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 of the Human Resources Division (HRD) may, subject to review and approval, issue a selective certification of the names of only such specially qualified persons from the appropriate eligible list.

Such selective certifications have been authorized in instances in which the Appointing Authority can clearly document that individuals in a particular title must have the additional qualifications of holding certification as 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 in order to service the public.

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

To initiate HRD review of an EMT selective certification request, the Appointing Authority must file a completed EMT Selective Certification Questionnaire documenting such need. Based upon the information provided on the questionnaire, a determination will be made as to whether a selective certification may be issued.

If the request is justified, HRD will issue a selective certification. If the request is lacking sufficient information to support the request HRD will notify the Appointing Authority.

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. We have the capability to issue certifications at the three levels of EMT: Basic, Advanced, and Paramedic.

Questions relative to the selective certification process may be addressed to Human Resources Division, Civil Service Unit at civilservice@mass.gov

HUMAN RESOURCES DIVISION
CIVIL SERVICE UNIT
EMERGENCY MEDICAL TECHNICIAN SELECTIVE CERTIFICATION QUESTIONNIARE

The following information is required for an EMT selective certification.

MUNICIPALITY: _____ DEPARTMENT: _____
POSITION TITLE: _____ NO. of VACANCIES: _____
REQUISITION NUMBER: _____

1. Total number of EMTs (☐Basic, ☐Advanced, ☐Paramedic) employed in this position: _____

2. Total number of EMTs (☐Basic, ☐Advanced, ☐Paramedic) employed (any title) in the Dept.: ____

3. Total number of EMTs (☐Basic, ☐Advanced, ☐Paramedic) available for service at this time: _____

4. Number of shifts: _____

5. Number of EMS first response vehicle serving on each shift: _____

EMS first response vehicle licensed at ALS level: _____

EMS first response vehicle licensed at BLS level: _____

M.G.L. c. 111C, § 1 defines EMS first response vehicle as "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."

6. Detail the reasons for requesting EMT Selective Certification: (Use additional sheets if necessary)

7. Does the municipality require post-employment maintenance of an EMT certification for individuals employed in this title? ☐YES ☐NO

If NO, total number of employees not required to maintain an EMT certification: _____

8. Name of Contact Person: _____
   Title E-mail address: _____
   Appointing Authority Signature & Title _____
   Date _____

ATTACH COMPLETED QUESTIONNAIRE AND ANY DOCUMENTATION TO THE CIVIL SERVICE ONLINE REQUISITION