Advanced Practice Paramedic
And
Resuscitation Officer

Rules and Regulations

By
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CHAPTER 1:
DEFINITIONS, MEDICAL DIRECTOR, AND PROVIDER SCOPE

Definitions – Part 1

1. "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Authority as an Advanced Emergency Medical Technician (AEMT) and certified by the Global Emergency Medical Registry.
2. "Advanced Practice Paramedic" means a person who is licensed by the Authority as an Advanced Practice Paramedic (APP) and certified by the Global Emergency Medical Registry.
    a. An Advanced Practice Paramedic (APP) may function as a Resuscitation Officer when assigned to a hospital facility.
3. "Agent" means a licensed Advanced Practice Paramedic or Consultant Physician provider under the (JURISDICTION HAVING AUTHORITY), actively registered and in good standing with the (JURISDICTION HAVING AUTHORITY), designated by the Medical Director to provide direction of the medical services of Emergency Medical Providers as specified in these rules.
4. "Authority" means the (JURISDICTION HAVING AUTHORITY)
5. "Committee" means the Emergency Medicine Provider (EMP) Advisory Committee.
6. "Critical Care" means the performance of acts or procedures when requested through pre-hospital or hospital duties in the observation, care and counsel of persons who are ill or injured with an Early Warning Score in excess of 4 or having been labeled as "unstable" by a licensed physician; in the administration of care, procedures, or medications as directed by a licensed physician medical director, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in Advanced Practice Paramedic. However, "critical care" does not include prescriptive privileges for therapeutic or corrective measures.
7. "Committee" means the RO Advisory Committee.
8. "Course Director" means an individual with legal responsibility for the APP or RO education process in an APP or RO training program, and who has received instructor training from a recognized entity or has completed the initial educational sequence for an education major in an accredited college or university.
9. "Direction" refers to the standing order, written, or verbal direction provided to the emergency medical provider from the Medical Director or transferring licensed physician.
10. "Early Warning Score" or "EWS" refers to a guide used by medical services to quickly determine the degree of illness of a patient. It is based on cardinal vital signs (respiratory rate, oxygen saturation, temperature, systolic blood pressure, pulse/heart rate, AVPU response). A sample of a research proven EWS is below:

Physiologic Perimeters	3	2	1	0	1	2	3
RR	≤ 8		9-11	12-20		21-24	≥ 25
SpO2	≤ 91	92-93	94-95	≥ 96			
Sup O2		Yes		No			
Temp	≤ 35		35.1 – 36.0	36.1-38.0	38.1-39.0	≥ 39.1	
SBP	≤ 90	91-100	101-110	111-219			
HR	≤ 40		41-50	51-90	91-100	111-130	≥ 220
LOC				A			V, P, or U

"Early Warning Score" or "EWS" refers to a guide used by medical services to quickly determine the degree of illness of a patient. It is based on cardinal vital signs, including respiratory rate, oxygen saturation, temperature, systolic blood pressure, pulse/heart rate, and AVPU response.

Validated EWS systems include the following:

- Morgan RJM, Williams F, Wright MM. *An early warning scoring system for detecting developing critical illness.* Anesthesia. 2005;60(6):547–553.
- Subbe CP, Kruger M, Rutherford P, Gemmell L. *Validation of a modified Early Warning Score in medical admissions.* QJM. 2001;94(10):521–526. doi:10.1093/qjmed/94.10.521

11. "Emergency Care" means the performance of acts or procedures when requested through pre-hospital or hospital duties in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as directed by a medical director, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in pre-hospital emergency care.
12. "Emergency Medical Provider (EMP)" means a person licensed as an EMR, EMT, AEMT, Paramedic, Advanced Practice Paramedic, or Resuscitation Officer; only a licensed EMP may provide patient care in the prehospital environment and must be under the direction of an approved Medical Director.
13. "Emergency Medical Responder" means a person who is licensed by the Authority as an Emergency Medical Responder and certified by the Global Emergency Medical Registry.
14. "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an EMT and certified by the Global Emergency Medical Registry.

15. "In Good Standing" means a person who is currently licensed, who does not have any restrictions placed on his/her license, and who is not on probation with the licensing agency for any reason.
16. "Licensed physician" for the purpose of direction to an emergency medical provider, refers to a licensed specialist physician in emergency medicine, anesthesia, or critical care medicine who is providing direction for a specific patient incident beyond the standing orders provided by the Medical Director. An example of this would be a written order for a specific dose regime in a specific interfacility patient transport situation.
17. "Medical Director" means a licensed physician with a specialty in Emergency Medicine, Critical Care Medicine, or Anesthesia, actively registered and in good standing with the Authority, who provides direction of, and is ultimately responsible for emergency and nonemergency care rendered by emergency medical providers or Resuscitation Officers, as specified in these rules. The Medical Director is also ultimately responsible for the agent designated by the Medical Director to provide direction to the medical service agencies and the emergency medical provider as specified in these rules.
    a. In locations where the Resuscitation Officer is functioning primarily in the hospital or hospital-based transport service, the Resuscitation Officer may be supervised by the Chief Physician of the facility.
18. "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed in accordance with this section, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the (JURISDICTION HAVING AUTHORITY) in the course of providing emergency care.
19. "Paramedic" means a person who is licensed by the Authority as a Paramedic and certified by the Global Emergency Medical Registry.
20. "Practice of Medicine without a license" means any person providing emergency or critical care, in the out of hospital setting, who is not a physician or EMP licensed by the (JURISDICTION HAVING AUTHORITY); this is a violation of the law and the (JURISDICTION HAVING AUTHORITY), will refer every instance of this behavior to the government for prosecution.
21. *"Pilot Project" means the EMS training programs authorized by this chapter, by the Authority, for a set period of time with 100% transparency reporting to the committee.*
22. "Prescriptive Privileges" means the authority provided authorization for the Advanced Practice Paramedic or Resuscitation Officer for prescribing, use, and direction of use through verbal or written order to nursing staff, ancillary hospital personnel and/or

patients for the medications delineated in the scope of practice and the written patient resuscitation and stabilization guidelines.

23. "Resuscitation Officer" means a person licensed by the Authority as a Resuscitation Officer and certified by the Global Emergency Medical Registry.
24. "Scope of Practice" means the maximum level of emergency and nonemergency care that an emergency medical services provider may provide.
25. "Standing Orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an emergency medical services provider issued by the licensed physician Medical Director commensurate with the scope of practice and level of licensure of the emergency medical provider.

RO Advisory Committee

1. There is created an RO Advisory Committee, consisting of a government executive officer representative from the (JURISDICTION HAVING AUTHORITY), a hospital medical director, an Advanced Practice Paramedic or APP Instructor, a licensed physician with a specialty in Critical Care, Emergency Medicine, or Anesthesia, and a Resuscitation Officer or RO Instructor.

Duties of the Committee

1. The Advisory Committee must:
   a. Review requests for additions, amendments, or deletions to the scope of practice for Resuscitation Officers and Advanced Practice Paramedics and recommend to the (JURISDICTION HAVING AUTHORITY) changes to the scope of practice.
   b. Recommend requirements and duties of Medical Directors.
   c. All actions of the Advisory Committee are subject to review and approval by the (JURISDICTION HAVING AUTHORITY).

Committee Duties and Application for a Medical Director and/or Agent

1. The (JURISDICTION HAVING AUTHORITY) has delegated to the Committee the following:
   a. Designing the Medical Director and agent application.
   b. Approving a Medical Director or agent; and
   c. Investigating and disciplining any APP or RO who violates their scope of practice.
2. The committee must provide copies of any Medical Director or agent applications and any provider disciplinary action reports to the Authority upon request.
3. The Committee must immediately notify the Authority when questions arise regarding the qualifications or responsibilities of the Medical Director or designee/agent of the Medical Director.
4. A Medical Director and agent must meet the following qualifications:

a. Be a licensed specialty physician in Emergency Medicine, Anesthesia, or Critical Care, actively registered and in good standing with the authority and any specific specialty.
   i. The Chief Physician (or equivalent) may serve as the Medical Director for Resuscitation Officers in their hospital facility(s).
b. Possess thorough knowledge of skills assigned by standing order to APP and RO staff.
c. Understand that emergency medical providers are delegated care providers under the authority of the Medical Director.
d. Have current ILCOR standard Advanced Cardiac Life Support (ACLS), current Pediatric Advanced Life Support (PALS), current Advanced Trauma Care or equivalent.
e. Possess thorough knowledge of laws and rules pertaining to emergency medical, physician, and Emergency Medical Providers; and
f. Have completed one of the following no later than 30 days after beginning the position as a Medical Director:
   i. Twelve months of experience as an EMS Medical Director with an advanced level EMS service.
   ii. A fellowship as an EMS Physician.
   iii. Completion of the National Association of EMS Physicians (NAEMSP®) National EMS Medical Directors Course and Practicum®, the Resuscitation Group Medical Director Orientation Course and Internship, or an equivalent course as approved by the Authority.
   iv. Be the Chief Physician or Chief Medical Officer of the hospital.

5. A Medical Director must meet ongoing education standards for their specialty.

Medical Program Director

A Medical Director/Medical Program Director is responsible for the following:

1. Providing Medical Direction and Clinical Privileging, while overseeing Emergency Medical operations, Emergency Dispatch, Medical Supplies, Medication supply, Quality Assurance, and EMS education.
2. Providing Emergency Medical Providers with their privileges to provide patient care, the Medical Director may restrict individual providers' practice as he/she sees fit.
3. Issuing, reviewing and maintaining standing orders within the scope of practice not to exceed the licensure level of the providers when applicable.
4. Explaining standing orders to the EMP's, making sure they are understood and not exceeded without written authority from the Medical Director.
5. Ascertaining that the personnel under the Medical Director's control are currently licensed and in good standing with the Authority and currently certified by the Global Emergency Medical Registry;
6. Providing regular review of the emergency medical provider's practice by:

a. Direct observation of emergency and critical care performance by riding with personnel; and/or Indirect observation using one or more of the following:
   i. Direct observation in the resuscitation area of the emergency department;
   ii. Patient care report review;
   iii. Transport communication tapes review;
   iv. Immediate critiques following presentation of reports;
   v. Demonstration of technical skills; and
   vi. Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

b. Providing or coordinating formal case reviews for emergency medical providers by thoroughly discussing a case from the time the call was received until the patient was delivered to the hospital. The review should include discussing what the patient condition was, what actions were taken (correct/incorrect), and what improvements could have been made; and

c. Providing or coordinating continuing education, although the Medical Director is not required to teach all sessions, the Medical Director is responsible for assuring that the sessions are taught by a qualified person.

7. The Medical Director may delegate responsibility to his/her agent to provide any or all of the following:
   a. Explanation of the standing orders to the emergency medical providers and physicians, making sure they are understood, and not exceeded;
   b. Assurance that the emergency medical providers are currently licensed and in good standing with the Authority;
   c. Regular review of the emergency medical providers practice by:
      i. Direct observation of care provided in the resuscitation area of the emergency department; or,
      ii. Direct observation of emergency care performance by riding with personnel; and
      iii. Indirect observation using one or more of the following:
      iv. Patient care report review;
      v. Prehospital communications tapes review;
      vi. Immediate critiques following presentation of reports;
      vii. Demonstration of technical skills; and
      viii. Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.
   d. Provide or coordinate continuing education, although the Medical Director or agent is not required to teach all sessions, the Medical Director or agent is responsible for assuring that the sessions are taught by a qualified person.
8. Nothing in this rule may limit the number of emergency medical providers and/or Resuscitation Officers that may be supervised by a Medical Director so long as the

Medical Director can meet with all personnel under his/her direction for a minimum of four hours each calendar year in person or via alternative communication device.

9. A Medical Director may at any time remove privileges to function as an Emergency Medical Provider or Resuscitation Officer under their license and direction from any provider at any time.
10. The Medical Director must report in writing to the Committee any action or behavior on the part of the Emergency Medical Provider and/or Resuscitation Officer that could be cause for disciplinary action.

Provider Scope of Practice

1. APP and RO personnel may provide critical care, emergency care, and nonemergency care in the course of their employment or volunteer status, and under the direction of a Medical Director, this care is not limited only to "emergency care".
2. Providers may be either paid or volunteer status.
3. The scope of practice for emergency medical providers is not intended as standing orders or protocols. The scope of practice is the maximum functions which may be assigned to an APP or RO by a Committee approved Medical Director to whom they are responsible.
4. No APP or RO may function without a Medical Director.
5. A general practice physician may function in the EMS environment, but must qualify as an EMT, AEMT, Paramedic, APP, or RO; and have privileges from the EMS MPD.
6. Medical Directors may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.
7. Standing orders for an individual emergency medical provider may be requested by the Committee or Authority and must be furnished upon request.
8. An emergency medical provider may not function without assigned standing orders or treatment guidelines issued by a Committee approved Medical Director.
9. An APP or RO, acting through standing orders, treatment guidelines, or online medical direction, must respect the patient's wishes including life-sustaining treatments.
10. RO and APP personnel must ask if present, and honor, life-sustaining treatment orders executed by a physician if available. A patient with life-sustaining treatment orders always requires respect, comfort, pain control, and hygienic care.
11. Whenever possible, medications should be prepared by the RO or APP who will administer the medication to the patient, or utilize closed loop communication with the individual preparing said medications and administering.
12. An Advanced Practice Paramedic may perform the following procedures when the APP has a Committee approved Medical Director who has issued written standing orders or treatment guidelines to that APP authorizing the following:
    a. Conduct patient physical examinations.
    b. Take and record vital signs.
    c. Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation.
    d. Open and maintain an airway by positioning the patient's head.
    e. Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults.
    f. Provide immobilization, reduction, manipulation, and temporary splinting care for musculoskeletal injuries.
    g. Complete a clear and accurate patient care report form on all patient contacts.
    h. Administer medical oxygen.

i. Maintain an open airway through the use of:
    i. A nasopharyngeal airway device.
    ii. A noncuffed oropharyngeal airway device.
    iii. A cuffed or uncuffed Supraglottic Airway device.
    iv. A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the device prevents gastric contents from entering the trachea space.
    v. Endotracheal intubation, via oral or nasal route, with the use of sedative and paralytic agents.
    vi. Video laryngoscopy or bronchoscopy.
    vii. Surgical Cricothyrotomy.
    viii. Other airway management techniques as identified by the Medical Program Director

j. Operate, Utilize, and Manage airway and tracheal/bronchial suctioning devices.
k. Perform tracheobronchial tube suctioning on the endotracheal intubated patient.
l. Operate a bag mask ventilation device with/or without reservoir.
m. Ventilate with a non-invasive positive pressure delivery device.
n. Initiate, Utilize, Manage mechanical ventilators.
o. Obtain a capillary blood specimen for blood glucose monitoring.
p. Initiate, Utilize, Manage peripheral intravenous (IV) lines.
q. Initiate, Utilize, Manage central venous lines.
r. Initiate, Utilize, Manage intraosseous needle placement and maintain an intraosseous infusion.
s. Initiate, Utilize, Manage saline or similar IV locks.
t. Perform central venous and/or arterial cannulation for Extracorporeal Membrane Oxygenation or Resuscitative Endovascular Balloon Occlusion of the Aorta.
u. Draw peripheral and central blood specimens.
v. Draw peripheral or central arterial specimens.
w. Perform tracheobronchial suctioning of an already intubated patient; and
x. Perform cardiac defibrillation with a manual defibrillator.
y. Perform emergency cardioversion.
z. Perform external transcutaneous pacing.
aa. Perform electrocardiographic interpretation of limb lead ECG, 12 lead ECG, or 24 Lead ECG.
bb. Initiate, Utilize, Maintain needle thoracostomy.
cc. Initiate, Utilize, Manage surgical simple thoracostomy.
dd. Initiate, Utilize, Manage surgical chest tube thoracostomy.
ee. Initiate, manage, and utilize chest drains.
ff. Perform Pulmonary Hilar Twist in circumstances where the patient is in traumatic cardiac arrest and other thoracotomy methods have failed.

gg. Access indwelling catheters and implanted central IV ports for fluid and medication administration.

hh. Initiate, manage, and utilize an orogastric or nasogastric tube.

ii. Initiate, manage, or utilize all forms of vascular access.

jj. With ultrasound guidance, place central vascular access or deep vein cannulation.

kk. With ultrasound guidance, perform needle pericardiocentesis.

ll. With ultrasound guidance, perform Resuscitative Endovascular Balloon Occlusion of the Aorta.

mm. Perform normal and high-risk childbirth.

nn. Perform bimanual massage in life threatening postpartum hemorrhage.

oo. Perform ultrasound guided nerve block.

pp. Perform needle or surgical incision and drainage of fluid filled oral or subcutaneous masses.

qq. Perform chest wall escharotomy on burn patients in respiratory failure due to chest wall restriction secondary to burned tissue.

rr. Perform limb escharotomy on burn patients and compartment syndrome patients with lack of circulatory status in limb due to burned tissue or compartment syndrome.

ss. Initiate placement of, and maintain, a urinary catheter.

tt. Initiate, Utilize, Manage moderate and deep sedation of a patient for orthopedic, airway, respiratory, cardiac, and surgical procedures.

uu. Prepare, initiate, and/or administer any medications or blood products by any means, under specific written protocols authorized by the Medical Director, or direct orders from a licensed transferring physician.

vv. Prepare, initiate, perform, and/or interpret any diagnostic test or utilize any diagnostic device under specific written authorization by the Medical Director, or direct orders from a licensed transferring physician.

ww. May carry out other tasks and procedures as authorized by the Medical Director or direct orders from a licensed transferring physician.

xx. Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the EMS agency personnel, under the Medical Director's standing order.

yy. Prepare and initiate or administer any medications under specific written protocols or guidelines authorized by the Medical Director, or direct orders from a licensed transferring physician.

zz. Be unrestricted as to the environment of practice or function, may serve as a physician extender for an authorized Medical Director in EMS, aeromedical, rescue, hospital emergency departments, Anesthesia departments, and hospital critical care areas.

2. A Resuscitation Officer may perform the following procedures when the APP has a Committee approved Medical Director who has issued written standing orders or treatment guidelines to that RO authorizing the following:
    a. Conduct patient physical examinations.
    b. Take and record vital signs.
    c. Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation.
    d. Open and maintain an airway by positioning the patient's head.
    e. Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults.
    f. Provide immobilization, reduction, manipulation, and temporary splinting care for musculoskeletal injuries.
    g. Complete a clear and accurate patient care report form on all patient contacts.
    h. Administer medical oxygen.
    i. Maintain an open airway through the use of:
        i. A nasopharyngeal airway device.
        ii. A noncuffed oropharyngeal airway device.
        iii. A cuffed or uncuffed Supraglottic Airway device.
        iv. A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the device prevents gastric contents from entering the trachea space.
        v. Endotracheal intubation, via oral or nasal route, with the use of sedative and paralytic agents.
        vi. Video laryngoscopy or bronchoscopy.
        vii. Surgical Cricothyrotomy.
        viii. Other airway management techniques as identified by the Medical Program Director
    j. Operate, Utilize, and Manage airway and tracheal/bronchial suctioning devices.
    k. Perform tracheobronchial tube suctioning on the endotracheal intubated patient.
    l. Operate a bag mask ventilation device with/or without reservoir.
    m. Ventilate with a non-invasive positive pressure delivery device.
    n. Initiate, Utilize, Manage mechanical ventilators.
    o. Obtain a capillary blood specimen for blood glucose monitoring.
    p. Initiate, Utilize, Manage peripheral intravenous (IV) lines.
    q. Initiate, Utilize, Manage central venous lines.
    r. Initiate, Utilize, Manage intraosseous needle placement and maintain an intraosseous infusion.
    s. Initiate, Utilize, Manage saline or similar IV locks.
    t. Perform central venous and/or arterial cannulation for Extracorporeal Membrane Oxygenation or Resuscitative Endovascular Balloon Occlusion of the Aorta.

u. Draw peripheral and central blood specimens.
v. Draw peripheral or central arterial specimens.
w. Perform tracheobronchial suctioning of an already intubated patient; and
x. Perform cardiac defibrillation with a manual defibrillator.
y. Perform emergency cardioversion.
z. Perform external transcutaneous pacing.
aa. Perform electrocardiographic interpretation of limb lead ECG, 12 lead ECG, or 24 Lead ECG.
bb. Initiate, Utilize, Maintain needle thoracostomy.
cc. Initiate, Utilize, Manage surgical simple thoracostomy.
dd. Initiate, Utilize, Manage surgical chest tube thoracostomy.
ee. Initiate, manage, and utilize chest drains.
ff. Perform Pulmonary Hilar Twist in circumstances where the patient is in traumatic cardiac arrest and other thoracotomy methods have failed.
gg. Access indwelling catheters and implanted central IV ports for fluid and medication administration.
hh. Initiate, manage, and utilize an orogastric or nasogastric tube.
ii. Initiate, manage, or utilize all forms of vascular access.
jj. With ultrasound guidance, place central vascular access or deep vein cannulation.
kk. With ultrasound guidance, perform needle pericardiocentesis.
ll. With ultrasound guidance, perform Resuscitative Endovascular Balloon Occlusion of the Aorta.
mm. Perform normal and high-risk childbirth.
nn. Perform bimanual massage in life threatening postpartum hemorrhage.
oo. Perform ultrasound guided nerve block.
pp. Perform chest wall escharotomy on burn patients in respiratory failure due to chest wall restriction secondary to burned tissue.
qq. Perform limb escharotomy on burn patients and compartment syndrome patients with lack of circulatory status in limb due to burned tissue or compartment syndrome.
rr. Perform needle or surgical incision and drainage of fluid filled oral or subcutaneous masses.
ss. Initiate placement of, and maintain, a urinary catheter.
tt. Initiate, Utilize, Manage moderate and deep sedation of a patient for orthopedic, airway, respiratory, cardiac, and surgical procedures.
uu. Initiate, Utilize, Manage sedation and paralytic medications during the endotracheal intubation of a patient.
vv. When an anesthesiologist is not available, perform general anesthesia in an emergency patient for emergency orthopedic, respiratory, cardiac, and surgical procedures.

ww. Prepare, initiate, and/or administer any medications or blood products by any means, under specific written protocols authorized by the Medical Director, or direct orders from a licensed transferring physician.

xx. Prepare, initiate, perform, and/or interpret any diagnostic test or utilize any diagnostic device under specific written authorization by the Medical Director, or direct orders from a licensed transferring physician.

yy. May carry out other tasks and procedures as authorized by the Medical Director or direct orders from a licensed transferring physician.

zz. Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an agency's occupational health program, to the agency personnel, under the Medical Director's standing order.

aaa. Prepare and initiate or administer any medications under specific written protocols or guidelines authorized by the Medical Director, or direct orders from a licensed transferring physician.

bbb. Be unrestricted as to the environment of practice or function, may serve as a physician extender for an authorized Medical Director in EMS, aeromedical, rescue, hospital emergency departments, anesthesia departments, and hospital critical care areas.

CHAPTER 2 - EMERGENCY MEDICAL PROVIDERS

Definitions – Part 2

1. "Ambulance Service" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ground, air, or marine vessel ambulances and holds itself out as providing emergency medical care or medical transportation to sick, injured or disabled persons.
2. "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.
3. "Candidate" means an applicant that has completed training in an emergency medical services provider course and has not yet been licensed by the Authority.
4. "Clinical Experience (Clinical)" means those hours of the curriculum that synthesize cognitive and psychomotor skills and are performed under a preceptor.
5. "Critical Care Transport" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ground, air, or marine vessel ambulances and holds itself out as providing critical care, emergency medical care, and medical transportation to sick, injured or disabled persons.
6. "Continuing Education" means education required as a condition of licensure to maintain the skills necessary for the provision of competent emergency medical care. Continuing education does not include attending EMS related business meetings, EMS exhibits or trade shows.
7. "Didactic Instruction" means the delivery of primarily cognitive material through lecture, video, discussion, and simulation by program faculty.
8. "Direct Medical Oversight" means real-time direct communication by a licensed physician who is providing direction to an emergency medical provider during a patient encounter.
9. "Direct Visual Supervision" means that a person qualified to supervise patient care is at the patient's side to monitor the emergency medical provider in training.
10. "EMS" means Emergency Medical Services.
11. "EMS Medical Director" has the same meaning as "Medical Director".
12. "Emergency Medical Services (EMS) Agency" means any person, partnership, corporation, governmental agency or unit, sole proprietorship or other entity that utilizes Emergency Medical Providers to provide prehospital emergency or non-emergency care. An emergency medical services agency may be either an ambulance service or a non-transporting service.
13. "Emergency Medical Services Provider (EMS Provider)" means a person who has received formal training in prehospital and emergency care and is licensed as an EMR, EMT, AEMT, PM, or APP to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "Emergency Medical Providers" within the meaning of this chapter.

14. “Exam Evaluator” is a person who attends a practical examination and who objectively observes and records each student’s performance consistent with the standards of the National Registry of EMTs.
15. “FTEP” means Field Training and Evaluation Program
16. “FTO” means Field Training Officer, may function as a “preceptor”
17. “Instructor” means a person who has completed USDOT or International Equivalent Instructor Certification for the level they intend to instruct at in educational programs.
18. "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.
19. “Licensing Officer” is a person who is responsible for conducting an Emergency Medical Technician (EMT) or Advanced EMT (AEMT) practical examination in a manner consistent with the standards of the National Registry for EMTs or Global Emergency Medical Registry (GEMR) and the Authority.
20. "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed in accordance with this section, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Authority in the course of providing emergency care
21. “Patient" means a person who is ill or injured or who has a disability and/or receives emergency or critical care.
22. "Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose, or organization of any kind and includes any receiver, trustee, assignee, or other similar representatives thereof.
23. "Prehospital Care" means that care rendered by an EMP as an incident of the operation of an ambulance and that care rendered by an EMP as an incident of other public or private safety duties, and includes, but is not limited to "emergency care".
24. "Preceptor" means a person certified approved by an accredited teaching institution and appointed by the EMS or Emergency Care agency, who supervises and evaluates the performance of a provider student during the clinical and field internship phases of a provider course. A preceptor must be a licensed physician or emergency medical provider with at least two years field experience in good standing at or above the level for which the student is in training.
25. “Protocols” has the same meaning as standing orders.

26. "Reciprocity" means the manner in which a person may obtain emergency medical provider licensure when that person is licensed in another country and/or certified with the Global Emergency Medical Registry (GEMR) or the National Registry of EMT's (NREMT).
27. "Scope of Practice" means the maximum level of emergency and nonemergency care that an emergency medical services provider may provide.
28. "Skills Lab" means those hours of the curriculum that provides the student with the opportunity to develop the skills for the level of training obtained.
29. "Successful completion" means having attended 90 percent of the didactic and skills instruction hours (or makeup sessions) and 100 percent of the clinical and field internship hours, and completing all required clinical and internship skills and procedures and meeting or exceeding the academic standards for those skills and procedures.
30. "Standing Orders" means the written detailed procedures for critical care, medical emergencies, trauma emergencies, and nonemergency care to be performed by an emergency medical services provider issued by the Medical Director commensurate with the scope of practice and level of licensure of the emergency medical services provider.
31. "Medical Director" means a person licensed as a specialty physician in Emergency Medicine or Critical Care Medicine, actively registered and in good standing with the authority, who provides direction of, and is ultimately responsible for critical, emergency, and nonemergency care rendered by Emergency Medical Providers as specified in these rules. The Medical Director is also ultimately responsible for the agent designated by the Medical Director to provide direction of the medical services of the emergency medical services provider as specified in these rules.
32. "Teaching Institution" means a hospital, private or public vocational school, two-year college, and/or a four-year degree granting college/university that is designated by the Authority.
33. "Unprofessional Conduct" has the meaning given that term in Chapter 3 of these regulations.
34. "Volunteer" means a person who is not compensated for their time spend providing care while on an ambulance or rescue service, but who may receive reimbursement for personal expenses or travel incurred.

Application for Approval of Advanced Practice Paramedic (APP) Courses

1. The Committee is responsible for approving Advanced Practice Paramedic courses.
2. Advanced Practice Paramedic (or Advanced Paramedic) courses must be offered by:
    a. A teaching program meeting the requirements of this section within the Authority and following the Global Emergency Medical Registry (GEMR) guidelines and objectives.

3. Notwithstanding section (2) of this rule, the Committee may allow an agency or hospital to conduct a course if there is no training available at a teaching institution in the area of the service provider, so long as the instructors follow the Global Emergency Medical Registry (GEMR) guidelines.
4. Advanced Practice Paramedic courses must meet the requirements prescribed by the Authority in this chapter and follow the Global Emergency Medical Registry (GEMR) guidelines.
5. Advanced Practice Paramedic courses must be taught by instructors that meet the requirements of this chapter.
6. A teaching institution described in section (2) of this rule or a service or hospital approved by the Committee under section (3) of this rule must submit an application to the Committee in a form prescribed by the Authority that includes all the necessary information to determine whether the course meets the Authority's standards.
7. The Committee will return an application that is incomplete to the applicant.
8. The Committee will inform an applicant in writing whether the application has been denied or approved.
9. No teaching institution shall conduct an Advanced Practice Paramedic course until the Committee has approved the course.

Advanced Practice Paramedic Course Requirements

1. *An Advanced Practice Paramedic course must include*:
    a. Only students who have already completed Paramedic licensing, Nurse Licensing (with all paramedic scope skills included in education and documented skills log per the Global Emergency Medical Registry), Physician's Assistant, or Physician licensing at the General Practice Physician level may attend the Advanced Practice Paramedic program.
    b. An Advanced Practice Paramedic curriculum that meets or exceeds:
        i. The objectives and components of the Global Emergency Medical Registry (GEMR) guidelines for Advanced Practice Paramedic.
    c. Didactic, skills, and clinical placement instruction of not less than the hours required under the Global Emergency Medical Registry standard and a clinical internship of not less than the hours and patients required by the Global Emergency Medical Registry standard.
    d. Completion of an ILCOR standards Advanced Cardiac Life Support Experienced Provider (ACLS EP) course and Pediatric Advanced Life Support (PALS) course prior to clinical placement; and
    e. An internship that is described in this chapter
2. All courses must include instructions on rules governing the EMS system, medical-legal issues, roles and responsibilities of providers, and professional ethics.

3. The Authority may deny or revoke course approval for failure to comply with the requirements of this rule.
4. A person must have a current Paramedic license (or GEMR or NREMT certification), Nurse License (with skills documentation to the GEMR Paramedic Standard), Physician's Assistant, General Practice Physician or higher at the time of enrollment in an Advanced Practice Paramedic course.

Advanced Practice Paramedic Field Internships (Clinical Internship)

1. An internship is required as part of an Advanced Practice Paramedic course.
2. An internship must provide a student with the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level APP.
3. The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field setting.
4. During a field internship, a student must:
    a. Participate in a prehospital experience of the hours required by the GEMR standards and be under the supervision of an Advanced Practice Paramedic FTO or Specialist Physician where the skills within the scope of practice of an Advanced Practice Paramedic are performed.
    b. Participate in providing care in at least 100 patient contacts and with at least 50 of the contacts requiring advanced life support level care. All patient contacts shall be under the direct visual supervision of a preceptor (APP or Specialist Physician). In order for a contact to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Advanced Practice Paramedic.
5. The intern must not be one of the minimum staff required for the patient care environment, and there must be at least three personnel on any transport unit performing an internship and if in the hospital setting, there must be a physician or APP/RO supervising the student intern.

Resuscitation Officer Course Requirements

1. A Resuscitation Officer course must include:
    a. Only students who have already completed Paramedic licensing, Nurse Licensing (with all paramedic scope skills included in education and documented skills log per the Global Emergency Medical Registry), Physician's Assistant, or Physician licensing at the General Practice Physician level may attend the Advanced Practice Paramedic program.
    b. An Advanced Practice Paramedic curriculum that meets or exceeds:

i. The objectives and components of the Global Emergency Medical Registry (GEMR) guidelines and objectives.

c. Didactic, skills, and clinical placement instruction of not less than the hours required under the Global Emergency Medical Registry standard and a clinical internship of not less than the hours and patients required by the Global Emergency Medical Registry standard.

d. Completion of an ILCOR standards Advanced Cardiac Life Support Experienced Provider (ACLS EP) course and Pediatric Advanced Life Support (PALS) course prior to clinical placement; and

e. An internship as described in this chapter

2. All courses must include instructions on rules governing the Hospital systems, EMS system, medical-legal issues, roles and responsibilities of providers, and professional ethics.
3. The Authority may deny or revoke course approval for failure to comply with the requirements of this rule.
4. A person must have a current Paramedic license (or GEMR or NREMT certification), Nurse License (with skills documentation to the GEMR Paramedic Standard), Physician's Assistant, General Practice Physician or higher at the time of enrollment in an Advanced Practice Paramedic course.

Resuscitation Officer Internships (Clinical Internship)

1. An internship is required as part of a Resuscitation Officer course.
2. An internship must provide a student with the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level RO.
3. The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field setting.
4. During a field internship, a student must:
   a. Participate in a hospital experience of the hours required by the GEMR standards and be under the supervision of an RO FTO or Specialist Physician where the skills within the scope of practice of an RO are performed.
   b. Participate in providing care in at least 100 patient contacts and with at least 50 of the contacts requiring advanced life support level care. All patient contacts shall be under the direct visual supervision of a preceptor (APP or Specialist Physician). In order for a contact to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Advanced Practice Paramedic.
5. The intern must not be one of the minimum staff required for the patient care environment, in the hospital setting, there must be a physician or APP/RO supervising the student intern.

CHAPTER 3 – Advanced Practice Paramedic (APP) and Resuscitation Officer (RO) LICENSURE

APP Examinations

1. Advanced Practice Paramedic (APP) candidates must take and pass the Global Emergency Medical Registry (GEMR) cognitive examination.
    a. The Advanced Practice Paramedic practical examinations must be administered by an entity approved by GEMR to conduct examinations.
    b. An approved entity must use the Global Emergency Medical Registry (GEMR) cognitive and practical exam process.
    c. The APP cognitive examination for licensure will be administered by the Global Emergency Medical Registry.
2. The Global Emergency Medical Registry establishes passing scores for cognitive exams.
3. A candidate who fails:
    a. Not more than two skill documentation forms for the practical examination may retest those stations failed on the same day.
    b. More than two skill stations failed, of the practical examination, must schedule a retest for a separate day through his or her instructional program.
4. If a candidate fails either the cognitive or practical examination two times, the candidate must successfully complete an Authority-approved refresher course for that specific license level to become eligible to re-enter the licensure process. Following successful completion of a refresher course, a candidate must re-take and pass the examination.
5. The passing results of the cognitive and practical licensure examinations for each level of licensure will remain valid for a 12-month period from the date the examination was successfully completed.
6. A candidate must pass both the cognitive and practical examinations within 24 months after the completion of the required courses.
7. A candidate who fails the cognitive or practical examination six times or does not complete the examination process within 24 months of the completion date of the initial required courses, must successfully complete the entire course for that license level and reapply for licensure.
8. No accommodation shall be provided for a practical licensure examination.

RO Examinations

1. RO candidates must take and pass the Global Emergency Medical Registry (GEMR) cognitive examination.
    a. The RO practical examinations must be administered by an entity approved by GEMR to conduct examinations.
    b. An approved entity must use the Global Emergency Medical Registry (GEMR) cognitive and practical exam process.
    c. The RO cognitive examination for licensure will be administered by the Global Emergency Medical Registry.
2. The Global Emergency Medical Registry establishes passing scores for cognitive exams.
3. A candidate who fails:
    a. Not more than two skill documentation forms for the practical examination may retest those stations failed on the same day.

b. More than two skill stations failed, of the practical examination, must schedule a retest for a separate day through his or her instructional program.

4. If a candidate fails either the cognitive or practical examination two times, the candidate must successfully complete an Authority-approved refresher course for that specific license level to become eligible to re-enter the licensure process. Following successful completion of a refresher course, a candidate must re-take and pass the examination.
5. The passing results of the cognitive and practical licensure examinations for each level of licensure will remain valid for a 12-month period from the date the examination was successfully completed.
6. A candidate must pass both the cognitive and practical examinations within 24 months after the completion of the required courses.
7. A candidate who fails the cognitive or practical examination six times or does not complete the examination process within 24 months of the completion date of the initial required courses, must successfully complete the entire course for that license level and reapply for licensure.
8. No accommodation shall be provided for a practical licensure examination.

Application Process to Obtain a License

1. For any person to act as an APP or RO a license must be obtained from the Authority.
2. An individual who wishes to become licensed as an Advanced Practice Paramedic (APP) shall:
   a. Be at least 21 years of age.
   b. Submit a completed application on a form prescribed by the Authority along with the applicable fee;
   c. Submit proof of current certification as an Advanced Practice Paramedic or Resuscitation Officer with the Global Emergency Medical Registry;
   d. Submit proof of successfully completing a course, including all clinical and internship requirements of the Global Emergency Medical Registry (GEMR) guidelines;
   e. Submit current “in good standing” GEMR Certification;
   f. Submit proof that the applicant received a high school diploma or equivalent, or a degree from an accredited institution of higher learning;
   g. Consent to a criminal background check.
3. The Authority may use information obtained through criminal history records to determine suitability for licensure.
4. If the Authority determines the information contained in the criminal history record may result in denial of the application or imposed sanctions on the license the applicant will be afforded reasonable time to complete, challenge, or correct the accuracy of the record before a final disposition or sanction is imposed.
5. Provide an authorization for the release of information, as necessary, from any persons or entities, including but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to complete the review of the application; and

6. An applicant for an initial license, who completed training in a program outside the Authority and has never been licensed in another location, must:
    a. Meet all requirements for that level as established in this chapter;
    b. Demonstrate proof of current GEMR; and
    c. Make application within 24 months from the date that their training program was completed, unless an applicant has been on active duty in the military within the last four years and in that case, the application may be submitted more than 24 months from the date the training program was completed.
    d. An initial license must not exceed 30 months.
    e. If an applicant has been on active duty in the military within the past four years and the applicant can demonstrate proof of current GEMR certification for the level of license desired.
7. The Authority may return any application that is incomplete or is not accompanied by the appropriate fee.
8. Upon approval of an application, the authority will issue a license certificate to the provider.

Fees for Licensure and License Renewal:

1. Beginning on January 1, 2026 the following fees apply:
    a. The initial application fees for:
        i. Advanced Practice Paramedic is $50 USD.
        ii. Resuscitation Officer is $50 USD.
    b. Reciprocity licensure fees:
        i. Advanced Practice Paramedic is $50 USD.
        ii. Resuscitation Officer is $50 USD.
    c. License renewal fees are:
        i. Advanced Practice Paramedic is $50 USD.
        ii. Resuscitation Officer is $50 USD.
    d. Student Intern License fees are:
        i. Advanced Practice Paramedic Student Intern is $50 USD.
        ii. Resuscitation Officer Student Intern is $50 USD.
2. A license renewal application submitted or postmarked after December 31 of the license renewal year must include a $25 USD late fee in addition to the license renewal fee.
3. An ambulance service or rescue service which utilizes volunteers to provide a majority of its services may request that the Authority waive the license renewal fee for its volunteers.
4. A licensed Provider wishing to obtain a duplicate Provider license must submit a written request to the Authority in the form required by the Authority and pay a fee in the amount of $50 USD.
5. A non-resident provider must pay an additional $50 USD fee to the authority for process of their application.
6. All fees established in this section are nonrefundable.

Licensure as an Emergency Medical Provider

1. The Authority will review an application for licensure will conduct a criminal background check as they desire.
2. If there are no issues that arise during the review of the application and the applicant meets all the requirements of these rules, the Authority will grant the applicant a license.
3. If the applicant does not meet the standards for licensure or there are criminal history or personal history issues that call into question the ability of the applicant to perform the duties of a licensed person in these rules, the Authority may deny the applicant on the basis of the information provided in the application or conduct an additional investigation.
4. Following an investigation, the Authority may:
    a. Deny the application.
    b. Grant the application but place the applicant on probation.
    c. Grant the application but place practice restrictions on the applicant. or
    d. Grant the application if the criminal or personal history issues were resolved through the investigation to the Authority's satisfaction.
5. Final actions taken by the Authority in denying an applicant, placing an applicant on probation, or by placing restrictions on the applicant's practice shall be done in accordance with these rules.
6. Nothing in this rule precludes the Authority from taking an action authorized in the rules.
7. The licenses of APP and RO personnel expire on December 31 of even-numbered years.

Licensure by Reciprocity

1. A person certified and in good standing with the Global Emergency Medical Registry (GEMR) will be accepted for reciprocity.
2. The Authority shall review an application for licensure by reciprocity and shall conduct a criminal background check as they see fit.
3. If there are no issues that arise during the review of the application and the applicant meets all the applicable requirements of these rules, the Authority shall grant the applicant a license by reciprocity.
4. If the applicant does not meet the standards for licensure, or there are criminal history or personal history issues that call into question the ability of the applicant to perform the duties of a licensed provider, in accordance with the rules, the Authority may deny the application on the basis of the information provided, or conduct an additional investigation in accordance with the rules. Following such an investigation the Authority may take any action as specified in the rules.
5. The Authority and Committee shall be the sole organizations authorized to determine equivalency of Emergency Medical provider course work presented from an out-of-country accredited (or not) institution of higher learning.
6. The Authority shall return any application that is incomplete or cannot be verified.

Reportable Events; Investigations and Discipline of License Holders

1. Using a form prescribed by the Authority, licensee must notify the Authority of the actions or events listed in section (3) of this rule. Failure to comply with the reporting requirements of this rule may result in disciplinary action against the licensee.

2. A licensee who has reasonable cause to believe another licensee has engaged in prohibited, dishonorable or unprofessional conduct as defined in section (3) of this rule shall report that conduct to the Authority without undue delay, within 10 days, after the licensee learns of the conduct unless state or federal laws relating to confidentiality or the protection of health information prohibit such a disclosure.
3. Within 10 calendar days a licensee shall report to the Authority the following:
    a. Conviction of a misdemeanor or felony;
    b. A felony arrest;
    c. A disciplinary restriction placed on a scope of practice of the license holder by the Medical Director;
    d. A legal action being filed against the license holder alleging medical malpractice or misconduct;
    e. A physical disability that affects the ability of the license holder to meet the Functional Job Requirements, and the license holder continues to respond to calls and is providing patient care; or
    f. A change in mental health may affect a license holder's ability to perform as a licensee.
4. Laws relating to confidentiality or the protection of health information that might prohibit a licensee from reporting prohibited or unprofessional conduct.

Conduct or Practice Contrary to Recognized Standards of Ethics

The following list includes, but is not limited to, conduct or practice by a licensee that the Authority considers to be contrary to the recognized standards of ethics of the medical profession:

1. Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care or treatment of the patient;
2. Felony illegal drug use on or off duty;
3. Alcohol use within eight hours of going on duty or while on duty or in an on-call status;
4. Violation of orders given by a committee approved medical director physician, whether delivered by radio or telephone;
5. Violation of standing orders from the providers' Medical Director without cause and documentation;
6. Any action that constitutes a violation of any statute, municipal code, or administrative rule that endangers the public, other public safety officials, other licensee, patients, or the general public (including improper operation of an emergency vehicle);
7. Instructing, causing or contributing to another individual violating a statute or administrative rule, including licensee acting in a supervisory capacity;
8. Participation in the issuance of false continuing education documents or collaboration therein, including issuing continuing education verification to one who did not legitimately attend an educational event;
9. Signing-in to an educational event for a person not actually present;
10. Knowingly assisting or permitting another licensee to exceed his or her lawful scope of practice;
11. Unlawful use of emergency vehicle lights and sirens;
12. Providing false or misleading information to the Authority, to licensee teaching program or clinical/field internship agency;

13. Responding to scenes in which the licensee is not properly dispatched ("call-jumping"), whether in a private auto, ambulance, or other vehicle, in contravention of local protocols, procedures, or ordinances, or interfering with the safe and effective operation of an EM system;
14. Cheating on any examination used to measure licensee related knowledge or skills;
15. Assisting another person in obtaining an unfair advantage on a licensee examination;
16. Defrauding the Authority;
17. Knowingly providing emergency medical care in an unlicensed ambulance;
18. Violation of the terms of a written agreement with the Authority or an order issued by the Authority;
19. Sexual misconduct that includes but is not limited to:
    a. Sexual harassment; and
    b. Engaging or attempting to engage in a sexual relationship, whether or not the sexual relationship is consensual, with a patient, client, or key party;
    c. Using the licensee -patient, licensee -client, or licensee -key party relationship to exploit the patient, client or key party by gaining sexual favors from the patient, client or key party.
20. Arriving for duty impaired or in a condition whereby the licensee is likely to become impaired through fatigue, illness, or any other cause, as to make it unsafe for the employee to begin to operate an ambulance or provide patient care;
21. Failure to cooperate with the Authority in an investigation, including failure to comply with a request for records, or a psychological, physical, psychiatric, alcohol or chemical dependency assessment; and
22. Any violation of these rules or any law, administrative rule, or regulation governing ambulances, licensee, or emergency medical service systems.

Investigations

1. The Authority may conduct an investigation of licensee if:
    a. The Authority receives a complaint concerning a licensee;
    b. Personal or criminal history questions arise during a review of an application that raise questions about the licensee's ability to safely perform the duties of a licensee.
    c. A reportable action is received pursuant to the rules; or
    d. The Authority receives information in any manner that indicates a licensee has violated rules, may be medically incompetent, guilty of prohibited, unprofessional or dishonorable conduct or mentally or physically unable to safely function as a licensee.
2. The Authority may, in a limited manner commiserate with the rights of an accused person, investigate the off-duty conduct of a licensee to the extent that such conduct may reasonably raise questions about the ability of the licensee to perform the duties of an licensee in accordance with the standards established by this division.
3. Upon receipt of a complaint about a licensee or applicant, the Authority may conduct an investigation.
4. The fact that an investigation is conducted by the Authority does not imply that disciplinary action will be taken.
5. During an investigation, the Authority may do any of the following:
    a. Request additional information from the licensee;

b. Conduct a phone or in-person interview; or
c. Request or order that the licensee undergo a psychological, physical, psychiatric, alcohol or chemical dependency assessment.

Discipline

1. Upon completion of an investigation the Authority may do any of the following:
   a. Close the investigation and take no action;
   b. Issue a letter of reprimand or instruction;
   c. Place the licensee on probation;
   d. Place a practice restriction on the licensee;
   e. Suspend the licensee;
   f. Revoke the license of the licensee;
   g. Enter into a stipulated agreement with the licensee to impose discipline; or
   h. Take such other disciplinary action as the Authority, in its discretion, finds proper, including assessment of a civil penalty not to exceed $1,000 USD.
2. Any disciplinary action taken by the Authority will be carried out in accordance with the standards of judiciary practice.
3. The Authority may assess the costs of a disciplinary proceeding against a licensee. Costs may include, but are not limited to:
   a. Costs incurred by the Authority in conducting the investigation;
   b. Costs of any evaluation or assessment requested by the Authority; and
   c. Attorney fees.
4. Voluntary Surrender:
   a. A licensee may voluntarily surrender his or her license if the licensee submits a written request to the Authority specifying the reason for the surrender and the Authority agrees to accept the voluntary surrender.
   b. The Authority may accept a voluntary surrender of the licensee on the condition that the licensee does not reapply for licensure or agrees not to reapply for a specified period of time.
   c. If a licensee who voluntarily surrendered his or her license applies for reinstatement, the Authority may deny that person's application if the Authority finds that the person has committed an act that would have resulted in discipline being imposed while they were previously licensed.
5. If a licensee's license is revoked, he or she may not reapply for licensure for at least two years from the date of the final order revoking the license.

Expiration and Renewal of License

1. The licenses expire on December 31 of even-numbered years.
2. An applicant for license renewal must:
   a. Complete and sign an application form prescribed by the Authority certifying that the information in the application is correct and truthful;
   b. Submit proof of current certification in good standing with the Global Emergency Medical Registry (GEMR) at the APP or RO level;
   c. Consent to a criminal background check;
   d. Provide an authorization for the release of information to the Authority, as necessary, from any persons or entities, including but not limited to employers, educational

institutions, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to make a complete review of the application.

e. Submit a fee set out in the rules.

Reinstatement of a License

1. To reinstate an expired license that has been expired for less than one year, an applicant must:
   a. Submit a completed application for license renewal;
   b. Submit the appropriate license renewal fee plus a late fee; and
   c. Provide evidence of completion of continuing education requirements as specified in the rule.
2. Licensees who have been expired more than 12 months, but less than 24 months may:
   a. Submit a completed application for license renewal;
   b. Submit the appropriate license renewal fee plus a late fee; and
   c. Provide evidence of completion of continuing education requirements as specified in the rule.
   d. Complete cognitive and practical examination for the provider level as specified in rule.