



Salt River Fire Department  
ALS Continuing Education  
Program

## SALT RIVER FIRE DEPARTMENT CONTINUING EDUCATIONAL PROGRAM

### OVERVIEW

In accordance with Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma Systems for Emergency Medical Care Technician Certification and Arizona Revised Statute (A.R.S.) 36-2202(A)(6) and (B)(3) and Arizona Administrative Code (A.A.C.) R9-25-406(C)(3), an Emergency Medical Care Technician may choose to recertify by attesting to the completion of specified continuing education.

### ALS

If a Paramedic functions in the capacity of an Arizona Medical Care Technician at the Paramedic level for a minimum of (240) hours during the last two years and completed a minimum of (48) hours in continuing medical education in topics consistent with the content of a ALS refresher, which includes a minimum of (5) hours in the topic of pediatric care, as prescribed in A.A.C. R9-25-406(C) (3) (c) (iii).

### PURPOSE

The Salt River Fire Department has created a program to deliver the educational components to meet the requirements of the Arizona Department of Health Services for Emergency Medical Technician recertification Paramedic Level. The education shall be provided on all shifts every other month in (2) hour segments to capture all areas required under the emergency medical technician ALS (48) hour refresher which will include the transition education.

The required topics are outlined in the Arizona Department of Health Services recertification paperwork and this will be attached for the Paramedic's review.

### REQUIREMENTS

The Salt River Fire Department Paramedic will be required to attend all the continuing education and sign their name on the required roster and this roster will be turned into the EMS Chief for record keeping. If the on duty Paramedic is required to leave the training due to responding to an incident they will be required to contact the instructor to verify as to meeting the requirement of the training.

When the time arrives for the individual to complete the recertification paper work provided from Arizona Department of Health Services they shall contact the EMS Chief by e-mail. Please make contact **60 days** prior to your expiration date. All records of continuing education shall be reviewed by the EMS Chief and the Medical Director. If all requirements are met the EMS Chief

and Medical Director will sign the Transition Competency Attestation form for the Paramedic to turn in along with their paper work to Arizona Department of Health Services.

IT is your responsibility to meet the requirements outlined by Arizona Department of Health Services. The Salt River Fire Department shall provide sufficient continuing education to meet the objectives every other month. If you attend additional EMS training such as tape n charts, take part in other ALS/BLS continuing education programs you will receive credit for this as well so please make sure you are on the department rosters or obtain a CE form from the respective educational facility.

Due to this program taking place you still may take an ALS refresher at the local community college but they will no longer be covered (reimbursed) by the fire department.

### **ORGANIZATION/OUTLINE**

The ALS Refresher curriculum is the minimum acceptable content that must be included in any ALS refresher educational program. This program should consist of a minimum of 48 class room hours. The refresher training program is divided into six modules. This SRFD's organizational plan was chosen to begin a process of standardization among National Standard Curricula and meet the requirements of Arizona Department of Health Services.

The six modules are:

- I. Preparatory
- II. Airway
- III. Patient Assessment
- IV. Medical/Behavioral
- V. Trauma
- VI. Obstetrics, Infants and Children

The Salt River Educational Faculty shall provide the education following these modules.



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**



**Application  
Emergency Medical Care Technician Certification**

Please complete all information on this form and attach all documents listed as pertaining to your application. Failure to provide all required information will result in delay in processing your application. A.A.C. R9-25-1201(B)(1). Do not use this application for downgrading from Paramedic or Intermediate to Basic.

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Recertification Application
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**I. LEVEL OF EMERGENCY MEDICAL CARE TECHNICIAN CERTIFICATION REQUESTED**

<input type="checkbox"/> EMT	<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> EMT-Intermediate '99 (AZ Recertification Only)
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**II. APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
Street Address or P.O. Box			City		State
					Zip Code
Home Telephone Number		Alternate Telephone Number		Social Security Number <sup>1</sup>	
				Date Of Birth	

**III. APPLICANT CRIMINAL HISTORY INFORMATION\***

YES	NO	Are you currently:
<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On parole for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On supervised release for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On probation for a criminal conviction?
YES	NO	Within 10 years before the date of filing this application, have you been convicted of any of the following crimes, or any similarly defined crime, in Arizona or in any other state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	1st or 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Attempted 1st or 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual abuse of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	Attempted molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	Any of the following committed against a minor under 15 years of age (a dangerous crime against children as defined in A.R.S. § 13-705:
<input type="checkbox"/>	<input type="checkbox"/>	• 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	• Aggravated assault resulting in serious physical injury or involving the discharge, use, or threatening exhibition of a deadly weapon or dangerous instrument
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	• Molestation of a child

<b>BEMS DATE STAMP</b>	PROCESSING CSR STAFF MEMBER						CERT NBR		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	APPLICATION DEFICIENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FORWARD TO ENFORCEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PROCESS ROUTINELY

**Application for EMCT Certification, Page 2**

**Applicant Name:** \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	• Sexual conduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Child abuse as prescribed in A.R.S. § 13-3623(A)(1)
<input type="checkbox"/>	<input type="checkbox"/>	• Kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	• Taking a child for the purpose of prostitution as prescribed in A.R.S. § 13-3206
<input type="checkbox"/>	<input type="checkbox"/>	• Child prostitution as prescribed in A.R.S. § 13-3212
<input type="checkbox"/>	<input type="checkbox"/>	• Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	• Continuous sexual abuse of a child
<input type="checkbox"/>	<input type="checkbox"/>	• Attempted 1st degree murder
<input type="checkbox"/>	<input type="checkbox"/>	• Sex trafficking
<input type="checkbox"/>	<input type="checkbox"/>	• Manufacturing methamphetamine under circumstances that cause physical injury to a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Bestiality as prescribed in A.R.S. § 13-1411(A)(2)
<b>YES</b>	<b>NO</b>	<b>Within 5 years before the date of filing this application, have you been convicted of a misdemeanor involving moral turpitude or a felony in Arizona or in any other state or jurisdiction, other than a misdemeanor or felony listed above?</b>
<input type="checkbox"/>	<input type="checkbox"/>	
<b>YES</b>	<b>NO</b>	<b>Within 2 years before the date of filing this application, have you been convicted, in Arizona or in any other state or jurisdiction, of a misdemeanor involving:</b>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	• Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, <sup>2</sup> or narcotic drug <sup>3</sup> ?
<input type="checkbox"/>	<input type="checkbox"/>	• Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, dangerous drug, or narcotic drug?
<b>*Check NO above for any conviction that has been absolutely discharged, expunged, or vacated.</b>		

**IV. APPLICANT REGULATORY HISTORY INFORMATION**

<b>YES</b>	<b>NO</b>	<b>Within 5 years before the date of filing this application, have you had EMCT certification or recertification revoked in Arizona or EMCT certification, recertification, or licensure revoked in any other state or jurisdiction?</b>
<input type="checkbox"/>	<input type="checkbox"/>	

**V. CITIZENSHIP OR NATIONAL STATUS DECLARATION**

<b>YES</b>	<b>NO</b>	<b>Are you a citizen or national of the United States?<sup>4</sup> (check one)</b>
<input type="checkbox"/>	<input type="checkbox"/>	

**Provide the following information of where you were born**

<b>City</b>	<b>State (or equivalent)</b>	<b>Country or Territory</b>

**VI. ATTESTATION AND SIGNATURE**

I the undersigned hereby declare, under penalty of perjury as defined in ARS § 13-2702(A)(2), a class 4 felony, that the answers I have given in this application addendum are true and correct.

<b>SIGNATURE</b>	<b>(Print Name and Sign)</b>	<b>DATE</b>
<b>X</b>		

**Submit ALL applications & forms to the Phoenix certification office: 150 N. 18<sup>th</sup> Ave. Suite 540 Phoenix, AZ 85007**

Form Adopted 11-2013

<sup>1</sup> An applicant must provide the applicant's social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K). ADHS does not include a social security number on an EMCT certificate. ADHS uses social security numbers for purposes of identifying applicants and will not release a social security number except as permitted under federal or state law.

<sup>2</sup> "Dangerous drug" is defined in A.R.S. § 13-3401.

<sup>3</sup> "Narcotic drug" has the same meaning as "narcotic drugs," as defined in A.R.S. § 13-3401.

**Application for EMCT Certification, Page 3**

**Applicant Name:** \_\_\_\_\_

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<sup>4</sup> “Federal and State statutory requirements; 8 U.S.C. § 1611, 1621 and A.R.S. §1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM  
Continuing Medical Education Attestation**



<b>Applicant's Full Name</b>	<b>Applicant's Certification Number</b>

Level of Recertification				
Basic	EMT	Advanced EMT	Intermediate '99	Paramedic
<input type="checkbox"/> (AZ Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (AZ Only)	<input type="checkbox"/>

In accordance with Arizona Revised Statute ("A.R.S.") § 36-2202(A)(6) and (B)(3) and Arizona Administrative Code ("A.A.C.") R9-25-406(C)(3), an Emergency Medical Care Technician may choose to recertify by attesting to completion of specified continuing medical education. Please select the appropriate continuing medical education criteria that apply for your recertification level and submit this form with your application.

**EDUCATION**

*(Select only one in this section)*

**(BLS Only)** I attest that I have functioned in the capacity of an Arizona Emergency Medical Care Technician at the EMT level for at least two hundred forty (240) hours during the last two (2) years. I have completed a minimum of 24 hours continuing medical education in topics consistent with the content of a BLS refresher course, including a minimum of 5 hours in the topic of pediatric emergency care, as prescribed in A.A.C. R9-25-406(C)(3)(c)(iii).

**OR**

**(ALS Only)** I attest that I have completed a minimum of 48 hours of continuing medical education in topics consistent with the content of an ALS refresher course, including a minimum of 5 hours in the topic of pediatric emergency care, as prescribed in A.A.C. R9-25-406(C)(3)(c)(iii).

**CURRENT CPR CERTIFICATION**

**(BLS & ALS)** I attest that I have current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by Emergency Medical Care Technicians as prescribed in A.A.C. R9-25-406(C)(3)(a).

**CURRENT ACLS CERTIFICATION**

**(ALS Only)** As I am recertifying at the Intermediate '99 or Paramedic level, I attest that I have current certification in advanced emergency cardiac life support as prescribed in A.A.C. R9-25-406(C)(3)(b).

**PROOF OF CONTINUING MEDICAL EDUCATION**

**(BLS & ALS)** I understand that I must maintain proof of this continuing medical education for three (3) years from the date of this application as prescribed in A.A.C. R9-25-406(D).

**ATTESTATION**

By affixing my signature below, I attest, under penalty of perjury, as defined in A.R.S. § 13-2702(A)(2), a class 4 felony, and Arizona Administrative Code ("A.A.C.") R9-25-402(A)(5), that the answers I have given in this application addendum are true and correct.

<b>Applicant Signature</b>	<b>Date of Application</b>	<b>Bureau Received Stamp</b>
X _____		Bureau Use Only

Submit ALL applications & forms to the Phoenix certification office: 150 N. 18<sup>th</sup> Ave. Suite 540 Phoenix, AZ 85007



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**



**Emergency Medical Care Technician**

**Transition Competency Attestation**

Print or Type The Emergency Medical Care Technician's Full Name	Arizona Certification Number

As authorized by Arizona Revised Statute ("A.R.S.") § 36-2205(A), The director, in consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, has established training criteria consistent with national education standards for each classification of emergency medical care technician. To authorize transition validation, please select the appropriate level of transition education verification below and submit this form to the Bureau to upgrade the Arizona Certification for the Emergency Medical Care Technician named herein.

**BASIC TO EMT TRANSITION EDUCATION**

As the authorized EMS-Fire Agency Executive/Training Program Director/Administrative Medical Director for the BLS Emergency Medical Care Technician named herein, I attest and affix my signature, that this Emergency Medical Care Technician has received education and demonstrated competency in the content as outlined below: (NEMSES page reference numbers provided)

EMS Systems( p. 11)	Reassessment (p. 21)	Head, Face, Neck and Spine (p. 41)
Research (p. 11)	Neurology (p. 23)	Multi-system Trauma (p. 43)
Therapeutic Communications (p. 13)	Abdominal and Gastrointestinal (p. 24)	Abdominal & Genitourinary Trauma (p. 38)
Medical Legal / Ethics (p. 13)	Infectious Diseases (p. 26)	Nervous System Trauma (p. 42)
Airway Management (p. 17)	Endocrine (p. 27)	Special Consideration in Trauma (p. 42)
Respiration (p. 18)	Psychiatric (p. 28)	Obstetrics (p. 44)
Artificial Ventilation (p. 18)	Cardiovascular (p. 29)	Ambulance Safety Principles (p. 48)
Scene Size up (p. 20)	Respiratory (p. 31)	Incident Management (p. 49)
Primary Assessment (p. 20)	Hematology (p. 32)	Multiple Casualty Incidents (p. 49)
History Taking (p. 20)	Genitourinary/Renal (p. 33)	Hazardous Materials Awareness (p. 49)
Secondary Assessment (p. 20)	Trauma Overview (p. 35)	Terrorism & Disaster Mass Casualty p.50
Monitoring Devices (p. 21)	Chest Trauma (p. 37)	

**PARAMEDIC TRANSITION EDUCATION**

As the authorized EMS-Fire Agency Executive/Training Program Director/Administrative Medical Director for the ALS Emergency Medical Care Technician named herein, I attest and affix my signature, that this Emergency Medical Care Technician has received education and demonstrated competency in the content as outlined below: (NEMSES page reference numbers provided)

EMS Systems (p. 11)	Monitoring Devices (p. 21)	Chest Trauma (p. 37)
Documentation (p. 13)	Medical Overview (p. 22)	Head, Face, Neck and Spine (p. 41)
Medical Legal / Ethics (p. 13)	Neurology (p. 23)	Multi-system Trauma (p. 43)
Anatomy & Physiology (p. 17)	Abdominal & Gastrointestinal (p. 24)	Pediatrics (p. 46)
Airway Management (p. 17)	Immunology (p. 25)	Ambulance Safety Principles (p. 48)
Respiration & Artificial Ventilation (p. 18)	Infectious Diseases (p. 26)	Incident Management (p. 49)
Principles of Pharmacology (p. 15)	Endocrine (p. 27)	Multiple Casualty Incidents (p. 49)
Emergency Medications (p. 16)	Psychiatric (p. 28)	Hazardous Materials Awareness (p. 49)
Scene Size up (p. 19)	Cardiovascular (p. 29)	Terrorism & Disaster Mass Casualty p.50
Primary Assessment (p. 20)	Respiratory (p. 31)	
History Taking (p. 20)	Hematology (p. 32)	
Secondary Assessment (p. 20)	Trauma Overview (p. 35)	

**Attestation**

By affixing an authorized signature below, the signatory attest, under penalty of perjury, as defined in A.R.S. § 13-2702(A)(2), a class 4 felony and Arizona Administrative Code ("A.A.C.") R9-25-402(A)(5), that the information provided in this application addendum is true and correct. **Submit ALL applications & forms to the Phoenix certification office: 150 N. 18th Ave. Suite 540 Phoenix, AZ 85007**

Authorized Signature	Authorization Type	Bureau Use Only
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**Date:** \_\_\_\_\_

- Training Program Director
- Medical Director
- EMSFire Agency Executive

**Signature:** \_\_\_\_\_