WHO SHOULD USE FORM 200-19

Recently expired Massachusetts EMTs who wish to reinstate their EMT-Basic certification in accordance with 105 CMR 170.935.

ELIGIBILITY

The Massachusetts Department of Public Health’s Office of Emergency Medical Services (DPH/OEMS) will review and verify your eligibility to take the examination. Applications will be returned to those candidates who are not eligible for testing. Please fill out both sides of the form completely and legibly. Sign and date the application forms as testimony that all of the information presented is accurate to the best of your knowledge.

If eligible for reinstatement, you will then be mailed a list of Accredited Training Institutions that have scheduled psychomotor (practical) examinations. You will need to schedule a practical exam at one of these training institutions. Each accredited training institution has set a practical examination fee which you will be required to pay directly to them.

You may schedule your cognitive (written) examination with the National Registry of EMTs (NREMT) directly. There is a separate fee for the written examination which is paid to the National Registry of EMTs. You may take the psychomotor and cognitive exams in any order, but one you pass one, it remains valid for one year.

DEADLINE FOR APPLICANTS

A reinstatement candidate has one year from the date his/her certification expires to submit an acceptable reinstatement application.

A candidate must successfully complete the psychomotor examination. A candidate has a maximum of three attempts to pass this examination. A candidate must also successfully complete the cognitive examination. Candidates have a maximum of three attempts to pass this examination. Each exam remains valid for one year, in accordance with NREMT requirements.

If a candidate does not successfully complete the examination within the allowable time limits and maximum number of attempts, he/she will no longer be eligible to take the certification examination. To regain eligibility a candidate must successfully complete a Department approved EMT-Basic course before applying to take the certification examination.

SUBMISSION OF APPLICATION AND FEE:

Mail the application form with your certification fee of $150.00 to DPH/OEMS, 99 Chauncy Street, 11th floor, Boston, MA 02111. The certification fee must be in the form of a check or money order made payable to: COMMONWEALTH OF MASSACHUSETTS. Fees are non refundable. Please remember to attach copies of both sides of your current CPR card and expired EMT card to the application.

Please check your application for completeness and legibility. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the back of the application.

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 on line, at www.mass.gov/dph/oems, at the State House Book Store and may be available at your local library.

(Continued on Reverse)
IMPORTANT INFORMATION
PLEASE RETAIN UNTIL AFTER YOU TAKE YOUR CERTIFICATION EXAMINATION

PSYCHOMOTOR (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.
- 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, personal digital assistants (PDAs) or other electronic devices to the examination. Cell phones and pagers must be turned off while you are in the stations.

Do not wear uniforms or other clothing that identifies you as a member of any group or organization.

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.**

The Chief Examiner and Examiners are not allowed to provide exam results. Results will be mailed to you as soon as they are available.

If you fail any portion of the psychomotor examination, you will receive a notice from DPH/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 psychomotor exams and cognitive exams must be successfully completed within the one year period they remain valid in order to qualify for reinstatement.
PLEASE ENCLOSE A NON-REFUNDABLE FEE OF $150.00 AND MAKE ALL CHECKS PAYABLE TO:
COMMONWEALTH OF MASSACHUSETTS
Mail completed form, check and all required credentials to: Mass. Dept. of Public Health/Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston, MA 02111

PLEASE PRINT LEGIBLY IN INK

NAME
__________________________________________________________
First                     Middle                      Last

MAILING ADDRESS
__________________________________________________________

CITY___________________________________________ STATE___________ ZIP CODE____________________

SOCIAL SECURITY NUMBER:____________________________________ (SSN Required - M.G.L. Chapter 30A Sec. 13A)

DATE OF BIRTH (mm/dd/yy) ______________________________

DAYTIME TELEPHONE NUMBER:____________________________________

PREVIOUS MA EMT #________________________ REFRESHER COURSE APROVAL #____________________

E-MAIL ADDRESS
__________________________________________________________

OPTIONAL INFORMATION
The following information is requested for statistical purposes. Please check the appropriate boxes.

SEX:  [ ] Male  [ ] Female

RACE:  [ ] White Non-Hispanic  [ ] Black Non-Hispanic  [ ] Hispanic  [ ] Asian or Pacific Islander
       [ ] American Indian  [ ] Other:

EDUCATION:  [ ] Some High School  [ ] HS Grad or GED  [ ] Some College
            [ ] Bachelors Degree  [ ] Graduate Degree

ATTACH COPIES OF BOTH SIDES OF YOUR CURRENT HEALTHCARE PROVIDER CPR CARD HERE

(CONTINUED ON REVERSE)
PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Have you previously applied to take the EMT examination (at any level) 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, revoked or voluntarily surrendered 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. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction?

   □ YES  □ NO

Criminal History

6. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation.

   □ YES  □ NO

If you answered yes to any of the questions above, attach a written explanation with supporting documentation.

If you answered “yes” to question #6, you must submit a CORI Acknowledgement form (available on the OEMS website, at www.mass.gov/dph/oems), a copy of your current driver’s license or government-issued photo identification, and 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 certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.

4. I agree to keep DPH/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 DPH/OEMS in writing of any changes.

5. I authorize DPH/OEMS 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 and that it will not automatically disqualify me.

6. 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 which I am seeking to regain.

7. I hereby authorize DPH/OEMS to release my examination scores to the teaching institution/agency and the instructor.

Signature of applicant: ____________________________________________ Date: _____________________