

EMS Education Agenda: A Systems Approach

A report to the National EMS Advisory Council (NEMSAC)
on Statewide Implementation of the *Education Agenda*

April 23, 2014

National Association of State EMS Officials

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Section I. Introduction

States license/certify EMS personnel and EMS agencies as a means of ensuring public health and safety. Because of this common and important function, the National Association of State EMS Officials (NASEMSO) has taken the lead in coordinating implementation of the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*, published by the National Highway Traffic Safety Administration in 2000. Since the release of the *Education Agenda*, much has been accomplished. The *National EMS Core Content (Core Content)*, *National EMS Scope of Practice Model (Scope of Practice Model)*, and *National EMS Education Standards (Education Standards)* have been completed. As of April 23, 2014, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the largest programmatic accreditor in the health sciences field lists accredited EMS programs at the paramedic level in ALL 50 states. 390 paramedic programs (including 115 satellite locations) have successfully completed the accreditation process and another 269 paramedic programs hold a Letter of Review (LoR) from CAAHEP (meaning that they are actively engaged in the accreditation process.) 45 states effectively require National EMS Program Accreditation at the Paramedic level and a growing number of states utilize National EMS Certification for state licensure of EMS practitioners. While compliance with the *Education Agenda* is voluntary, NASEMSO believes it will provide career mobility for individuals who seek reciprocity among the states, assure consistent educational content and quality care, and enhance the image of the EMS profession.

This document is the fifth in a series of annual survey reports to be provided to the National EMS Advisory Council (NEMSAC.) It is intended to provide an overview of statewide implementation of the *Education Agenda*. Data was collected in Fall 2013. (A copy of the actual survey is included as Appendix A.) While the state data was correct at the time of collection, variances in state laws, regulations, and/or administrative policy could preempt the findings in this report. The report should not be received or interpreted as a strict policy decision by any state. States retain the authority to implement the *Education Agenda* in a way that best meets their needs. **NASEMSO expresses its deep appreciation to all 50 states and Guam for their contributions to “EMS Education Agenda: A Systems Approach A report to the National EMS Advisory Council (NEMSAC) on Statewide Implementation of the Education Agenda.”**

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The following chart reflects the progress that has been made since implementation of the *Education Agenda* began in earnest:

Benchmark	2007	2013	Special Consideration
Percentage of states intending to use SOP Model as foundation for state licensure-- EMR	58%	76%	
Percentage of states intending to use SOP Model as foundation for state licensure-- EMT	78%	100%	
Percentage of states intending to use SOP Model as foundation for state licensure-- AEMT	58%	88%	
Percentage of states intending to use SOP Model as foundation for state licensure-- Paramedic	76%	100%	
Percentage of states currently requiring National EMS Program Accreditation at the Paramedic level	24%	90%	
Percentage of states that require National EMS Certification at the EMR level for initial licensure <i>(Column 3 reflects additional states that accept National EMS Certification as an option to state testing)</i>		48%	+6%
Percentage of states that require National EMS Certification at the EMT level for initial licensure <i>(Column 3 reflects additional states that accept National EMS Certification as an option to state testing)</i>		80%	+8%
Percentage of states that require National EMS Certification at the AEMT level for initial licensure <i>(Column 3 reflects additional states that accept National EMS Certification as an option to state testing)</i>		68%	+8%
Percentage of states that require National EMS Certification at the Paramedic level for initial licensure <i>(Column 3 reflects additional states that accept National EMS Certification as an option to state testing)</i>		88%	+6%

Section II. Using the National EMS Scope of Practice (SOP) Models as a Foundation for State Licensure

The *Scope of Practice Model* was developed with primary leadership from NASEMSO using a multidisciplinary nationwide stakeholder process. It describes a progression of knowledge and skills among multiple levels of EMS personnel based on the Core Content, best available research, expert consensus, and multiple national reviews. The model also provides nationally standardized titles for EMS practitioners and represents nationally consistent minimum entry level of knowledge and skills for states to consider when establishing state-specific EMS scopes of practice. It can also be used to facilitate reciprocity when practitioners are called upon to participate in interstate mutual aid activities that support a wide area disaster response under the National Incident Management System (NIMS). Because states maintain the autonomy to consider unique local needs when creating their own scopes of practice based on the Model, several states report that they already exceed the minimum standards established by the 2007 national document.

76% of states plan to implement or have implemented the National Scope of Practice Model as a foundation for state licensure at the Emergency Medical Responder level, including: CT, GU, HI, IA, ID, IN, KS, MD, ME, MI, MN, MO, MY, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, TN, TX, UT, VT, WA, WI, WV, and WY. AZ has implemented EMR only in wilderness zones. IL and MA are currently pursuing regulatory changes to implement the SOP Model for EMR.

100% of states plan to implement or have implemented the National Scope of Practice Model at the EMT level, including AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, GU, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY. IL and MA are currently pursuing regulatory changes to implement the SOP Model for EMT.

88% of states plan to implement or have implemented the National Scope of Practice Model as a foundation for state licensure at the Advanced Emergency Medical Technician level, including AK, AL, AR, AZ, CA, CO, DE, GA, GU, HI, IA, ID, IN, LA, ME, MI, MN, MO, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, VT, WA, WI, and WY. IL and MA are currently pursuing regulatory changes to implement the SOP Model for AEMT.

100% of states plan to implement or have implemented the National Scope of Practice Model at the Paramedic level, including AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, GU, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY. IL and MA are currently pursuing regulatory changes to implement the SOP Model for Paramedic.

Figures 1-4 illustrate the progress of states implementing the SOP level as a foundation for state licensure. It bears repeating that “foundation” means the SOP levels (and subsequent educational standards) were used to help standardize the level nationwide. For those states that are using the SOP model, none “fall below the SOP Model” and several states already exceed it.

Fig. 1 - Intent to Implement SOP Level as Foundation for State Licensure- EMR

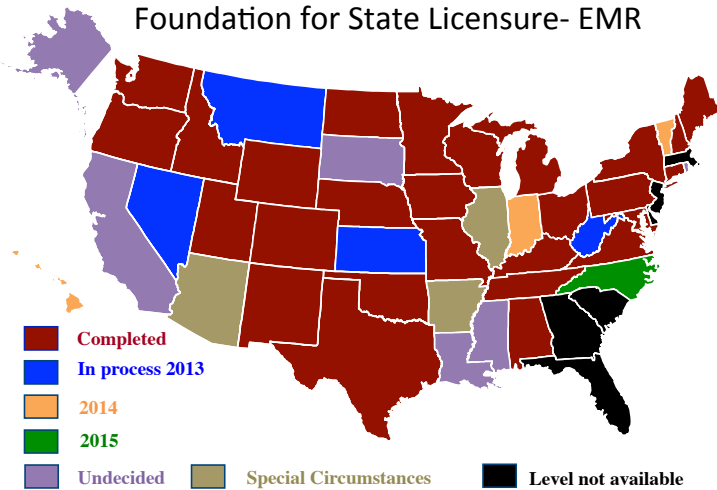


Fig. 2 - Intent to Implement SOP Level as Foundation for State Licensure- EMT

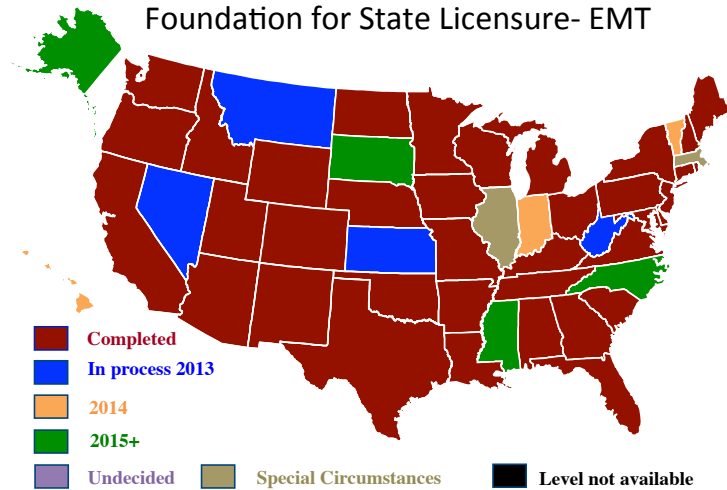


Fig. 3 - Intent to Implement SOP Level as Foundation for State Licensure- AEMT

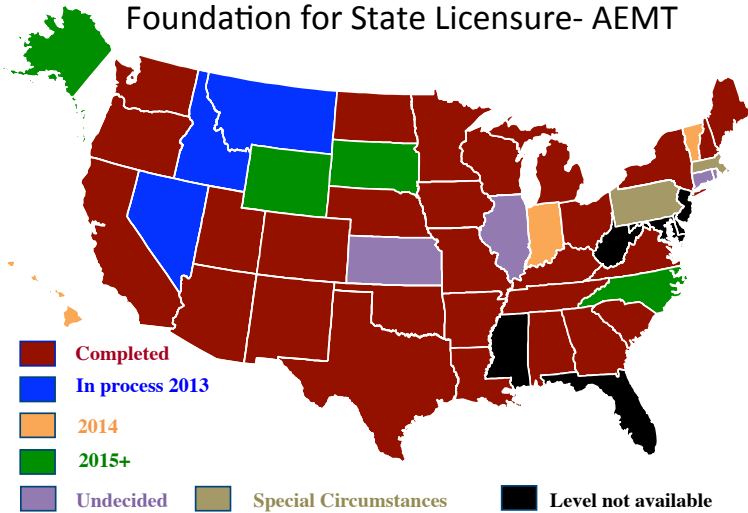
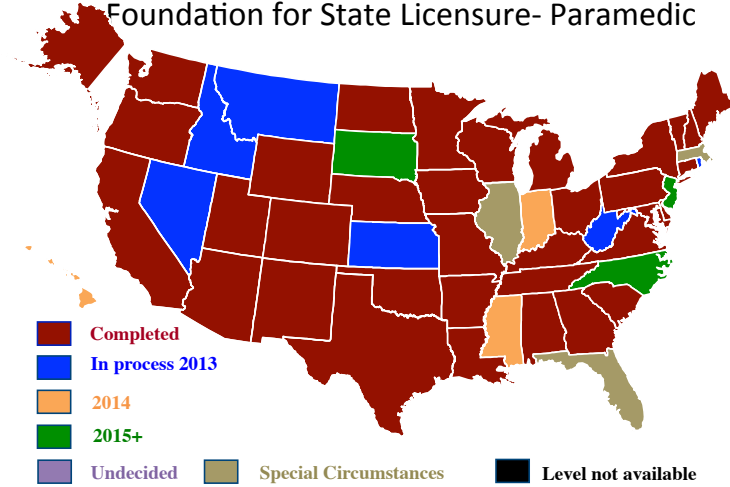


Fig. 4 - Intent to Implement SOP Level as Foundation for State Licensure- Paramedic



Section III. State Transition Plan

Because states needed to revise or develop processes to facilitate a smooth transition from the U.S. Department of Transportation National Standard Curricula (NSC) to the National EMS Education Standards (NEMSES) in 2009, NASEMSO collaborated with a panel of experts and several national stakeholder groups to establish a *Gap Analysis Template*. The purpose of the gap analysis was to help states identify skills, content, and new course considerations not included in the previous *National Standard Curricula* for each EMS practitioner level and to help states identify criteria for state-based transition processes or courses. In other words, each state determined what cognitive and psychomotor education and testing was required in their state to recognize existing practitioners at the levels described in the Scope of Practice Models. Practitioners that want or need to maintain National EMS Certification through the National Registry of EMTs (NREMT) have two NREMT registration cycles to provide evidence they have completed the state verification process. Figures 5-10 illustrate state progress on transition from the NSC to the NEMSES.

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Fig. 5 - Statewide Transition of FR to EMR to be Completed by September 30, 2016

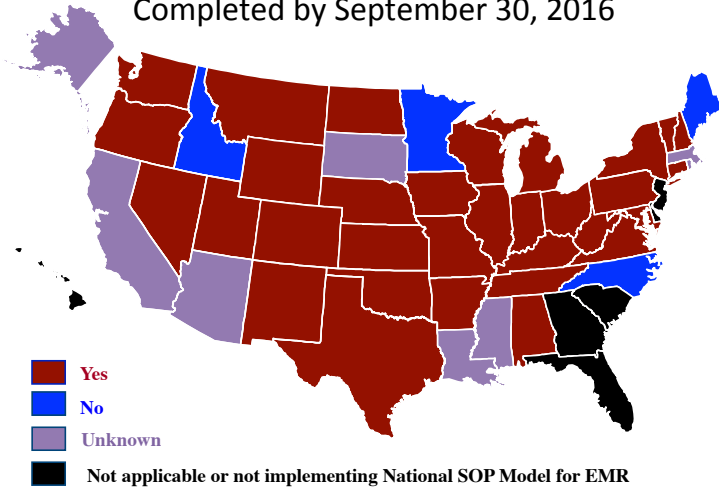


Fig. 6 - Statewide Transition of EMT-B to EMT to be Completed by March 31, 2016

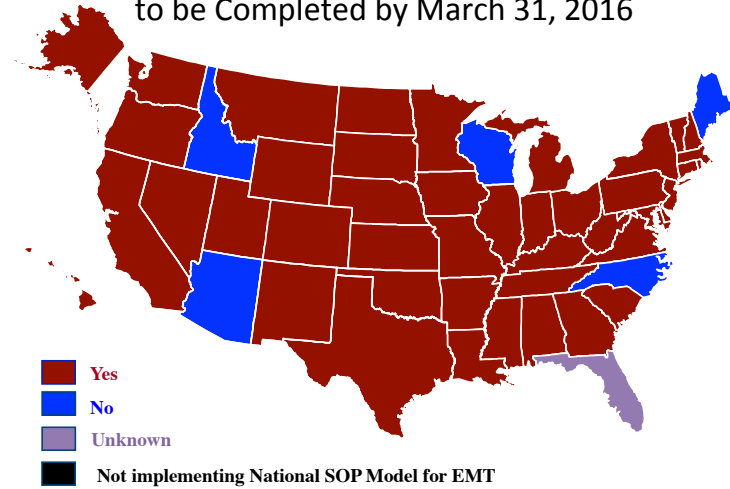


Fig. 7 - Implementation of AEMT to be Completed by March 31, 2018

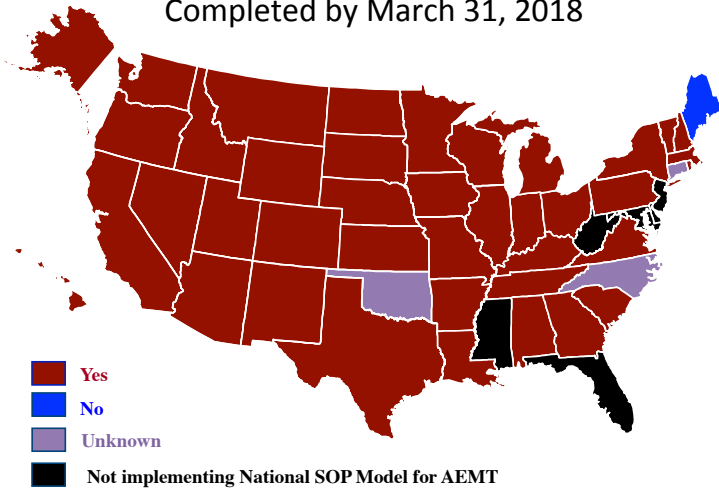


Fig. 8 - Statewide Transition of I-85 to AEMT to be Completed by March 31, 2018

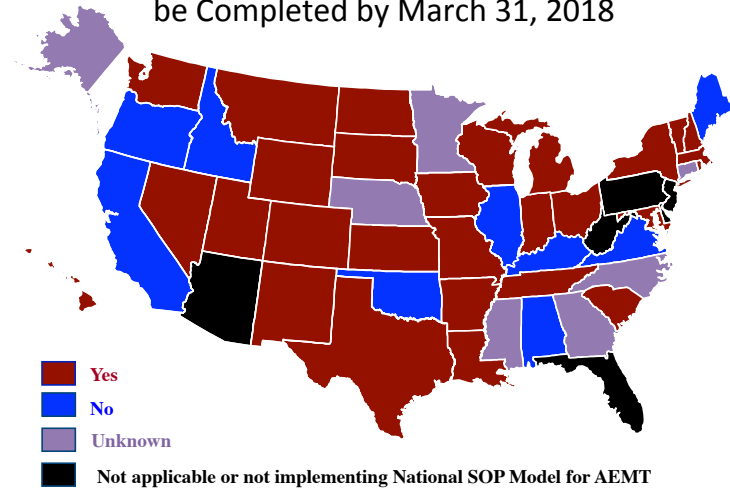


Fig. 9 - Statewide Transition of I-99 to Paramedic to be Completed by March 31, 2017

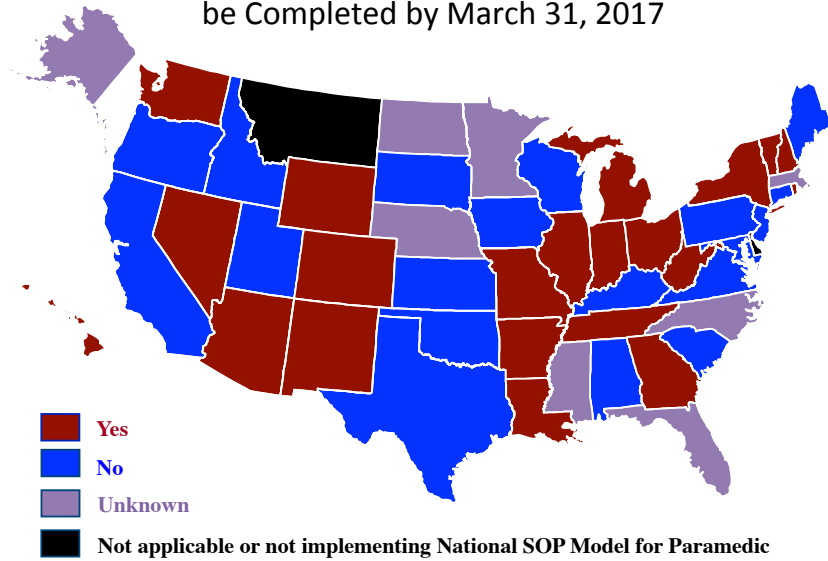
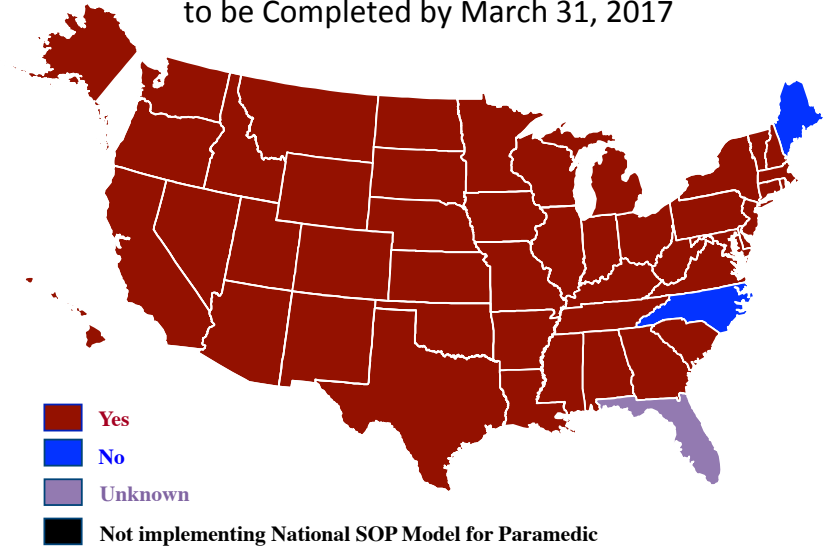


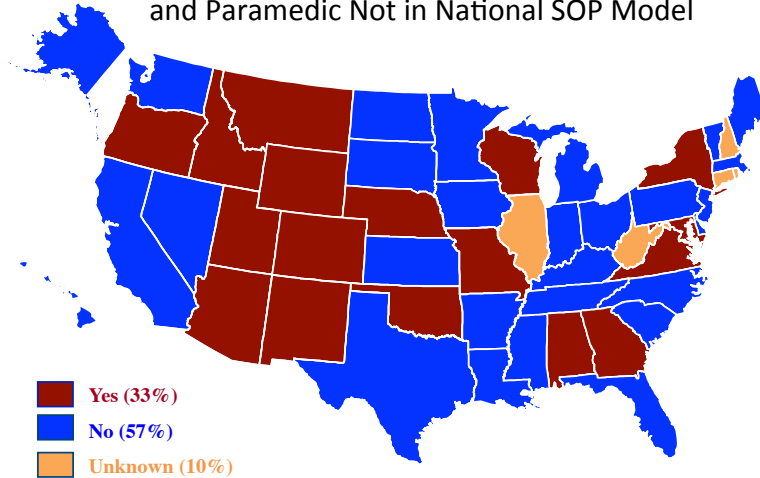
Fig. 10 - Statewide Transition of EMT-P to Paramedic to be Completed by March 31, 2017



Section IV. Maintaining Existing Level Not in the SOP Model

Some states have expressed the need to maintain personnel at a level that fits between one of the national levels, specifically EMT and paramedic, which is not included in the current Scope of Practice Model. In this situation, the state would be responsible for managing all aspects of the unique level's ongoing training and testing. In addition, state reciprocity for levels not included in the Scope of Practice Model would be quite limited since the level would be unique to the state of origin. While the survey did not inquire about the specifics of these levels, it is reasonable to assume that some states will maintain existing levels between EMT and paramedic (such as Intermediate-85 or Intermediate-99) rather than transition those personnel to EMT, AEMT, or paramedic levels. Figure 11 illustrates states that intend to maintain an existing level between EMT and paramedic that is not in the National SOP Model.

Fig. 11 - Maintaining an EXISTING Level Between EMT and Paramedic Not in National SOP Model



Section V. States Requiring National EMS Program Accreditation

Most allied health programs have a registration or certification process that is national in scope and typically sponsored by an independent organization. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the allied health sciences field. CAAHEP is a postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with 19 review committees (Committees on Accreditation). CAAHEP currently accredits over 2100 entry-level education programs in 23 health science professions. As of April 23, 2014, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the largest programmatic accreditor in the health sciences field lists accredited EMS programs at the paramedic level in ALL 50 states. 390 paramedic programs (including 115 satellite locations) have successfully completed the accreditation process and another 269 paramedic programs hold a Letter of Review (LoR) from CAAHEP (meaning that they are actively engaged in the accreditation process.) Effective January 1, 2013, candidates for National EMS Certification, including states that use the NREMT exam for testing must meet an eligibility requirement at the paramedic level that includes successful completion of an accredited program. Ohio will require National EMS Program Accreditation by 2018. Currently, Illinois and Wyoming do not require National EMS Program Accreditation but have been working with stakeholders and legislators to adopt the national model. Florida does not currently have statutory authority to require National EMS Program Accreditation. According to Administrative Rules certified in 2013 on the state's web site, the Montana Board of Medical Examiners will not require National EMS Program Accreditation of paramedic programs going forward. Figures 12-13 illustrate state practices regarding requirements for National EMS Program Accreditation at the paramedic level.

Fig. 12 - State Currently Requires National EMS Program Accreditation at Paramedic Level

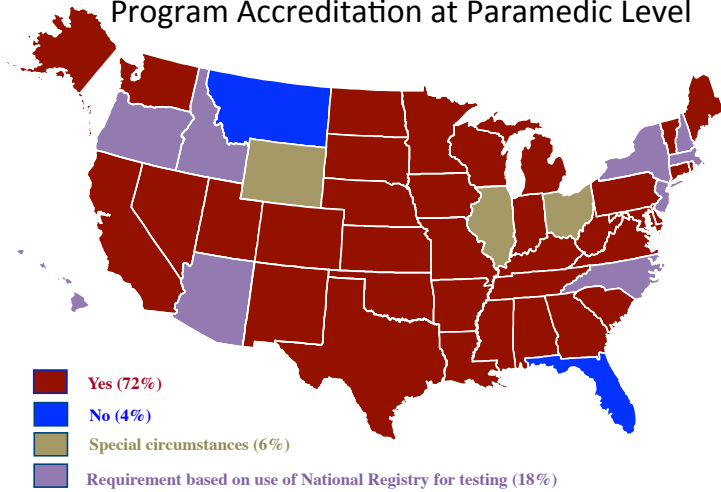
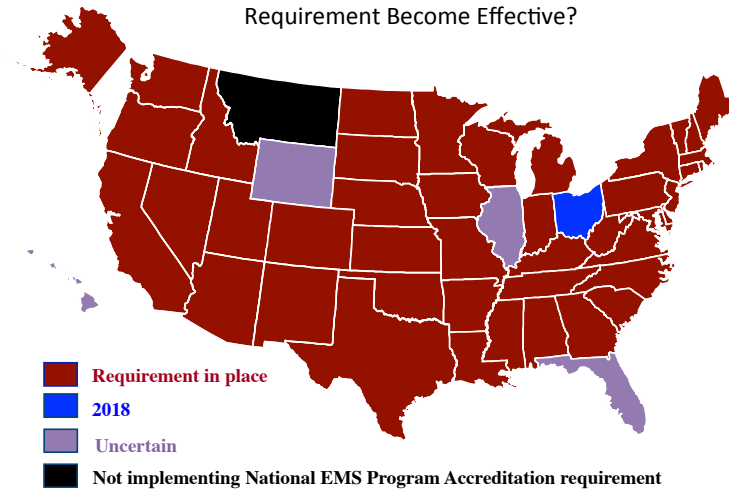
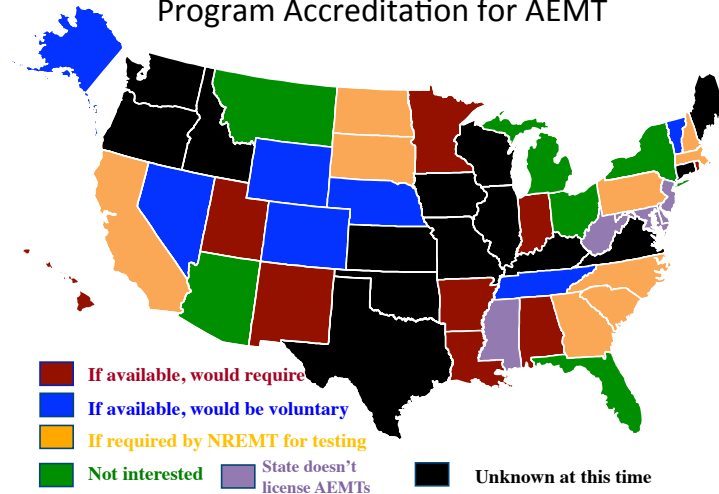


Fig. 13 - If State Does Not Currently Require National EMS Program Accreditation at Paramedic Level, When Will the Requirement Become Effective?



At present, National EMS Program Accreditation is only being implemented for Paramedic programs. This approach is being taken for several reasons. Paramedic programs are of a sufficient length and academic complexity that accreditation requirements make sense when applied to them and applying accreditation standards to other levels of programs is still being evaluated. Long term, it would improve the credibility of other levels of EMS training to fall under an accreditation model. States were asked if they would be interested in utilizing the National EMS Program Accreditation process for AEMT programs. 20% of states indicated it would be utilized if required by the National Registry for testing, 14% indicated they would require national accreditation of AEMT programs if it were to become available, 14% would implement program accreditation for AEMT programs on a voluntary basis, and 14% expressed lack of interest in program accreditation at the AEMT level. The remainder of respondents was undecided. Figure 14 illustrates state responses in regards to program accreditation at the AEMT level.

Fig. 14 - State Interest in National EMS Program Accreditation for AEMT



Section VI. Testing and Credentialing Requirements Leading to State Licensure

The Education Agenda calls for a single national EMS certification agency. The recognition of the National EMS Certification agency providing certification leading to state licensure is a matter that must be addressed on a state by state basis based on American Psychological Association (APA) standards, an EMS practice analysis/blueprint, and a nationally recognized, legally defensible, validated, and reliable examination. With a Board of Directors that is comprised of representatives from all segments of the EMS community and public, the National Registry of EMTs is the only accredited certification body that currently meets the technical requirements described by the *Education Agenda*. The NREMT has maintained national accreditation of all levels of its exams from the National Commission for Certifying Agencies (NCCA), a certification-accrediting Board sponsored by the Institute for Credentialing Excellence (ICE) (formerly the National Organization for Competency Assurance) continuously since 2003. Currently, 45 states use the NREMT examination process as a component of state licensure at one or more levels including AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, GU, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY. It is noted that AZ does not specify NREMT for testing per se, but rather, its testing will be conducted by a “national certification organization.” Three states, IL, MA, and MT currently accept NR exams as an option to state-based testing and/or proprietary exams. NC and NY do not utilize or recognize the NR exam in the state licensing process.

The assessment of state relicensure processes proved to be a bit more complex due to wide state-by-state variations. Overall, state-based examinations are slowly yielding to the National EMS Certification process for several reasons, including the cost to update and maintain state-based exams while ensuring their validity and reliability. Second, state exams are notoriously less secure and entire versions of an exam have had to be destroyed because test security related to the exam was compromised. Fewer states require practitioners to maintain National Registry certification for relicensure (only 16% at the EMT level and 20% at the paramedic level.) States have implemented multiple options for practitioners to maintain EMS practitioner licensure, including state written and psychomotor testing, continuing education (CE) requirements, agency/employer

credentialing, medical director review, “refresher” courses, and/or state protocol review. These are potentially problematic from a national perspective because there are few consistencies among states regarding the amount, type, and source of CE and “refresher” courses based on the National Standard Curricula are now considered obsolete.

Some states adopt requirements for CE and competency verification established by the National Registry. Some states adopt their own criteria. Fig. 15 illustrates the whether states adopt National Registry practices or establish their own requirements with regard to CE.

Figures 16-20 illustrate the range of state practices with regard to mandatory/optional state/national examinations included in the state licensure process at each EMS practitioner level.

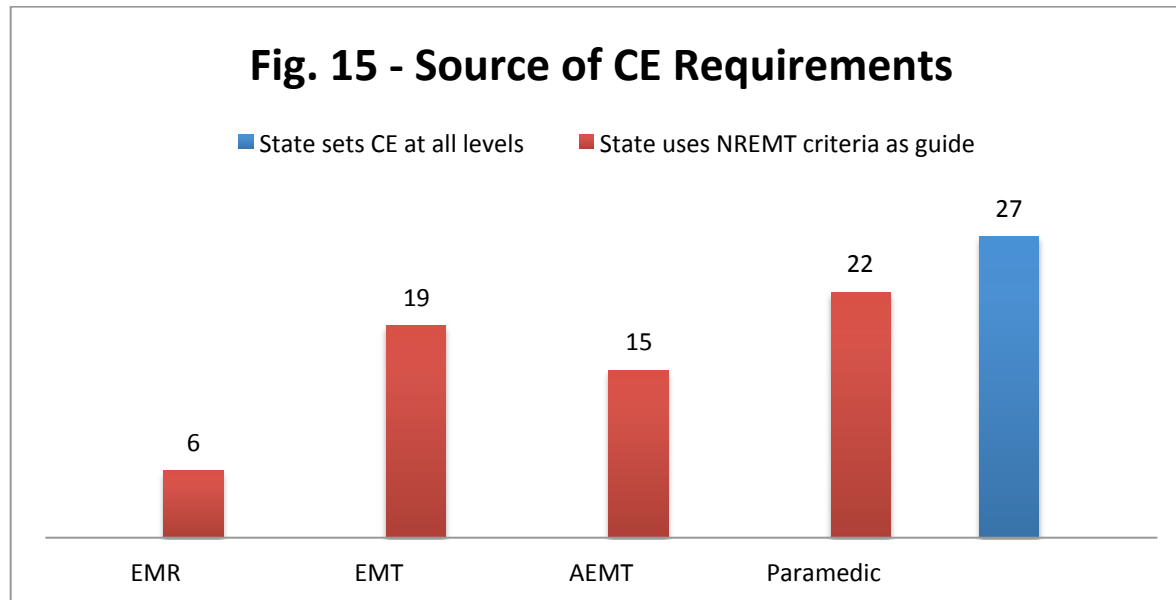


Fig. 16 - Testing Mechanism for Initial State Licensure- EMR

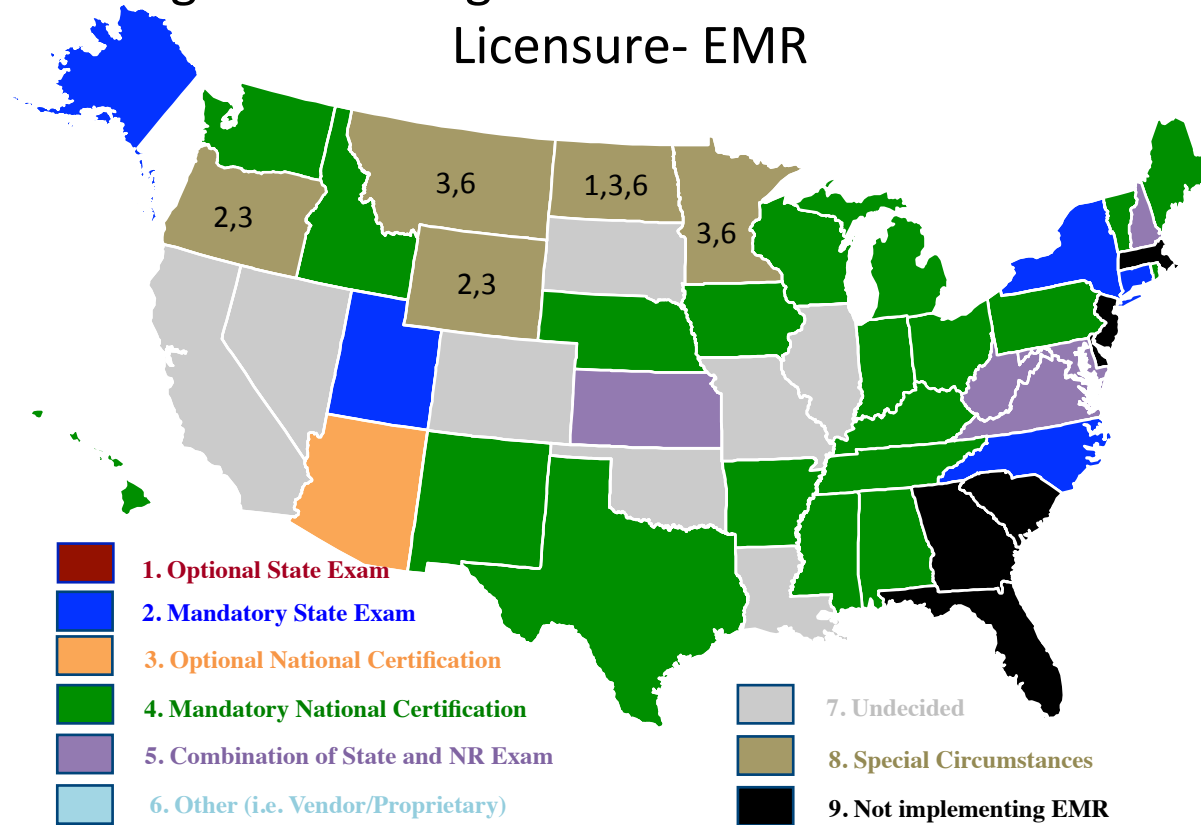


Fig. 17 - Testing Mechanism for Initial State Licensure- EMT

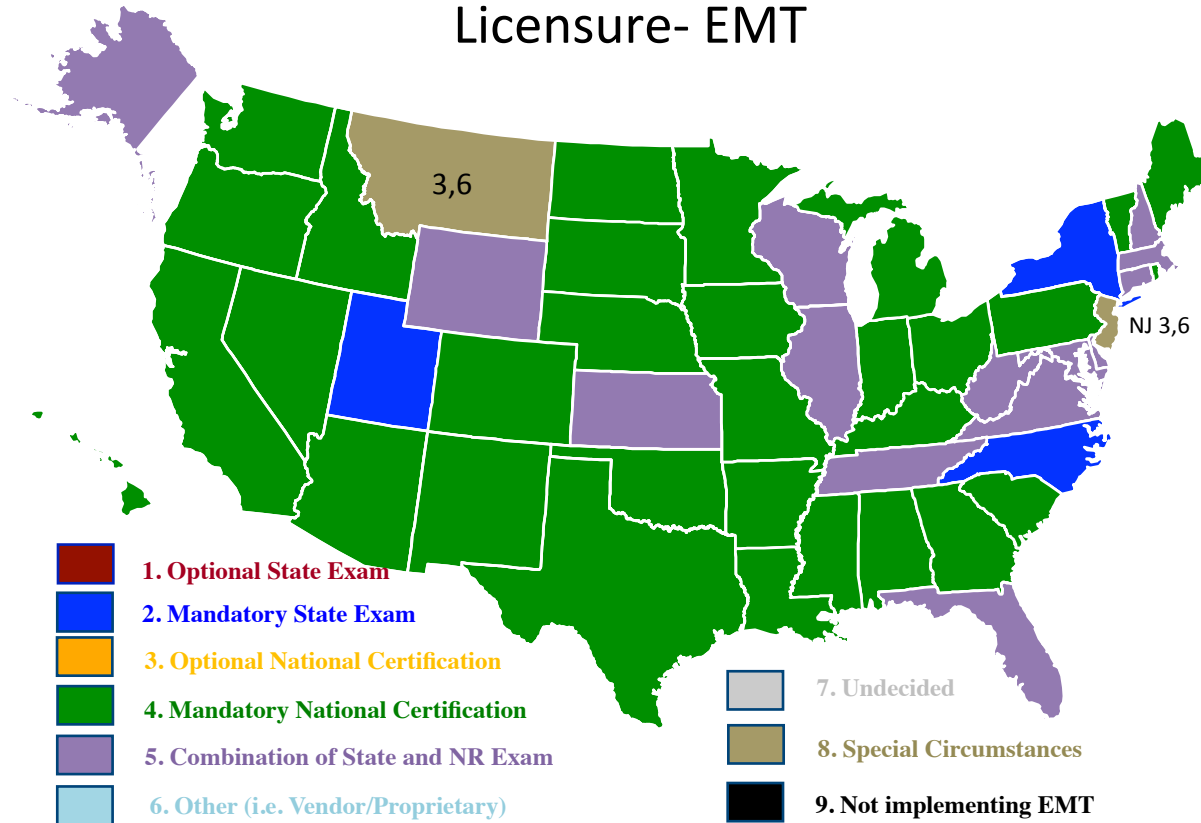


Fig. 18 - Testing Mechanism for Initial State Licensure- AEMT

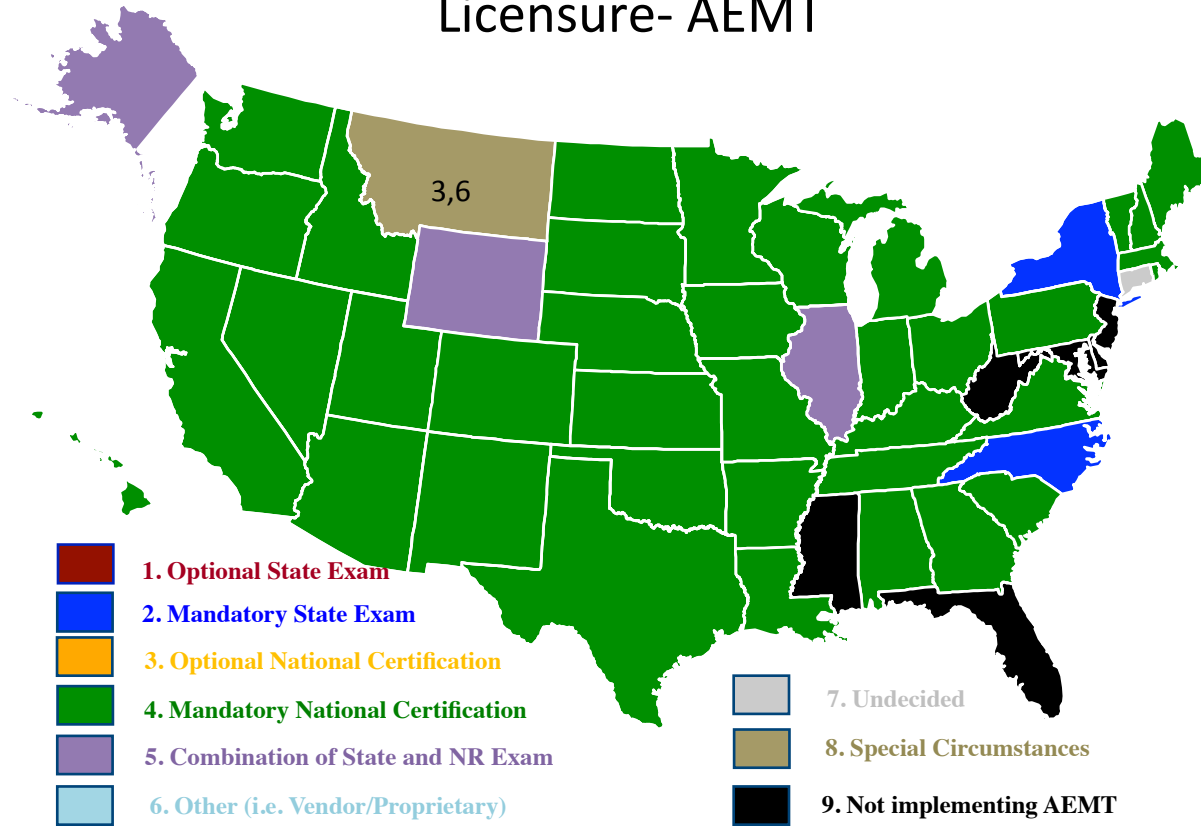


Fig. 19 - Testing Mechanism for Initial State Licensure- Paramedic

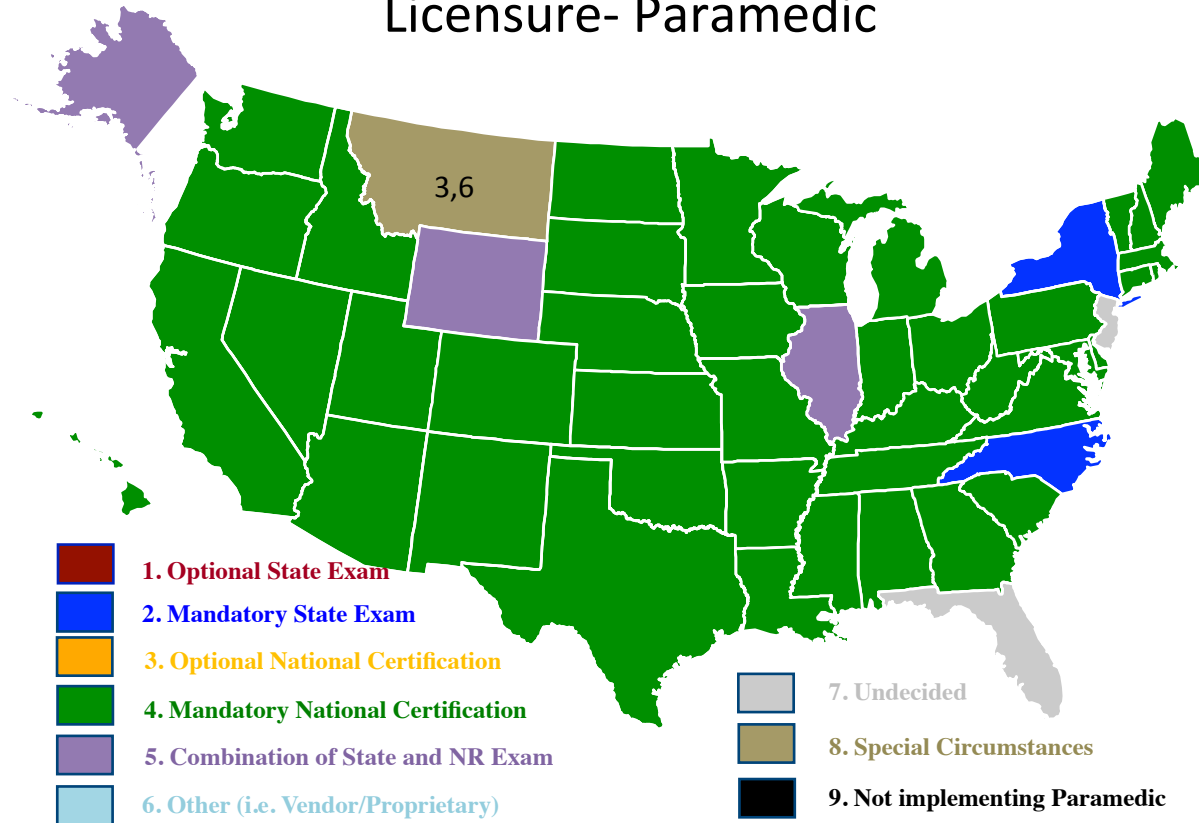


Table 1 – State Re-licensure Requirements for the Emergency Medical Responder

		Testing: <ul style="list-style-type: none"> SW- State Written Exam SP- State Psychomotor Exam NR- Maintain NREMT recertification (standalone or in lieu of state testing) NT- No testing NS- Not specified 	Continuing Education (prorated annual basis): <ul style="list-style-type: none"> 0 hours 1-10 hours 10-15 hours 15-20 hours NR - Follow NREMT Core Types and # of hours 			Credentialing: <ul style="list-style-type: none"> AG- Agency/employer credentialing process MD- Medical Director Review 	Other: <ul style="list-style-type: none"> RE- Refresher type course PR- Review of State Protocols
		Testing	CE Total	CE Clinical	CE Pediatric	Credentialing	Other
1.	AK	NS					RE
2.	AL	NR	NR				
3.	AR	NS	0	0	0		RE
4.	AZ	(Level not licensed by OEMS)					
5.	CA	NT					
6.	CO	NT					
7.	CT	SW	1-10	1-5	1-5		RE
8.	DE	(Level not licensed by OEMS)		0	1-5		
9.	FL	(Level not licensed by OEMS)					
10.	GA	(Level not licensed by OEMS)					
11.	GU	SW, SP				AG, MD	RE, PR
12.	HI	NT					
13.	IA	NS	1-10	1-5	0		
14.	ID	NS	1-10		1-5	MD	
15.	IL	NS	10-15	1-5	0	MD	
16.	IN	NS					
17.	KS	NS	1-10	0	0		
18.	KY	NR	10-15	10-20	1-5	AG, MD	
19.	LA	NS		5-10	1-5		RE

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		Testing	CE Total	CE Clinical	CE Pediatric	Credentialing	Other
20.	MA	(Level not licensed by OEMS)					
21.	MD	NR	1-10	1-5	1-5		RE, PR
22.	ME	NS	1-10	5-10	0		
23.	MI	NS	1-10	1-5	1-5		
24.	MN	NR	0	0	0		RE
25.	MO	NS				AG	RE
26.	MS	NR	NR	0	1-5	AG, MD	
27.	MT	NS	0				RE
28.	NC	NS	10-15	5-10	1-5	AG	
29.	ND	NS					RE
30.	NE	NS	1-10	0	0		
31.	NH	NR	NR			AG	
32.	NJ	(Level not licensed by OEMS)					
33.	NM	NT					
34.	NV	NS	1-10	0	1-5		RE
35.	NY	SW, SP					
36.	OH	NS	1-10	0	1-5		
37.	OK	NR	NR				
38.	OR	NR	1-10	0	1-5		
39.	PA	SW, SP	1-10				
40.	RI	NT			1-5		
41.	SC	(Level not licensed by OEMS)					
42.	SD	NT					
43.	TN	SW, NR	1-10	0	1-5		
44.	TX	SW, SP	1-10	1-5	1-5		
45.	UT	NS	10-15		0		
46.	VA	NS	1-10	0	0		
47.	VT	NR	NR			MD	
48.	WA	SW, SP	1-10	1-5		AG, MD	
49.	WI	NS	NR	0	1-5		RE
50.	WV	SW, SP, NR	NR			AG	
51.	WY	SW	10-15	5-10	5-10	MD	

Table 2 – State Re-licensure Requirements for the EMT

		Testing:	Continuing Education (prorated annual basis):			Credentialing:	Other:
		<ul style="list-style-type: none"> SW- State Written Exam SP- State Psychomotor Exam NR- Maintain NREMT recertification (standalone or in lieu of state testing) NT- No testing NS- Not specified 	<ul style="list-style-type: none"> 0 hours 1-10 hours 10-15 hours 15-20 hours NR - Follow NREMT Core Types and # of hours 			<ul style="list-style-type: none"> AG- Agency/employer credentialing process MD- Medical Director Review 	<ul style="list-style-type: none"> RE- Refresher type course PR- Review of State Protocols
		Testing	Total hrs	Clinical	Pediatric	Credentialing	Other
1.	AK	SW, SP, NR	15-20	10-20	1-5	AG	RE
2.	AL	NR	NR				PR
3.	AR	NS	10-15	0	1-5		RE
4.	AZ	NR	10-15	5-10	1-5		RE
5.	CA	SW (if lic expired > 1 yr)	10-15	0	0		RE
6.	CO	NR	NR			AG, MD	RE
7.	CT	SW	10-15	5-10	1-5		RE
8.	DE	NS	15-20	5-10	1-5	AG	RE, PR
9.	FL	NS	10-15		1-5		
10.	GA	NS	15-20	1-5	1-5		
11.	GU	SW, SP				AG, MD	RE, PR
12.	HI	NS	15-20	10-20			RE
13.	IA	NS	10-15	5-10	0		
14.	ID	NS	15-20		1-5	MD	
15.	IL	NS	15-20	1-5	0	MD	
16.	IN	NT					
17.	KS	NS	10-15	0	0		
18.	KY	NR	15-20	10-20	1-5	AG, MD	

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		Testing	CE Total	CE Clinical	CE Pediatric	Credentialing	Other
19.	LA	NR	NR	10-20	5-10		
20.	MA	NR	NR				RE
21.	MD	NR	1-10	1-5	1-5		RE, PR
22.	ME	NS	10-15	5-10	0		
23.	MI	NS	1-10	1-5	1-5		
24.	MN	SP, NR	24	0	0		RE
25.	MO	NR	15-20				
26.	MS	NR	15-20	0	5-10	1AG, MD	
27.	MT	NS	12			AG	RE
28.	NC	NS	10-15	5-10	1-5	AG	
29.	ND	NR	NR				RE
30.	NE	NS	10-15	0	0		
31.	NH	NR	NR			AG	PR
32.	NJ	NS	NR				RE
33.	NM	NS					
34.	NV	NS	10-15	1-5	5-10		RE
35.	NY	SW, SP	5				RE
36.	OH	NS	10-15	0	5-10		
37.	OK	NR	NR				RE
38.	OR	NR	10-15	0	1-5		
39.	PA	SW, SP	1-10				
40.	RI	NS	1-10		1-5		
41.	SC	NS	NR				
42.	SD	NS	10-15		1-5		
43.	TN	NS	10-15	0	1-5		
44.	TX	NS	10-15	1-5	1-5		
45.	UT	NS	15-20		1-5	AG	
46.	VA	NS	1-10	0	1-5		
47.	VT	NR	NR			MD	
48.	WA	SW, SP	10-15	5-10			
49.	WI	SW	10-15	0	1-5		RE
50.	WV	SW, SP	NR			AG	
51.	WY	SW, SP	15-20	10-20	10-20	AG, MD	

Table 3 – State Re-licensure Requirements for the Advanced EMT

		Testing: <ul style="list-style-type: none"> SW- State Written Exam SP- State Psychomotor Exam NR- Maintain NREMT recertification (standalone or in lieu of state testing) NT- No testing NS- Not specified 	Continuing Education (prorated annual basis): <ul style="list-style-type: none"> 0 hours 1-10 hours 10-15 hours 15-20 hours NR - Follow NREMT Core Types and # of hours 			Credentialing: <ul style="list-style-type: none"> AG- Agency/employer credentialing process MD- Medical Director Review 	Other: <ul style="list-style-type: none"> RE- Refresher type course PR- Review of State Protocols
		Testing	Total hrs	Clinical	Peds	Credentialing	Other
1.	AK	SW, SP, OR NR	15-20	10-20	1-5	AG, MD	RE
2.	AL	NR					PR
3.	AR	NS	15-20	0	1-5		RE
4.	AZ	SW, SP, or NR(voluntary)	15-20	10-20	1-5		RE
5.	CA	SP	15-20	0	0		
6.	CO	NR	5			AG, MD	RE
7.	CT	(currently under review)	15-20	10-20	1-5		RE
8.	DE	NT					
9.	FL	(Level not licensed by OEMS)					
10.	GA	NS	15-20	1-5	1-5		
11.	GU	SW, SP				AG, MD	RE, PR
12.	HI	NT					
13.	IA	NS	15-20	5-10	0		
14.	ID	NS	15-20		1-5	MD	
15.	IL	NT					
16.	IN	(Level not licensed by OEMS)					
17.	KS	NS	15-20	0	0		
18.	KY	NR	15-20	10-20	5-10	AG, MD	
19.	LA	NR	15-20	10-20	5-10		

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		Testing	CE Total	CE Clinical	CE Pediatric	Credentialing	Other
20.	MA	NR	NR				RE
21.	MD	(Level not licensed by OEMS)					
22.	ME	NS	15-20	10-20	0		
23.	MI	NS	10-15	1-5	1-5		
24.	MN	NR	24	0	0		
25.	MO	NR	28.8				
26.	MS	NT					
27.	MT	NS	18			AG	RE
28.	NC	NS	15-20	10-20	1-5	AG	
29.	ND	NR	NR			MD	RE
30.	NE	NS	10-15	0	0		
31.	NH	NR	NR			AG, MD	PR
32.	NJ	(Level not licensed by OEMS)					
33.	NM	NT					
34.	NV	NS	10-15	1-5	5-10		RE
35.	NY	SW, SP				AG, MD	RE
36.	OH	NS	15-20	0	5-10		
37.	OK	NR	NR			AG	RE
38.	OR	NR	15-20	0	5-10		
39.	PA	NT					
40.	RI	NS			1-5		RE
41.	SC	NR	NR				RE
42.	SD	NS	10-15		1-5		
43.	TN	SW, NR	10-15	0	1-5		
44.	TX	SW, SP	27	1-5	1-5		RE
45.	UT	NS	15-20		1-5	AG, MD	
46.	VA	NS	1-10	0	0		
47.	VT	NR	NR			MD	
48.	WA	SW, SP	15-20	10-20		AG, MD	
49.	WI	SW	15-20	0	1-5		RE
50.	WV	(Level not licensed by OEMS)					
51.	WY	SW, SP	15-20	10-20	10-20	AG, MD	

Table 4 – State Re-licensure Requirements for the Paramedic

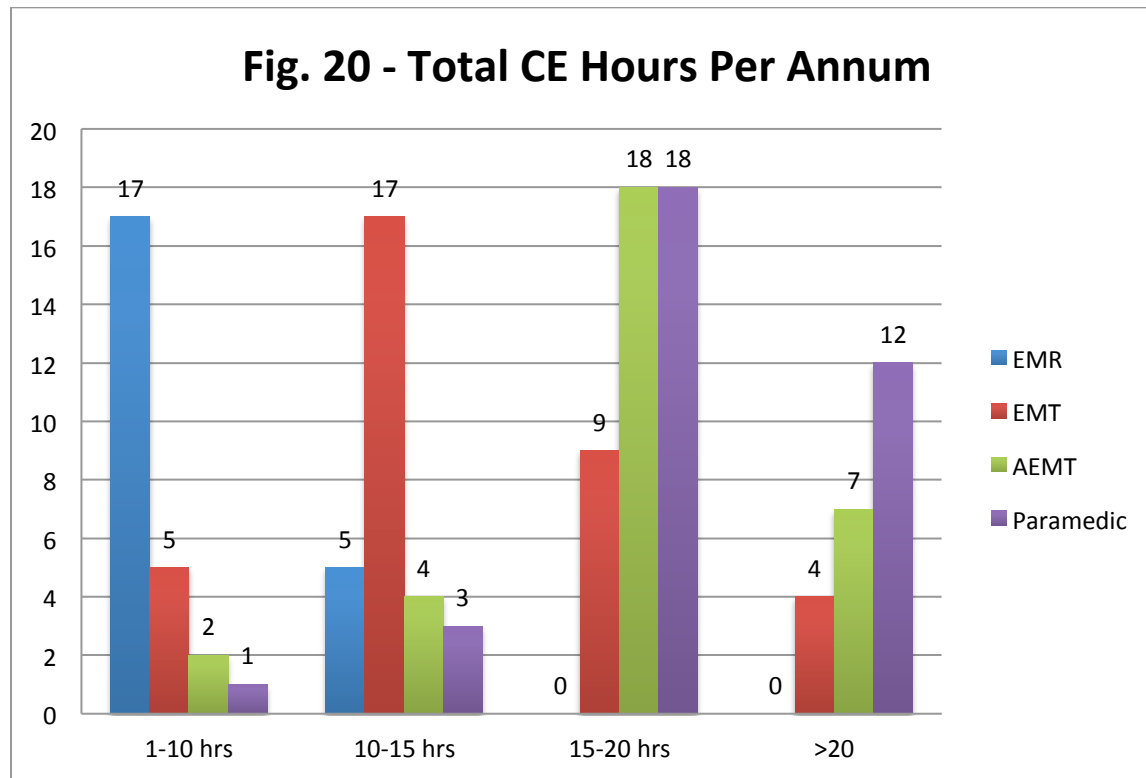
		Testing: <ul style="list-style-type: none"> SW- State Written Exam SP- State Psychomotor Exam NR- Maintain NREMT recertification (standalone or in lieu of state testing) NT- No testing NS- Not specified 	Continuing Education (prorated annual basis): <ul style="list-style-type: none"> 0 hours 1-10 hours 10-15 hours 15-20 hours NR - Follow NREMT Core Types and # of hours 			Credentialing: <ul style="list-style-type: none"> AG- Agency/employer credentialing process MD- Medical Director Review 	Other: <ul style="list-style-type: none"> RE- Refresher type course PR- Review of State Protocols
		Testing	Total hrs	Clinical	Pediatric	Credentialing	Other
1.	AK	NR	NR		1-5	AG, MD	
2.	AL	NR					PR
3.	AR	NS	15-20	0	1-5		RE
4.	AZ	NR	15-20		1-5		RE
5.	CA	NS	24		0		RE
6.	CO	NR	NR			AG, MD	RE
7.	CT	NS				MD	
8.	DE	NR	15-20	10-20	5-10	AG, MD	RE, PR
9.	FL	NS	10-15		1-5		
10.	GA	NS	15-20	1-5	1-5		
11.	GU	SW, SP				AG, MD	RE, PR
12.	HI	NS	15-20	10-20	0		
13.	IA	NS	30	10-20	0		
14.	ID	NS	15-20		1-5	MD	
15.	IL	NS	25	5-10	0	MD	
16.	IN	NT					
17.	KS	NS	15-20	0	0		
18.	KY	NR	15-20	10-20	5-10	AG, MD	
19.	LA	NR	15-20	10-20	5-10		

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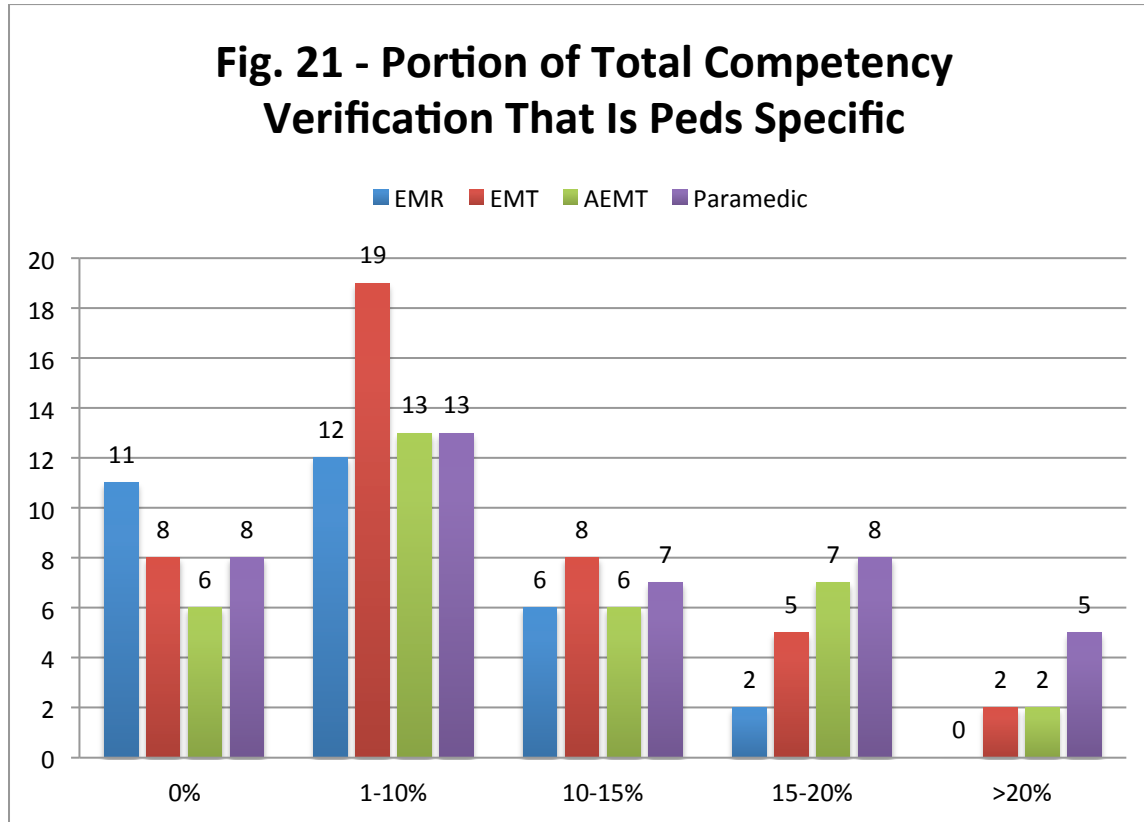
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		Testing	CE Total	CE Clinical	CE Pediatric	Credentialing	Other
20.	MA	NR	NR				RE
21.	MD	NR				MD	PR
22.	ME	NS	15-20	10-20	0		
23.	MI	NS	10-15	1-5	1-5		
24.	MN	NR	24	0	0		
25.	MO	NR	28.8				
26.	MS	NR	NR	0	5-10	AG, MD	
27.	MT	See narrative	12			AG	RE
28.	NC	NS	15-20	10-20	1-5	AG	
29.	ND	NR	NR			MD	RE
30.	NE	NS	15-20	0	0		
31.	NH	NR	NR			AG, MD	PR
32.	NJ	NS	6			MD	PR
33.	NM	NT					
34.	NV	NS	15-20	10-20	10-20		RE
35.	NY	SW, SP	6			AG, MD	RE
36.	OH	NS	28.6	0	10-20		
37.	OK	NR	NR				RE
38.	OR	NS		0	5-10		
39.	PA	SW, SP, or NR	15-20			MD	PR
40.	RI	NR	1-10		1-5		RE
41.	SC	NR	NR				RE
42.	SD	NS	15-20		1-5		
43.	TN	SW, NR	15-20	0	1-5		
44.	TX	NS	36	1-5	1-5		
45.	UT	NS	15-20		1-5	MD	
46.	VA	NS	NR	0	1-5		
47.	VT	NR	NR			MD	
48.	WA	SW, SP	50			AG, MD	
49.	WI	NS	15-20	0	1-5		RE
50.	WV	SW, SP	6			AG	
51.	WY	SW, SP	15-20	10-20	10-20	AG, MD	

Figure 20 illustrates the average number of CE hours required per year. (Please note: some states reported the total number of hours within a recertification period. EMS practitioners can obtain the total number of hours at any time throughout the recertification period but for the purposes of discussion, we divided the certification period by the number of years for an annual “average.”

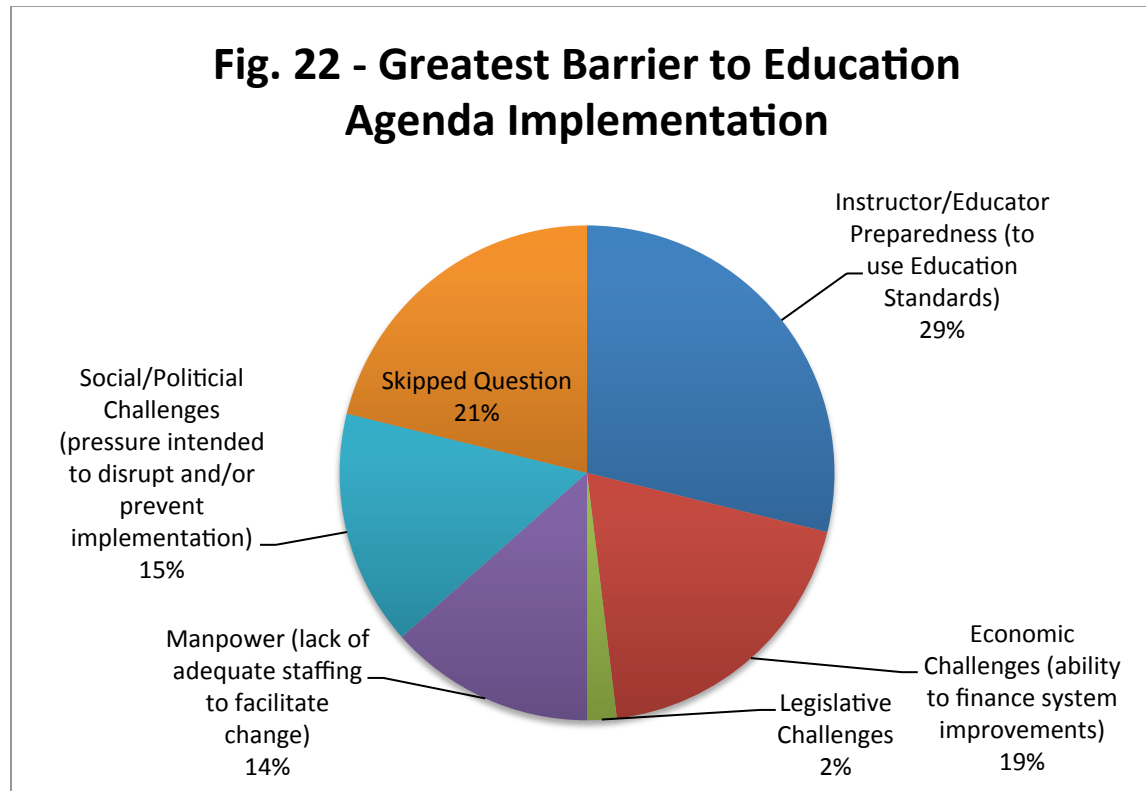


NASEMSO asked states to estimate the percentage of competency verification activities that are required to be specific to pediatric patients. Figure 21 illustrates the range of responses.



VII. Challenges to States on Implementation

NASEMSO queried the states to identify potential barriers for fully implementing elements of the Education Agenda. Fig. 21 reflects the results in an aggregate form.



VIII. Appendix A – 2013 State Timeline Survey

2013 NASEMSO Education Agenda Implementation Assessment

Welcome to the annual NASEMSO Assessment on Implementing the *EMS Education Agenda for the Future: A Systems Approach*. The information you provide will be used to provide state benchmarking data to the NASEMSO membership and the National EMS Advisory Council (NEMSAC.) 2013 marks the 6th year that we are collecting this important data and we greatly appreciate your time in helping us with this effort! One survey response per state is requested. The state director can delegate this function to other staff (such as an education coordinator), if desired. Any questions related to the implementation survey or NASEMSO's ongoing activity related to the *Education Agenda* can contact Program Manager Kathy Robinson (Robinson@nasemsso.org) or by phone at 703-403-7404.

1. Name of person completing the survey:

Title:

Email:

Phone:

State

The first four questions are intended to help identify whether or not your State is 1) using the National EMS Scope of Practice level as a foundation for State licensure and 2) has begun or will begin issuing licenses (or state certification) to either new or existing personnel within the next 3 years.

2. Our State intends to implement the National EMS Scope of Practice level for **Emergency Medical Responder** as a foundation for State licensure by the end of calendar year (Please choose best answer.)

Implementation for this level is completed

2013

2014

2015

Other (please specify)

We are undecided at this time

We are not implementing the National EMS Scope of Practice Model for EMR in our state.

3. Our State intends to implement the National EMS Scope of Practice level for **Emergency Medical Technician** as a foundation for State licensure by the end of calendar year (Please choose best answer.)

Implementation for this level is completed

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- 2013
- 2014
- 2015
- Other (please specify)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model for EMT in our state.

4. Our State intends to implement the National EMS Scope of Practice level for **Advanced Emergency Medical Technician** as a foundation for State licensure by the end of calendar year (Please choose best answer.)

- Implementation for this level is completed
- 2013
- 2014
- 2015
- Other (please specify)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model for AEMT in our state.

5. Our State intends to implement the National EMS Scope of Practice level for **Paramedic** as a foundation for State licensure by the end of calendar year (Please choose best answer.)

- Implementation for this level is completed
- 2013
- 2014
- 2015
- Other (please specify)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model for Paramedic in our state.

The next several questions are related to the NASEMSO Transition Plan for EMS Testing and Certification. (This document can be found on the NASEMSO web site at <http://www.nasemso.org/documents/Resolution2010-03TransitionPlanforEMSTestingandCertification2001019.pdf>.)

6. Our State expects the **Statewide transition of First Responder to Emergency Medical Responder** to be completed by September 30, 2016.

- Our state's transition for all practitioners at this level is currently complete
- Yes
- No
- Unknown at this time

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We are not implementing the National EMS Scope of Practice Model for EMR in our state.

7. Our State expects the **Statewide transition to EMT-Basic to Emergency Medical Technician** to be completed by March 31, 2016.

Our state's transition for all practitioners at this level is currently complete

Yes

No

Unknown at this time

We are not implementing the National EMS Scope of Practice Model for EMT in our state.

8. Our State expects the **Statewide implementation of Advanced Emergency Medical Technician** to be completed by March 31, 2018. (Please choose best answer.)

Our state's transition for all practitioners at this level is currently complete

Yes

No

Unknown at this time

We are not implementing the National EMS Scope of Practice Model for AEMT in our state.

9. Our State expects the **Statewide transition of existing EMT-Intermediate 85 levels to Advanced Emergency Medical Technician** to be completed by March 31, 2018. (Please choose best answer.)

Our state's transition for all practitioners at this level is currently complete

Yes

No

Unknown at this time

We don't currently recognize EMT-Intermediate 85 levels in our state

We are not implementing the National EMS Scope of Practice Model for AEMT in our state.

10. Our State expects the **Statewide transition of existing EMT-Intermediate 99 levels to Paramedic** to be completed by March 31, 2017. (Please choose best answer.)

Our state's transition for all practitioners at this level is currently complete

Yes

No

Unknown at this time

We don't currently recognize EMT-Intermediate 99 levels in our state

We are not implementing the National EMS Scope of Practice Model for Paramedic in our state.

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11. Our state expects the **statewide transition of EMT-P to Paramedic** to be completed by March 31, 2017.

- Our state's transition for all practitioners at this level is currently complete
- Yes
- No
- Unknown at this time
- We are not implementing the National EMS Scope of Practice Model for Paramedic in our state.

12. Our state will maintain an existing level between EMT and paramedic that is not included in the National EMS Scope of Practice Model.

Yes

- No
- Unknown at this time
- Not applicable--we do not currently recognize a level between EMT and paramedic in our state.

The next question is related to Statewide implementation of National EMS Program Accreditation provided by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

13. Our State currently requires National EMS Program Accreditation of Paramedic programs (*select best answer*).

- Yes
- No
- Our state does not require National EMS Program Accreditation per se but the requirement is in place based on eligibility requirements established by the NREMT for testing.
- We are not implementing National EMS Program Accreditation for Paramedic programs in our state.

14. If you answered "No" to question 16, please respond to the following statement: Our State intends to require National EMS Program Accreditation of Paramedic programs by the end of calendar year:

- 2013
- 2014
- 2015
- 2016
- 2017
- Other (please specify)
- Not applicable (our response to question 10 was either "yes", "unknown", or "we do not plan to require National EMS Program Accreditation for Paramedic programs in our state")

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15. Would your state be interested in utilizing the National EMS Program Accreditation process for AEMT programs? (please select the BEST answer)

- Yes, if available we would require national accreditation for AEMT programs
- Yes, if available we would encourage voluntary accreditation of AEMT programs
- Only if the NREMT requires National EMS Program Accreditation at the AEMT level
- No, because our state does not license AEMTs.
- No, we are not interested in EMS program accreditation at the AEMT level
- Unknown at this time

The next several questions are related to testing mechanisms that will be utilized by your State. Some states have indicated that successful completion of the NREMT exam can be utilized by practitioners in lieu of a state exam while others provide the option of a state exam for initial licensure without going through the NREMT process.

16. Following the transition to the National Scope of Practice Models, what testing mechanism does your State plan to utilize for State licensure for **Emergency Medical Responders**? (Please choose best answer.)

- State exam Optional Mandatory Not applicable
- National Registry exam Optional Mandatory Not applicable
- Combination of State and National Registry exam
- Other (ie vendor, proprietary)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model of EMR in our state

17. Following the transition to the National Scope of Practice Models, what testing mechanism does your State plan to utilize for State licensure for **Emergency Medical Technicians**? (Please choose best answer.)

- State exam Optional Mandatory Not applicable
- National Registry exam Optional Mandatory Not applicable
- Combination of State and National Registry exam
- Other (ie vendor, proprietary)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model of EMT in our state

18. Following the transition to the National Scope of Practice Models, what testing mechanism does your State plan to utilize for State licensure for **Advanced Emergency Medical Technicians**? (Please choose best answer.)

- State exam Optional Mandatory Not applicable

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- National Registry exam Optional Mandatory Not applicable
- Combination of State and National Registry exam
- Other (ie vendor, proprietary)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model of AEMT in our state

19. Following the transition to the National Scope of Practice Models, what testing mechanism does your State plan to utilize for State licensure for **Paramedics**? (Please choose best answer.)

- State exam Optional Mandatory Not applicable
- National Registry exam Optional Mandatory Not applicable
- Combination of State and National Registry exam
- Other (ie vendor, proprietary)
- We are undecided at this time
- We are not implementing the National EMS Scope of Practice Model of Paramedic in our state.

The next several questions are related to State requirements for licensure renewal aimed at verifying practitioner competency.

20. Please specify the range of activities your State requires for re-licensure (check all that apply):

a. Emergency Medical Responder

- State written testing
- State psychomotor testing
- Maintain NREMT recertification (standalone or in lieu of state testing)
- Continuing education requirements
- Agency/employer credentialing process
- Medical director review
- “Refresher” type course
- Review of State protocols
- Other (please specify)

b. Emergency Medical Technician

- State written testing
- State psychomotor testing
- Maintain NREMT recertification (standalone or in lieu of state testing)
- Continuing education requirements
- Agency/employer credentialing process
- Medical director review

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- “Refresher” type course
- Review of State protocols
- Other (please specify)

c. Advanced Emergency Medical Technician

- State written testing
- State psychomotor testing
- Maintain NREMT recertification (standalone or in lieu of state testing)
- Continuing education requirements
- Agency/employer credentialing process
- Medical director review
- “Refresher” type course
- Review of State protocols
- Other (please specify)

d. Paramedic

- State written testing
- State psychomotor testing
- Maintain NREMT recertification (standalone or in lieu of state testing)
- Continuing education requirements
- Agency/employer credentialing process
- Medical director review
- “Refresher” type course
- Review of State protocols
- Other (please specify)

21. Related to the previous question on types of competency verification activities (question #22), what percentage of these activities do you **require to be specific to PEDIATRIC populations?**

a. Emergency Medical Responder

- 0%
- 1-10%
- 10-15%
- 15-20%
- >20%

b. Emergency Medical Technician

- 0%
- 1-10%

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- 10-15%
- 15-20%
- >20%

c. Advanced Emergency Medical Technician

- 0%
- 1-10%
- 10-15%
- 15-20%
- >20%

d. Paramedic

- 0%
- 1-10%
- 10-15%
- 15-20%
- >20%

*The next four questions are related to State requirements for licensure renewal **specific to continuing education.***

22. (Please complete this statement) “Our State follows the NREMT criteria for continuing education specific to the ‘core’ types and number of hours at the following levels (check all that apply):

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician
- Paramedic
- Our state establishes its own CE criteria and does not follow the NREMT recommendations.

In question #22, if you indicated that your State uses the NREMT criteria/schedule for CE, please skip to question 26. (If your state utilizes its own criteria for CE over a re-recognition/relicensure period, please divide the total number of hours by the period of time in years to prorate the requirement per annum. For example, 30 total hours over a 3 year period = 10 hrs per year.)

23. Please specify the **TOTAL** number of continuing education hours required on a **prorated annual basis** for:

a. Emergency Medical Responder

- 0 hrs
- 1-10 hrs
- 10-15 hrs

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- 15-20 hrs
- Other (please specify)

b. Emergency Medical Technician

- 0 hrs
- 1-10 hrs
- 10-15 hrs
- 15-20 hrs
- Other (please specify)

c. Advanced Emergency Medical Technician

- 0 hrs
- 1-10 hrs
- 10-15 hrs
- 15-20 hrs
- Other (please specify)

d. Paramedic

- 0 hrs
- 1-10 hrs
- 10-15 hrs
- 15-20 hrs
- Other (please specify)

24. Of the total number of CE hours, please specify the number of hours required related to **CLINICAL** topics required on a **prorated annual basis** for:

a. Emergency Medical Responder

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

b. Emergency Medical Technician

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

c. Advanced Emergency Medical Technician

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

d. Paramedic

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

25. Of the total number of CE hours, please specify the number of hours dedicated to **PEDIATRIC** specific topics required on a **prorated annual basis** for:

a. Emergency Medical Responder

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

b. Emergency Medical Technician

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

c. Advanced Emergency Medical Technician

- 0 hrs
- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

d. Paramedic

- 0 hrs

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- 1-5 hrs
- 5-10 hrs
- 10-20 hrs
- Other (please specify)

26. What is currently the greatest barrier to fully implementing the *EMS Education Agenda* in your State? (Please choose best answer.)

- Instructor/Educator preparedness to use the new Education Standards
- Economic challenges (the ability of the state and/or local providers to finance system improvements)
- Legislative challenges (change in elected officials, either legislature or administration)
- Manpower (lack of adequate staffing at the state or local level to facilitate change)
- Social/political challenges (pressure from practitioners, organizations, etc.) intended to disrupt and/or prevent implementation

27. Please check the following and use the space below to provide contact information for follow-up if you have specific questions related to:

- Program accreditation
- Educator and transition issues
- Legislation/regulation/Scope of Practice
- Other (Please describe-- .)

28. What is the best phone number for the general public to call with questions related to EMS education, EMS testing, or EMS licensure/certification in your state?

29. Comments

This study and report were made possible through Cooperative Agreement DTNH22-11-H-00038/0005 between the National Highway Traffic Safety Administration Office of EMS and the National Association of State Emergency Medical Services Officials. For questions or clarification related to this report, please contact NASEMSO Program Manager, Kathy Robinson (robinson@nasemso.org) or email info@nasemso.org.

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