

INFORMATION AND INSTRUCTIONS FOR FILING - EMERGENCY MEDICAL PERSONNEL

Access this form via our website at: hawaii.gov/dcca/pvl

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

APPLICATION FORM

Use a typewriter or print legibly in dark ink and sign application. Incomplete or irregular applications will not be accepted but will be returned to the applicant. Determine filing deadlines and observe them.

- **Failure to provide all the requested information will delay the processing of your application.**

REQUIREMENTS

REQUIREMENTS FOR CERTIFICATION

In order to become certified, the Board requires:

1. Completion of a Board-approved training program or its equivalent; and
2. **Current** National Registry of Emergency Medical Technicians (NREMT) Certification.

TRAINING PROGRAM

Currently, the only Board-approved training program is at Kapiolani Community College (KCC). As a result, if you did not attend KCC, the Board may still accept your training program, provided that it is equivalent to KCC's.

To assist the Board in determining equivalency, you and your program director will need to provide additional information. To this end, please call (808) 586-3000 and request the "**Equivalency Form**" for your level (EMT-B or EMT-P) or you may download it from our website at: hawaii.gov/dcca/pvl. Click on Medical and Osteopathy.

The instructions are attached to that form. Upon completion of the Equivalency Form, your program director is to submit it directly to the Board.

CERTIFICATION

APPLICANTS FOR STATE CERTIFICATION WHO HOLD CURRENT NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT) CERTIFICATION

Complete the attached *Application for Certification or Examination-Emergency Medical Personnel* **and submit** it with the following:

- A copy of your EMT-B/EMT-P training program certificate verifying completion of a Board-approved training program or its equivalent;
- A copy of your NREMT card verifying **CURRENT** certification; and
- The appropriate fees as follows:

Fees: Make check payable to COMMERCE & CONSUMER AFFAIRS.

If you wish to be certified between February 1, even-numbered year
 through January 31, odd-numbered year, pay \$150
(Application fee - \$20, Certificate fee - \$25, 1/2 Renewal fee - \$15,
 Compliance Resolution Fund - \$90)*

If you wish to be certified between February 1, odd-number year,
 through January 31, even-number year, pay \$90**
(Application fee - \$20, Certificate fee - \$25, Compliance Resolution Fund - \$45)*

* *Application fee is not refundable.*

** *Subject to renewal January 31, even-numbered years regardless of issue date.*

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

Additionally, you will need to:

**CERTIFICATION
(cont'd)**

- Send the *Verification of License/Certificate (AT-05)* **directly** to the state(s) in which you are or were ever licensed/certified (if applicable). Please inquire with that state whether there is a fee that you will have to pay for the verification.
- Send the *Verification of National Registry Certificate (AT-06)* **directly** to the National Registry; and
- If you did not attend KCC, send the *Equivalency Form* **directly** to your program director (see information under Training Program above).

APPLICANTS FOR STATE CERTIFICATION WHO DO NOT HOLD THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT) CERTIFICATION

Complete the attached *Application for Certification or Examination-Emergency Medical Personnel* **and attach** the following:

- A copy of your EMT-B/EMT-P training program certificate verifying completion of a Board-approved training program or its equivalent; and
- The appropriate fees:
EMT-P - \$190 (Application fee - \$20*, Practical Exam Administration fee - \$170)
Make check payable to COMMERCE & CONSUMER AFFAIRS.

**Application fee is not refundable.*

Additionally, to obtain NREMT certification, you will need to pass the NREMT examination. The written portion of the NREMT exams are administered by Pearson VUE (see www.nremt.org). The practical portion of the NREMT Advanced Level exams are administered by the Board.

Submit the Application for Certification or Examination, along with all the required documents and fees, **to the Board** by the filing deadline. **Do not mail to NREMT.**

**NREMT
EXAMINATION**

Upon passing the exam and receiving NREMT certification, State certification fees will be due.

POSTPONEMENT OF EXAM is permitted for those who **do not** hold temporary certificates. Submit a written request to the board two (2) weeks prior to the exam date.

EMT-Intermediate Candidates: Candidates can opt to take the Intermediate exam in lieu of the Basic exam or can take both exams (in accordance with the scheduled dates). However, candidates need to complete and submit a state application initially to qualify to take the Intermediate exam. The administration of the intermediate practical exam is not guaranteed.

**TEMPORARY
CERTIFICATION
(Exam applicants
only)**

To be eligible for temporary certification, you must:

- have completed a Hawaii approved EMT-B or EMT-P course of training within 12 months of the date of application; and
- apply for the **first available exam after completing the EMT-B or EMT-P course of training.** (You will not be allowed to postpone the exam.)

Complete Form *AT-04* by filling in your name and address in the BLOCK at the bottom. Submit it with the Application for Certification or Examination. Upon approval, Form *AT-04* will be signed and mailed back to you.

The temporary certificate is valid until the exam results are received. If you fail to take or pass the exam, the temporary certificate ceases to be effective and must be returned immediately. You will not receive another temporary certificate.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam **filing** deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

GENERAL INFORMATION

We are unable to take action on an application unless it is complete. Therefore, please ensure that we have received all the documents necessary.

COMPLETE APPLICATION

APPLICATION AND ITEMS are to be:

MAILING ADDRESS

Mailed to:

Hawaii Medical Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Delivered to:

Hawaii Medical Board
PVL Licensing Branch
335 Merchant Street, Room 301
Honolulu, HI 96813

Ph: (808) 586-3000

To obtain copies of the pertinent laws and rules, send a written request to: Hawaii Medical Board, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. In your request, please specify that you would like to obtain copies of:

LAWS & RULES

1. Chapter 453, Hawaii Revised Statutes
2. Chapter 85, Hawaii Administrative Rules
3. Chapter 436B, Hawaii Revised Statutes – The Professional & Vocational Licensing Act should be read in conjunction with the above statutes.

- The laws and rules are also posted on our website at: hawaii.gov/dcca/pvl. Click on "Medical and Osteopathy".

U.S. CITIZEN, U.S. NATIONAL, OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.

Pursuant to section 436B-10, the Hawaii Revised Statutes, and federal law, **all applicants are required to be a U.S. citizen, U.S. national, or an alien authorized to work in the United States.** This means that even if an applicant meets the education, training and examination requirements for certification (by possessing the NREMT certificate), that applicant will not be issued a certificate if that applicant is not a U.S. citizen, U.S. national or an alien authorized to work in the United States.

However, the Board may issue the applicant a conditional approval that signifies that the applicant has met the education, experience and examination requirements for certification (by possessing the NREMT certificate). This conditional approval is not a certificate to engage in the profession and does not authorize the applicant to work in Hawaii.

To obtain authorization to work in the United States, the applicant may contact the U.S. Citizenship and Immigration Services ("USCIS") at <http://uscis.gov> or 1-800-375-5283.

Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number and has met all of the certification requirements, the applicant may be issued a certificate, provided that there is no change in the applicant's status or the information that was originally submitted. The Board may ask the applicant to submit up-to-date documents to determine whether there have been any changes and whether the applicant still qualifies for certification.

The conditional approval is valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a certificate issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for certification and meet all of the requirements in effect at that time.

DENIAL

If for any reason you are denied the certification you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that denied your application (HMB), and must be made within 60 days of notification that your application for a license has been denied.

ABANDONMENT

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**BIENNIAL
RENEWAL**

All licenses, regardless of issuance date, **are subject to renewal on or before January 31 of each even-numbered year.** A fee must be paid and hours of continuing education must be completed to renew.

About 2 months before the license expiration date, a renewal application is mailed to all licensees at their address of record. If you do not receive a renewal application approximately one month prior to the license expiration date, contact the Licensing Branch (808-586-3000) for assistance. To ensure that you receive a renewal application, keep the Board informed of your address. Licenses that are not renewed by the deadline are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. After two years license forfeiture, reapplication is required.

APPLICATION FOR CERTIFICATION OR EXAMINATION - EMERGENCY MEDICAL PERSONNEL

Access this form via website at: hawaii.gov/dcca/pvl

Read instructions that are attached before completing this form.

EMTP EXAM:	CERTIFICATION
[] Appl-signed	[] Appl-signed
[] Training Certificate	[] Training Certificate
[] EMT-P - \$190 (\$20/\$170)	[] NR Card or results
	[] Verif of lic. _____
	[] Fees: \$90/\$150
	[] Equivalency Form
	[] Verif NREMT

Applying for (check one):

Emergency Medical Technician – Basic (EMT-B) Certification

Emergency Medical Technician – Paramedic (EMT-P) Certification

Emergency Medical Technician – Paramedic (EMT-P) NREMT Exam

Legal Name (First, Middle) _____ (LAST) _____

Residence Address (include apt. no., city, state and zip code)

Mailing Address (ONLY if different from residence)

Other names used:

Social Security No. _____ Phone No. (days) _____

FOR OFFICE USE ONLY

Effective Date:	Certificate No. EMT-B- EMT-P-
Temp. Cert. Eff.	Temp. Cert. No.
Temp. Cert. Exp.	Temp. Mailed

Circle answers and provide details as directed for any "yes" response to the questions below:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Were you ever licensed in Hawaii as a Emergency Medical Technician? YES NO
If "yes", what was your license number? _____ Expiration Date _____
- 4) Are you presently a certified EMT-B in Hawaii? YES NO
- 5) Have you completed a Hawaii state-approved training program? YES NO
- 6) If not, have you sent the Equivalency Form to your program director and requested that it be mailed directly to the board? YES NO
• Provide date you mailed form to your program director: _____
- 7) Do you have a current certificate from the National Registry of Emergency Medical Technicians (NREMT)? YES NO
- 8) Are you licensed/certified in another jurisdiction(s)? YES NO
If "yes", which jurisdiction(s)? _____
- 9) Has any certificate or license to practice in any state, city or country ever been revoked, suspended or otherwise subject to discipline? YES NO
- 10) Are you presently being investigated or is any disciplinary action presently pending against you? YES NO
- 11) Are you aware of any derogatory information about you on the file of any licensing/certifying agency? YES NO
- 12) During the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
If "yes" to Questions 9, 10, 11, 12, explain details on a separate sheet and attach pertinent documents.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for denial, refusal or subsequent revocation of license and is a misdemeanor (*Section 710-1017, and Sections 436B-19, and 453-8, Hawaii Revised Statutes*). I further certify that I have read and will abide by the provisions of Chapter 453 and Chapter 85.

DATE

EMT-B: Appl 323 \$ 20

EMT-P: Appl 323 \$ 20

Exam 319 \$170

SIGNATURE OF APPLICANT

EMT-B or EMT-P: Lic 312 \$25

CRF 324 \$45/90

½ Ren 300 \$15

Service Charge....BCF..... \$25

INSTRUCTIONS TO APPLICANTS FOR TEMPORARY CERTIFICATE

POSTPONEMENT OF EXAM

An applicant who holds a temporary certificate is not allowed to postpone the exam. If the applicant is not able to take the exam, the temporary certificate is forfeited. Temporary certificate will not be issued again.

If the applicant fails to take or pass the examination, the temporary certificate automatically ceases to be effective and must be returned immediately to the address noted below.

BOARD'S ADDRESS

Hawaii Medical Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

To apply for temporary certification, fill in the information in the block below. Upon approval, the signed certificate will be mailed to you. Refer to the conditions on the certificate.

AT-04 0710R

..... **DO NOT DETACH**

**TEMPORARY CERTIFICATION - EMERGENCY MEDICAL PERSONNEL
STATE OF HAWAII**

**VALID ONLY WHEN SIGNED BY THE
EXECUTIVE OFFICER OF THE
HAWAII MEDICAL BOARD, STATE
OF HAWAII**

The person named on this certificate is authorized to act as an: (check one only)

- EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B) ONLY
- EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMT-P) ONLY

until the results of the National Registry are known. If the applicant fails to take the examination or fails to pass the examination, this temporary certificate automatically ceases to be effective and must be returned immediately to the Board.

Print Name & COMPLETE Mailing Address in block below:

TEMPORARY CERTIFICATE NO. _____
EFFECTIVE DATE OF CERTIFICATE _____
CERTIFICATE EXPIRES _____

Executive Officer
Hawaii Medical Board, State of Hawaii

VERIFICATION OF LICENSE/CERTIFICATE - EMERGENCY MEDICAL PERSONNEL

State of Hawaii
Hawaii Medical Board

Access this form via website at: hawaii.gov/dcca/pvl

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		License/Certificate Number
			Date Issued
<p>I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the Hawaii Medical Board.</p> <p style="text-align: center;">Date _____ SIGN HERE _____</p>			

LICENSING AGENCY	<p>This is to certify that the above-named individual was issued license/certificate number _____</p> <p>To practice as an: <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> Other</p> <p>Date issued: _____</p> <p>Date license/certificate expires: _____</p> <p>License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____</p> <p>Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response.)</i></p> <p>Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response.)</i></p> <p>COMMENTS:</p>
	<p>Signature: _____</p> <p>Title: _____ <i>BOARD SEAL</i></p> <p>State: _____</p> <p>Date: _____</p> <p>TO THE BOARD: Return this form directly to the Hawaii Medical Board, P.O. Box 3469, Honolulu, HI 96801.</p>

VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

TO THE APPLICANT: You are required to have the attached form completed by the NREMT.

Complete the APPLICANT section and mail to:

*NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS
P.O. Box 29233
Columbus, OH 43229
(Attn: Executive Director)*

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		EMT-Basic Certificate No. Date Issued:
			EMT-Paramedic Certificate No. Date Issued:
	School of Graduation and Address (EMT or EMT-P)		Birthdate
			Date of Graduation
I authorize the NREMT to indicate on this form if there is any previous or pending disciplinary action against my certificate.			
Date _____		_____ Signature of Applicant	

NREMT	This is to certify that the above-named individual was issued an NREMT certificate:	
	EMT-Basic Certificate No. _____ Issued on: _____ Expires on: _____ Status of Certificate: <input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____	EMT-Paramedic Certificate No. _____ Issued on: _____ Expires on: _____ Status of Certificate: <input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____
	Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain a yes response)	
	Signature _____ Title _____ Date _____	
RETURN THIS FORM DIRECTLY TO THE HAWAII MEDICAL BOARD, P.O. BOX 3469, HONOLULU, HI 96801.		