



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS FORM #200-24

Check below if also applying for Advanced EMT Examiner status. (separate application required)

BASIC EMT EXAMINER APPLICATION

Empty checkbox

PLEASE PRINT LEGIBLY IN INK

Form fields for personal information: MASSACHUSETTS EMT #, FIRST NAME, MIDDLE INITIAL, LAST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, DATE OF BIRTH, DAYTIME TELEPHONE NUMBER, SOCIAL SECURITY NUMBER, E-MAIL ADDRESS, EYE COLOR, HEIGHT, WEIGHT, MOTHER'S MAIDEN NAME, GENDER.

Examiner Course Approval Number: _____ Date(s) _____

Course Location _____

If you have worked as an EMT with an ambulance service providing direct patient care, please indicate where and when:

Service _____ Position _____

Address _____

From _____ To _____

How often do you use your emergency medical care skills providing direct patient care?

Daily Weekly Monthly Other

Are you certified to instruct in other EMS related courses (e.g., PHTLS, PALS, BTLs, ATLS, etc.)?

Yes No If yes, please list.

Are you currently an Instructor in a Basic EMT Training Program? Yes No

Institution _____

Address _____

Your role/position _____

Are you currently a MA licensed physician, MA registered nurse or MA physician assistant? Yes No

If yes, please attach a copy of your card to this application

Please provide the below listed information for three **professional references**. The individuals must know you in a professional capacity for a minimum of one year, and are vouching for your professionalism and recommending you for the position of Advanced EMT Examiner.

Reference # 1

Name _____

Address _____

Telephone Number _____

How do you know the applicant? _____

I am vouching for the professionalism of the applicant and recommending him/her for the position of EMT Examiner.

Signature _____ Date _____

Reference # 2

Name _____

Address _____

Telephone Number _____

How do you know the applicant? _____

I am vouching for the professionalism of the applicant and recommending him/her for the position of EMT Examiner.

Signature _____ Date _____

Reference # 3

Name _____

Address _____

Telephone Number _____

How do you know the applicant? _____

I am vouching for the professionalism of the applicant and recommending him/her for the position of EMT Examiner.

Signature _____ Date _____

PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

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 the Department 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 for which I am applying.

Signature of applicant: _____ Date: _____

Please attach the following to your application:

Copy of both sides of your current BLS-CPR Instructor Card
MA licensed physician, registered nurse or physician assistant credential (optional)
Current resume

Submit your application and accompanying documentation to: Massachusetts Department of Public Health/Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston, MA 02111. Attn: Fran Zakszewski

Your application will be reviewed and you will receive written notification from DPH/OEMS of your status. When your application is approved, you will be sent an examiner intern packet. The packet will include instructions, skill sheets and the evaluation forms that you will need to complete your internship. Please be sure and bring them with you to the exam. You will also receive a list of upcoming exams and contact information for the Chief Examiners. You can contact a Chief Examiner to set up your examiner internship. You must schedule your internship with a Chief Examiner; walk-ins are not allowed. A limited number of examiner interns can be scheduled for each exam.

DPH/OEMS will notify the Chief Examiners as to who is eligible to participate in examiner internships.

The Basic Examiner internship will take 2-4 exams to complete. Depending on the size of the exam, you may intern at one or two stations per exam.

If you have any questions or need any additional information, please feel free to contact Fran Zakszewski at DPH/OEMS.