetts EMT practical and written exams.

Applications will be returned to those candidates who are missing required documentation. Please fill out both pages of the application completely and legibly. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

THE PRACTICAL AND WRITTEN EXAMINATIONS

All candidates for certification, other than current out-of-state licensed EMTs, must successfully complete the practical examination within one-year of application submission. If you are designated to complete the practical examination it must be passed before a candidate can schedule an appointment to take the written examination. Approved candidates will be mailed a list of accredited training institutions and the dates their practical exams are scheduled. It will be the candidate's responsibility to contact the accredited institution and make arrangements for the practical exam. It normally takes a minimum of two-weeks for notification of exam pass or fail.

Candidates who fail will be notified of station failure by the Office. Candidates who pass will be notified by written exam vender PSI by post card.

Candidates will be notified of eligibility to sit for the written exam by post card from exam vender named PSI. The card will provide

instructions that will enable you to schedule an exam at one of the five locations located around the state. You will take the 100 question EMT exam on a computer, when you complete the exam it will be scored immediately, and if you pass you will be given your new Massachusetts EMT card before leaving the test center.

All candidates must successfully complete the written examination within six-months of being authorized to take the exam. Candidates are allowed a maximum of three attempts on both the practical and written examination within the above time limits. If you fail to meet either deadline, you will no longer be eligible for the certification exam. To regain eligibility you would need to complete another Basic EMT course.

SUBMISSION OF APPLICATION AND FEE

There is a \$150 application/certification fee which must accompany your application packet. The EMT certification fee must be in the form of a check or money order payable to: "**Commonwealth of Massachusetts**". EMT certification fees are not refundable. There is a separate fee for the practical examination. This fee is set by the individual training institution and will be paid directly to them. The written exam administered by PSI charges a \$55 fee for each exam.

Please check your application for completeness and legibility. If your application is returned for ANY reason it will delay the scheduling of your examination.

APPLICABLE STATE REGULATIONS

Applicants for EMT certification should be aware of Massachusetts laws and regulations which govern the conduct of EMTs including, but not limited to, M.G.L. c. 111C and 105 CMR 170.000. These laws and regulations are available at the State House Book Store and may be available at your local library.

IMPORTANT INFORMATION
PLEASE RETAIN UNTIL AFTER YOU TAKE YOUR CERTIFICATION EXAMINATION

EXAMINATION DEADLINES:

The entire practical examination process (including re-examinations in the case of failure) must be completed within one year of the official end date of your EMT course. In addition, all candidates must successfully complete the written examination within six months of passing the practical examination. You will not be allowed to make an examination appointment after the exam process expiration date printed on your authorization notice.

IMPORTANT PRACTICAL EXAMINATION DAY INFORMATION

Be punctual. You must bring the following with you:

- Positive photo identification (license, school I.D.) **You will not be tested if you do not have a photo I.D. with you. The name on your I.D. must match the name on your exam application. Your I.D. must be legible with no distortion to the picture or name.**
- Your exam notice
- **Current CPR card**
- **An adult (100-200 lbs) to act as your patient. Patients must be at least 18 years old.**
- Pen or pencil to fill out forms
- You may also want to bring lunch or a snack to the practical exam.

You will not be admitted to the examination if you are carrying a weapon of any kind. **Do not bring any EMT textbooks, notebooks, skill sheets, PDA's or other electronic devices to the examination. Cell phones and pagers must be turned off while you are in the stations.**

Do not go to the examination if you are ill, incapacitated or injured. Persons with an injury, illness, or in the third trimester of pregnancy must have a note from their physician that specifically allows the candidate to take part in an all day, hands on examination involving physical exertion. The Chief Examiner may refuse to allow you to take the examination without a note from your physician.

Any and all questions, comments, problems and/or complaints on the day of the examination, must be referred to the Chief Examiner before you leave the exam site.

EXAMINATION RESULTS

The Chief Examiner and Examiners are not allowed to provide exam results. Results will be mailed to you as soon as they are available. **DO NOT CALL OEMS TO INQUIRE WHETHER THE RESULTS HAVE BEEN SENT OUT. EXAM RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE UNDER ANY CIRCUMSTANCES. IF YOU PASS THE PRACTICAL EXAM YOU WILL RECEIVE A POSTCARD FROM PSI, OUR WRITTEN EXAM VENDOR, WITH INSTRUCTIONS FOR SCHEDULING YOUR WRITTEN EXAM.**

If you fail any portion of the practical examination, you will receive a notice from OEMS. Included with this notice will be a retest application and a list of Accredited Training Institutions that have practical examinations scheduled. You may contact these Training Institutions to make an appointment for your practical retest. Retest fees are set by the individual Training Institutions and will be paid directly to them. All practical exams must be successfully completed within one year of the official end date of your EMT course.



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS FORM
200-21
(9/09)

BASIC EMT CERTIFICATION APPLICATION BASED ON OUT-OF-STATE
CREDENTIALS

Please provide all information requested:

PLEASE PRINT LEGIBLY IN INK

FIRST NAME (leave space between) MIDDLE INITIAL (leave space between) LAST NAME

MAILING ADDRESS

CITY STATE ZIP CODE (5 or 9 digits)

EMT COURSE END DATE SOCIAL SECURITY NUMBER (SSN Required - M.G.L. Chapter 30A Sec. 13A)

DATE OF BIRTH (mm/dd/yy) DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

Please use checklist provided below to insure OEMS receives all required information.

- Completed EMT-Basic application with original signature, FAX will not be accepted.
Copy of your current state EMT card, or National Registry EMT Card if you do not hold state EMT card.
Verification of Certification Form You must send the form, along with a self-addressed stamped envelop, to the state who issued your EMT card.
Copy (both sides) of current BLS-CPR card.
\$150 personal check or money order made payable to the Commonwealth of Massachusetts, certification fee.

If Application is based on official training documentation only you must fill out below information.

Name of Training Provider
Complete Address
Program Director Day time contact telephone #
Course Instructor Course completion date
Course training hours
Other (Please Specify)

Mail form to: Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston, MA 02111-1703

Date arrived at OEMS

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PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

- | | | |
|--|------------|-----------|
| 1. Have you previously applied to take the Basic EMT examination in Massachusetts or any other state or jurisdiction? If yes, when _____ and where _____. | YES | NO |
| 2. Have you previously applied for licensure (at any level) or taken the EMT examination under a different name in Massachusetts or any other state or jurisdiction? If yes, indicate the name _____ and where _____. | YES | NO |
| 3. Were you previously certified as an EMT (at any level) in Massachusetts or any other state or jurisdiction? If yes, indicate EMT number _____ and where _____. | YES | NO |
| 4. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended or revoked in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)? | YES | NO |
| 5. Were you ever denied certification or licensure as an EMT (at any level) in Massachusetts or any other state or jurisdiction? | YES | NO |
| 6. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended or revoked in Massachusetts or any other state or jurisdiction? | YES | NO |

Criminal History

- | | | |
|---|------------|-----------|
| 7. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a minor traffic violation ¹ for which a fine of less than \$1000.00 was assessed(conviction includes a guilty plea or admission to sufficient facts)? | YES | NO |
|---|------------|-----------|

Confidential Medical Information

- | | | |
|--|------------|-----------|
| 8. Do you currently have any physical, mental, or medical condition which in any way limits or impairs your ability to function as an EMT? | YES | NO |
| 9. Within the past two years, have you engaged in the use of illegal drugs or the misuse of prescription drugs? | YES | NO |

If you answered yes to any of the questions above, attach a written explanation with supporting documentation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts, and I hereby authorize the Office of Emergency Medical Services to release my examination scores to the teaching institution/agency and the instructor.
3. I agree to keep OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify the Department in writing of any changes.
4. I authorize the Office of Emergency Medical Services and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted.
5. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification for which I am applying.
6. **If applicable, I must successfully complete the practical examination within one-year of the official end date of my basic EMT course and successfully complete the written examination within six-months of being authorized to take the exam. If I fail to do so, I will be required to complete another basic EMT course before applying for the certification examination.**

Signature of applicant: _____ Date: _____

PLEASE ENCLOSE A NON-REFUNDABLE EMT CERTIFICATION FEE OF \$150.00
MAKE ALL CHECKS PAYABLE TO: COMMONWEALTH OF MASSACHUSETTS

Mail completed form and check to: Department of Public Health,
Office of Emergency Medical Services, 99 Chauncy Street, 11th floor, Boston, MA 02111-1703

NOTE: The following traffic violations are not minor and must be reported; conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.