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**2023 EMS Personnel Renewal Application**  
**Option 2- Non-NREMT Certified Oklahoma Licensed Personnel**

Your license will expire on June 30, 2023. Oklahoma statutes allow for a thirty (30) day grace period after the expiration date of the license (Grace period ends on July 30, 2023) (63 O.S. Section 1-1702).

Renewal applications must be received at the Department no later than July 30, 2023.

After July 30, 2023 a completed OSDH INITIAL EMS Personnel Application will be required for reinstatement of licensure. This will require meeting all of the requirements for an initial license, including NREMT certification. In cases of hardship, an extension can be granted for up to 90 days. Requests for an extension must be submitted via email to [esystems@health.ok.gov](mailto:esystems@health.ok.gov)

**The EMS Division cannot issue any license for renewal after 90 days of the expiration date.**

In-person payments for applications may be made Monday through Friday (excluding holidays) between 2:00 p.m. and 4:00 p.m. at the OSDH Cashiers Window. The Cashiers Window accepts cash/checks/credit cards. The Cashier Window is located in the Vital Records Mezzanine, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102-6460. A map to the parking lot is at this [link](#).

**During peak renewal period, you can expect a wait time of 4 to 6 weeks before receiving your renewal license. Renewing your license early will help ensure your license does not expire.**

**OPTION 1, Nationally Registered EMS Personnel:**  
**DO NOT COMPLETE THIS FORM.** Instead, select the "Option 1" license renewal application from the OSDH website.

**Individuals with an Oklahoma Intermediate license (with or without NREMT Certification) will use this form.**

**OPTION 2, EMS Personnel WITHOUT National Registry Certification:**

An applicant that is currently not registered with National EMT Registry may continue to renew their Oklahoma EMS Personnel license if:

- 1. The applicant was initially licensed in Oklahoma before April 1, 2010, and**
- 2. The applicant has maintained their Oklahoma EMS license since April 1, 2010.**

**To renew your license without National Registration, please send the following to the Department:**

- **A completed "Option 2" license renewal application**
- **For Oklahoma Licensed Intermediates and Paramedics, a completed Skill Verification form**
- **Con-Ed Summary Report Form.**
- **Copy of your CPR Card that indicates current healthcare provider or professional rescuer certification or documentation that indicates CPR competence.**
- **Paramedics Only: Copy of your current ACLS certification or documentation that indicates CPR competence.**
- **The license renewal fee.**

SPECIAL NOTES:

EMS Personnel who are placed on Tax Hold by the Oklahoma State Tax Commission must be released by the Tax Commission on or before the ending of the statutory grace period.

PLEASE READ AND UNDERSTAND THE MEMO Medical Control Requirements for Certified and Licensed Personnel ON THE FOLLOWING PAGES.

EMS Personnel who are instructors should submit their instructor renewal by email to [esystems@health.ok.gov](mailto:esystems@health.ok.gov). The form for instructor renewal is located [here](#).

Regulations concerning EMT Licensure may be found on our [website](#).

**Applicants may renew without completing the skills verification. This will result in the applicant being renewed as inactive. By regulations, an inactive status prohibits a license holder from providing patient care until their license becomes active by completing the skills verification and submitting it to the EMS Division.**

If you have any questions, please contact the EMS Division at 405-426-8480 or by email at [esystems@health.ok.gov](mailto:esystems@health.ok.gov)

## Statutory and Regulatory Requirements for Certified and Licensed Personnel

September 15, 2022

To: Oklahoma Certified Emergency Medical Responders  
Oklahoma Licensed Personnel (all levels)

From: Dale Adkerson,  
Administrative Program Manager- EMS Division  
OSDH-Emergency Systems

### Re: **New regulations relating to medical director authority and license requirements**

On September 11, 2016, new regulations went into effect that impact all EMS related certificates and license types issued by the Department. This includes the personnel that are certified or licensed by the Department. This memo is an effort to provide individuals with a summary of the requirements for certified and licensed personnel. The summary will include both "old" and "new" language that has been included in the current statutes and regulations.

Many changes occurred when comparing the 2009 regulations to the 2016 regulations. However, many of these changes related to formatting, organization, and clarifications. You are encouraged to be familiar with the language for not only your individual license, but also the regulatory language that apply to the agencies you are employed with.

The regulatory document can be found on our website: [EMS Division \(oklahoma.gov\)](http://EMS.Division.oklahoma.gov)

A broad outline of the content that applies to individuals is:

- the statute that with personnel definitions and requirements are in the regulatory definitions, and
- the subchapter of the regulations for personnel is Subchapter 5,

Each of these sections will contain specific definitions or language that applies throughout the document.

Currently, the most significant requirements relating to personnel are:

1. All emergency medical responders that had been trained prior to January 1, 2000 and had maintained their certification through refresher courses are required to obtain a certification through the Department. This is to be completed by September 30, 2017.
2. The scope of practice for all certified and licensed personnel requires physician authority. If an individual is asked to provide care when they are not under a physician's authorization (such as when an individual is not on duty or requested as part of your agency), the only interventions authorized is first aid, CPR, and the use of an AED.
3. The Department can now license and renew advanced emergency medical technicians.
4. The renewal requirements for personnel licensed by the Department, but have not maintained their NREMT certification has been clarified. (Personnel licensed after April 1, 2010 are required to maintain NREMT certification.)
5. Agencies and services are required to maintain a credential file for personnel that define the specific scope of practice that has been authorized by an agencies medical director.
6. The regulations have specific reason to take licensure action on individuals. This list is extensive, and details inappropriate, unethical, criminal, and other actions that an individual may do that can result in licensure action. The current language that relates to personnel can be found in Subchapter 5 of the regulations.

In addition to the changes to the individual certifications and licenses, please be aware of a certification type that may be required for individuals. This agency certification is known as the Standby Emergency Medical Response Agency (Standby EMRA).

EMR's and EMT's are often hired to provide medical support for private events such as races, rodeos, skating events, movie sets, and concerts. The producers, sponsors, and owners of these events hire personnel to provide on-site medical support.

When personnel accept these jobs, assumptions are made about their ability to provide care at these events. The intention of this certification type is not to restrict employment opportunities, but to provide the profession and the public a method of ensuring minimum standards.

The requirements for this type of agency are in Subchapter 15 of the regulation document. The central requirement for this type of certification is based on the care being provided at the event or location. If the care being provided is limited to first aid, CPR, and the use of an AED, then there is not a requirement to become a certified standby emergency medical response agency. If, however, the intent is to provide care above first aid, CPR, and the use of an AED, then certification is required.

Please feel free to contact our office you have questions or concerns by calling 405.426-8480, or emailing our office at [ESystems@health.ok.gov](mailto:ESystems@health.ok.gov).

Option 2 - 2023 Renewal Application for Oklahoma EMS Licensed Personnel

Please read the instruction sheet to ensure you meet all requirements for Oklahoma licensure.

EMT Renewal Fee: \$20.00 + Line of Duty Fee = \$22.50

Intermediate or AEMT Renewal Fee: \$25.00 + Line of Duty Fee = \$27.50

Paramedic Renewal Fee: \$30.00 + Line of Duty Fee = \$32.50

The \$2.50 Line of Duty fee is required.

Level of License Application:  EMT  Intermediate  Paramedic

Status of your NREMT Certification: Active  Inactive  (See requirements on page 2)

\*\*Paramedics only: Are you a Critical Care Paramedic  Yes  No

If yes, Please include your credentials for the OSDH Critical Care Paramedic Registry

Please print or type all information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

National Registry #: \_\_\_\_\_ National Registry expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been convicted, adjudicated, plead guilty, or nolo contender of or to a felony?  Yes  No

If "YES", submit with this application documentation that fully describes the offense: date of offense; copies of relevant court documents; disposition and current status.

Has your EMT certification or license ever been suspended or revoked?  Yes  No

If "Yes", please provide any relevant information regarding the suspension or revocation.

I have read the memo statutory and Regulatory Requirements for Certified and Licensed personnel and will not operate above the First Aid, CPR, and AED level in cases where I have no Medical Direction. Yes

If the application is incomplete or if there are questions about the information provided, please contact me via \_\_\_\_\_ email or \_\_\_\_\_ postal service.

By signing this application, I hereby attest to the accuracy of the above information and understand that any fraudulent entry may be considered cause to deny or revoke any EMT License that may be issued in the State of Oklahoma.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send application, all documents and fee (check or money order made out to "OSDH" to:

OSDH Emergency Systems  
Attn: Financial Management

P. O. Box 268823

Oklahoma City, OK 73126-8823

**Verification of Skill Maintenance (Intermediate and Paramedic only)**

Statement of satisfaction by physician for skills:

As physician, I do hereby affix my signature attesting to the continued competence of

\_\_\_\_\_ in all the following skills  
**Applicant's Name (Print)**                      **OK License Number**

The skill was performed to my satisfaction and determined by way of:

1. Field Evaluation
2. Practical performance examination
3. Other (please describe) \_\_\_\_\_

Indicate the Method of evaluation for each skill by checking one or more boxes in items 1-9.

1      2      3

1 Patient Assessment/management (Medical and Trauma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ventilator Management Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 IV Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hemorrhage Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 OB/Gynecologic Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Spinal restriction – including cervical collar, vest-type extrication device and long spine boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Fracture immobilization – including traction splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Paramedics Only**

8 Cardiac Arrest Management	<input type="checkbox"/>	<input type="checkbox"/>
9 Medication administration	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
**Physician Name (Print)**                      **Physician Signature**                      **Date**

**Physician License #** \_\_\_\_\_ **State of** \_\_\_\_\_



2023 Continuing Education Report Form

**Effective 9-11-2022** – Refresher courses are no longer required for renewal. Certified and licensed personnel will provide documentation showing the completed continuing education courses or classes that meet or exceed the National Registry National Continued Competency Program guidelines.

The minimum number of hours to complete based on certification or licensure level is:

Emergency Medical Responder – 16 Hours	Emergency Medical Technician – 40 Hours
Intermediate and Advanced EMT – 50 Hours	Paramedic – 60 Hours

All continuing education hours must be listed on our form or on a similar form with the same information signed by your Training Coordinator/Employer.

**Do not send certificates or other verification without filling out the continuing education form.**

If you have completed a refresher course, document the hours completed for each topic from the refresher course as continuing education

<b>National Continued Competencies Program – Minimum Hours</b>					
Broad Topic or Section	Subtopics	Minimum EMR Hours Completed	Minimum EMT Hours Completed	Intermediate and AEMT Hours Completed	Paramedic Hours Completed
<b>Airway, Respiratory, Ventilations</b>	Ventilation				
	Capnography	NA	NA	NA	
	Oxygenation				
	<b>Total Hours Required</b>	<b>1</b>	<b>1.5</b>	<b>2.5</b>	<b>3.5</b>
	<b>Total Hours Completed</b>				
<b>Cardiology</b>	Post-Resuscitation				
	VAD	NA			
	Stroke				
	Cardiac Arrest				
	Pediatric Cardiac Arrest				
	CHF	NA	NA	NA	
	ACS	NA	NA		
	<b>Total Cardiology Hours Required</b>	<b>2.5</b>	<b>6</b>	<b>7</b>	<b>8.5</b>
	<b>Total Cardiology Hours Completed</b>				
<b>Trauma</b>	Trauma Triage	NA			
	CNS Injury				
	Hemorrhage Control	NA			
	Fluid Resuscitation	NA	NA		
	<b>Total Trauma Hours Required</b>	<b>.5</b>	<b>1.5</b>	<b>3</b>	<b>3</b>
		<b>Total Trauma Hours Completed</b>			

2023 Continuing Education Report Form

National Continued Competencies Program – Minimum Hours – continued.					
<b>Medical</b>	Special Healthcare Needs	NA			
	OB Emergencies				
	Infectious Disease				
	Medication Delivery	NA	NA		
	Pain Management	NA			
	Psychiatric				
	Toxicological/Opioids				
	Neurological/Seizures				
	Endocrine/Diabetes				
	Immunological				
	<b>Total Medical Hours Required</b>	<b>3</b>	<b>6</b>	<b>7.5</b>	<b>8.5</b>
<b>Total Medical Hours Completed</b>					
<b>Operations</b>	At-Risk Populations	NA			
	Ambulance Safety	NA			
	Field Triage				
	Hygiene/Vaccinations				
	Culture of Safety				
	Pediatric Transport	NA			
	Crew Resource Management	NA			
	Role of Research	NA			
	Evidence Based Guidelines	NA			
	<b>Total Hours of Operations Required</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>6.5</b>
	<b>Total Number of Operations Hours Completed</b>				
<b>Total NCCP Hours Completed</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>	

Continued on Page 3



**Local or State Designated Continuing Education Topic  
(Completed as part of National Continuing Competency Program)**

Broad Topic or Section	Subtopics	EMR Hours Completed	EMT Hours Completed	Intermediate and AEMT Hours Completed	Paramedic Hours Completed
<b>Airway, Respiratory, Ventilations</b>					
<b>Cardiology</b>					
<b>Trauma Medical</b>					
<b>Operations</b>					
<b>Total Hours Required</b>		<b>4</b>	<b>10</b>	<b>12.5</b>	<b>15</b>
<b>Total Hours Completed</b>					

**Individual Selected Continuing Education Topic  
(Completed as part of National Continuing Competency Program)**

Broad Topic or Section	Subtopics	EMR Hours Completed	EMT Hours Completed	Intermediate and AEMT Hours Completed	Paramedic Hours Completed
<b>Airway, Respirations, and ventilation;</b>					
<b>Cardiovascular</b>					
<b>Trauma Medical</b>					
<b>Operations</b>					
<b>Total Hours Required</b>		<b>4</b>	<b>10</b>	<b>12.5</b>	<b>15</b>
<b>Total Hours Completed</b>					

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**Applicants Name (Print)**

**Signature**

**Date**

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**Employer/Training Manager/Coordinator (Print) Signature**

**Date**