HUMAN RESOURCES DIVISION CIVIL SERVICE UNIT

EMERGENCY MEDICAL TECHNICIAN (EMT) SELECTIVE CERTIFICATION

Personnel Administration Rule .08(6) provides that if a requisition is made calling for persons having specialized and job-related qualifications in addition to the general qualifications already tested by an examination, the Personnel Administrator may, subject to certain guidelines, issue a selective certification of the names of only such specially qualified persons from the appropriate eligible list. Such selective certifications have been authorized for candidates holding certification as Emergency Medical Technician (EMT) for municipalities in which any aircraft, boat, motor vehicle or any other means of transportation, whether privately or publicly owned, which is intended and is maintained and operated for the rapid response of EMS personnel, equipment and supplies to emergencies by an EMS first response service or by an ambulance service and is not utilized for patient transport. We have the capability to issue certifications at the three levels of EMT: Basic, Intermediate, and Paramedic.

To initiate HRD consideration of a request for EMT selective certification from either a fire fighter or police officer eligible list, the appointing authority must submit a completed Emergency Medical Technician Selective Certification Questionnaire, a copy of which is included here.

Requests for selective certification for EMT's are approved up to a level at which the department making the request has available 20 EMT's to staff each first response vehicle in service. This figure includes 2 EMT's per first response vehicle per shift (the legal requirement), based on 4 shifts per week, plus 4 additional EMT's per first response vehicle as a reserve for vacation and sick leave accommodations.

Under exceptional circumstances documented by the appointing authority, EMT certification in excess of this level may be authorized on a temporary basis. Reasons for such exceptions could include the extended absence of an EMT due to illness or injury or a change in the employment status of an EMT who, because of a promotion to a higher rank, is not required to maintain a current EMT certification. These determinations are made on a case-by-case basis.

Although the use of selective certification for original appointment is limited by these guidelines, nothing in civil service law or rules precludes an appointing authority from requiring all employees to obtain or maintain an EMT certification as a condition of continued employment.

Questions relative to the selective certification process may be addressed to Human Resources Division, Civil Service Unit at aacivilservice@massmail.state.ma.us

HUMAN RESOURCES DIVISION REQUEST FOR EMERGENCY MEDICAL TECHNICIAN SELECTIVE CERTIFICATION

The following information is submitted in documentation of this request for an EMT selective certification.

MUNICIPALITY: POSITION TITLE:	DEPARTMENT: NO. of VACANCIES: REQUISITION NUMBER:
1. Total number of EMT's (Basic/Intermediate/Paramed (circle one)	lic) employed in this position:
2. Total number of EMT's (Basic/Intermediate/Paramed (circle one)	lic) employed (any title) in the Dept.:
3. Total number of EMT's (Basic/Intermediate/Paramed (circle one)	lic) available for service at this time:
4. Number of shifts:	
5. Number of EMS first response vehicle serving on eac EMS first response vehicle licensed at Al EMS first response vehicle licensed at BI	LS level:
M.G.L. c. 111C, § 1 defines EMS first response vehimeans of transportation, whether privately or public operated for the rapid response of EMS personnel, enfirst response service or by an ambulance service and	y owned, which is intended and is maintained and quipment and supplies to emergencies by an EMS
6. Detail the reasons for requesting EMT Selective Certification (Use additional sheets if necessary)	ification:
7. Does the municipality require post-employment main employed in this title? YES NO If NO, total number of employees not required to EMT certification:	
8. Name of Contact Person:	
Title	E-mail address:
Appointing Authority Signature & Title	Date

ATTACH COMPLETED QUESTIONNAIRE TO THE ON-LINE REQUISITION

Revised 06/29/2015