

### EMS Personnel License Application (Non-Compact)

Last Name: _____ First Name: _____ MI: _____	
Social Security Number: _____ Date of Birth: _____ County: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: _____ Email: _____	
<input type="checkbox"/> <b>NREMT – INITIAL / RECIPROCITY</b>	<input type="checkbox"/> <b>NREMT - RENEWAL LICENSE # _____</b>
<p style="text-align: center;">(check the licensure level)</p> <p><input type="checkbox"/> EMR Fee \$10.00</p> <p><input type="checkbox"/> EMT/AEMT/Paramedic Fee \$85.00</p> <p><u>Application must include:</u> Affidavit of Lawful Presence Current NREMT</p>	<p style="text-align: center;">(check the licensure level)</p> <p><input type="checkbox"/> EMR Fee \$5.00      <input type="checkbox"/> EMT Fee \$22.50</p> <p><input type="checkbox"/> AEMT Fee \$27.50      <input type="checkbox"/> Paramedic Fee \$32.50</p> <p><u>Application must include:</u> Current NREMT</p>
<input type="checkbox"/> <b>STATE - INITIAL</b>	<input type="checkbox"/> <b>STATE - RENEWAL LICENSE # _____</b>
<p style="text-align: center;">(check the licensure level)</p> <p><input type="checkbox"/> EMR Fee \$10.00</p> <p><u>Application must include:</u> Affidavit of Lawful Presence Proof of completion of EMR Class Proof of passing EMR written exam Current CPR</p>	<p style="text-align: center;">(check the licensure level)</p> <p><input type="checkbox"/> EMR Fee \$5.00      <input type="checkbox"/> EMT Fee \$22.50</p> <p><input type="checkbox"/> I-85/AEMT Fee \$27.50      <input type="checkbox"/> Paramedic Fee \$32.50</p> <p><u>Application must include:</u> Con-Ed Summary Report Form Intermediates and Paramedics, a Skill Verification form Current CPR and ACLS <i>License must have been maintained since April 1, 2010</i></p>
<p><b>**Paramedics only: Are you a Critical Care Paramedic?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>Have you ever been convicted of a felony?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>Has your EMT certification or license ever been suspended or revoked?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>Active or inactive NREMT / State license?</b> <span style="float: right;">_____</span></p> <p style="text-align: center;"><i>If yes, provide documentation</i></p>	

I affirm the information on this form to be true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the application, supporting documents, and fee to:

OSDH Emergency Systems  
Attn: Financial Management  
P.O. Box 268823

Oklahoma City, OK 73126-8823

**Make a check or money order payable to OSDH. Do not mail cash.**

Application fees are non-refundable

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

☐ I am a United States citizen.

OR

☐ I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States. Write the identification number and the name of the authorizing document below.

**ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT**

Admission/Registration: \_\_\_\_\_

Authorizing Document: \_\_\_\_\_

**I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understood this form and executed it in my own hand.**

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

City & State: \_\_\_\_\_ Print Name: \_\_\_\_\_

If applying to renew a license, permit, or certificate, please write the number: \_\_\_\_\_  
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE****The person signing this form must read these instructions carefully.**

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States, then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.

### **Procedure for Initial License/Certification Applications**

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence) and thereby ensuring only U.S. Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

#### **Alien Lawfully Admitted for Permanent Residence:**

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or
- **Unexpired Temporary I-551** (Stamp in foreign passport or on INS Form I-94).

#### **Immigrant or Non-Immigrant Visa Status:**

- **INS Form I-94**
- **INS Form I-688B**

#### **Asylee:**

- **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “27a .12 (a) (5)”;
- **INS Form I-766** (Employment Authorization Document) annotated “AS”;
- **Grant letter** from the Asylum Office of INS; or
- **Order** of an immigration judge granting asylum.

#### **Refugee:**

- **INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A3”;
- **INS Form I-571** (Refugee Travel Document).

#### **Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

**INS petition** and appropriate supporting documentation

#### **Alien Paroled Into the U.S. for at least One Year:**

- **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

#### **Alien Whose Deportation or Removal Was Withheld:**

- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (10)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A10”;
- **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

#### **Alien Granted Conditional Entry:**

- **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A3”.

#### **Cuban/Haitian Entrant:**

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- **INS Form I-94** with stamp showing parole as “Cuba/Haitian Entrant” under § 212 (d) (5) of the INA.

**Qualified Aliens:** State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

**QUALIFIED ALIENS MUST ATTACH A COPY (FRONT & BACK) OF THE DOCUMENTS** that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification **will not be issued until the appropriate documentation is submitted.**

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

**U.S. Citizens:** After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.

## CONTINUING EDUCATION SUMMARY FORM - STATE LICENSE ONLY

**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. **Note: You must have at least 10% of your total credits in pediatric content.**

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

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

<b>National Continued Competencies Program – Minimum Hours</b>				
Broad Topic or Section	EMR Hours Completed	EMT Hours Completed	Intermediate or AEMT Hours Completed	Paramedic Hours Completed
Airway				
Cardiology				
Trauma				
Medical				
Operations				
<b>Total Hours Required</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>
<b>Total Hours Completed</b>				

  

<b>Local or State Designated – Minimum Hours (Completed as part of National Continuing Competency Program)</b>				
Broad Topic or Section	EMR Hours Completed	EMT Hours Completed	Intermediate or AEMT Hours Completed	Paramedic Hours Completed
Airway				
Cardiology				
Trauma				
Medical				
Operations				
<b>Total Hours Required</b>	<b>4</b>	<b>10</b>	<b>12.5</b>	<b>15</b>
<b>Total Hours Completed</b>				

  

<b>Individual Continuing Education – Minimum Hours (Completed as part of National Continuing Competency Program)</b>				
Broad Topic or Section	EMR Hours Completed	EMT Hours Completed	Intermediate or AEMT Hours Completed	Paramedic Hours Completed
Airway				
Cardiology				
Trauma				
Medical				
Operations				
<b>Total Hours Required</b>	<b>4</b>	<b>10</b>	<b>12.5</b>	<b>15</b>
<b>Total Hours Completed</b>				

Employer/Training Manager/Coordinator (Print): \_\_\_\_\_

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

### Verification of Skill Maintenance (Intermediate and Paramedic only) - STATE LICENSE ONLY

Statement of satisfaction by physician for skills: As physician, I do hereby affix my signature attesting to the continued competence of:

**Applicant's Name (Print):** \_\_\_\_\_ **OK License #:** \_\_\_\_\_

in all the following skills.

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 1-10

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

#### Paramedics Only

9. Cardiac Arrest Management			
10. Medication administration			

Physician Name (Print): \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Physician License # \_\_\_\_\_ State of \_\_\_\_\_