

Application for
Massachusetts Department of Public Health (MDPH)
Approval for Special Credit Toward EMT Continuing Education

OVERVIEW & ELIGIBILITY

This form is to be used by Massachusetts EMS personnel to submit course(s) that did not receive an MDPH continuing education number prior to the class, or did not have an approval number from the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), to be considered for special credit approval toward EMT continuing education recertification requirements.

Please note that no course is guaranteed special credit approval. All such courses must meet the standards of Administrative Requirement 2-212, available at mass.gov/dph/oems.

EMS Continuing Education is designed to update and maintain continued knowledge and competency of EMTs at all levels in the scope of their certification. Courses and training **that are not directly related to use of patient care devices and equipment carried on ambulances and/or delivery of patient care by EMTs**, regardless of CAPCE approval, are not eligible for EMS continuing education numbers or to be used towards EMT certification renewal. To be eligible, **courses must begin and end during your current recertification cycle** (which can be checked at nremt.org).

If **any** of the below criteria apply, **your course is not eligible for credit/approval**.

1. Already been issued MDPH EMS Course Approval, or a CAPCE approval number and meets the requirement of program content approvable for EMT continuing education credit (i.e., doesn't fall into criteria 2, below).
2. Programs that do not reasonably relate to the National EMS Education Standards, National EMS Core Content, Statewide Treatment Protocols, or Massachusetts EMS statute, regulations and administrative requirements, whether they have a CAPCE approval number or not.
3. Clinical or Internship requirements.
4. Programs for Police, Fire, Rescue, Dispatch or other employment-required training that does not include content directly related to use of patient care devices and equipment carried on ambulances and/or delivery of patient care by EMTs.
5. Performance of duty as an EMT, preceptor, or Examiner.
6. Programs with the same approval number, taken a second time or more within the same renewal cycle will not count towards multiple times within that renewal cycle.

COURSE TYPE (Complete all that apply):

- COLLEGE COURSE (Graduate/Undergraduate) **GO TO SECTION A**
- OTHER HEALTH PROFESSION COURSE **GO TO SECTION B**

Section A: College Courses (Graduate/Undergraduate, Nursing, Physician Assistant, etc.)

If requesting credit for more than one course, please submit a separate form for each course.

Course Title: _____ Course Subject: _____

Start Date: _____ End Date: _____

(Course must be completed entirely within your recertification cycle, which can be found on nremt.org)

Please address specifically how the course content relates to the **National EMS Educational Standards; National EMS Core Content; and/or the Commonwealth's EMS laws, regulations, and administrative requirements**. Explain specifically how the content of the course for which you are seeking special credit directly relates to these EMS standards.

You must attach the following documents. Failure to include both documents will result in delay of the processing of this request:

- Outline or syllabus showing course content
- Proof of course completion (transcript or course completion certificate)

How is course content specifically related to delivery of patient care within the EMS scope of practice, or within the defined roles and responsibilities of the EMT?

Supporting references from the National EMS Educational Standards; National EMS Core Content; and/or the Commonwealth's EMS laws, regulations, and administrative requirements:

Additional Notes:

Section B: Other Health Care Courses (Conferences, other health professions education, etc.)

If requesting credit for more than one course, please submit a separate form for each course.

Course Title: _____ Health Care Profession: _____

Start Date: _____ End Date: _____

(Course must be completed entirely within your recertification cycle, which can be found on nremt.org)

Please address specifically how the course content relates to the **National EMS Educational Standards; National EMS Core Content; and the Commonwealth's EMS laws, regulations and administrative requirements**. Explain specifically how the content of the course for which you are seeking special credit directly relates to these EMS standards.

You must attach the following documents. Failure to include both documents will result in delay of the processing of this request:

- Outline or syllabus showing course content
- Proof of course completion (transcript or course completion certificate)

How is course content specifically related to delivery of patient care within the EMS scope of practice, or within the defined roles and responsibilities of the EMT?

Supporting sources and references:

Additional Notes:

Applicant Information:

Name:

MA Certification Number (Include Prefix Letter):

National Registry Number (Include Prefix Letter):

Email:

This packet can be mailed, faxed, or emailed to our office at the contact information below. Completed applications are reviewed in the order in which they are received. Incomplete applications will not be processed. If credit is to be awarded, approval letters with your specific course approval will be sent via email.

PLEASE RETURN THIS DOCUMENT TO OEMS BY EITHER MAIL, FAX OR EMAIL		
FAX: 617-753-7320 ATTN: SPECIAL CREDIT	EMAIL: oems.coned@state.ma.us SUBJECT: Special Credit DO NOT EMAIL DOCUMENTS WITH SENSITIVE INFORMATION	MAIL: Massachusetts Department of Public Health Office of Emergency Medical Services 67 Forest Street, Suite 100 Marlborough, MA 01752

OFFICIAL USE ONLY (If Approved):

Credits From Section A		x8	
Credits From Section B		x1	
TOTAL CONED HOURS			

OEMS Reviewer: (Print)	OEMS Reviewer: (Signature)
Approval Number: _____ - R0 - _____ - T1	Date Approved:

This form, with the above OEMS approval number, is a record of approval for OEMS special credit for the above course(s). You need to enter the course date, title, hour(s), and above OEMS approval number onto your NREMT.org profile and retain this letter for your personal record. This approval may be used only for LCCR and/or ICCR credit.