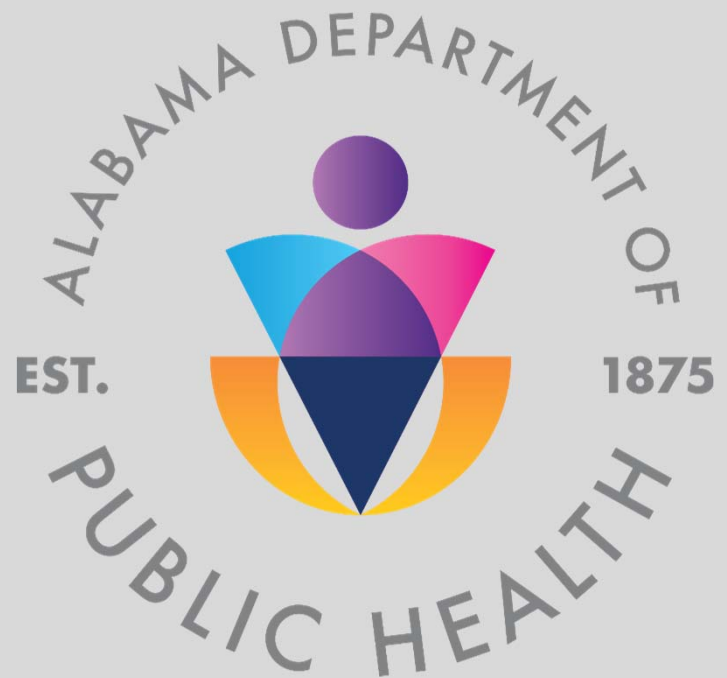


# Alabama Office of EMS



# Office of EMS

Director: Stephen Wilson, BS, NRP

Stephanie Payne, BS - Assistant to Director

Connie Ware - Assistant

Medical Director: William E. Crawford, MD

Code of Alabama, 1975; Chapter 18

– EMS Rules: 420-2-1

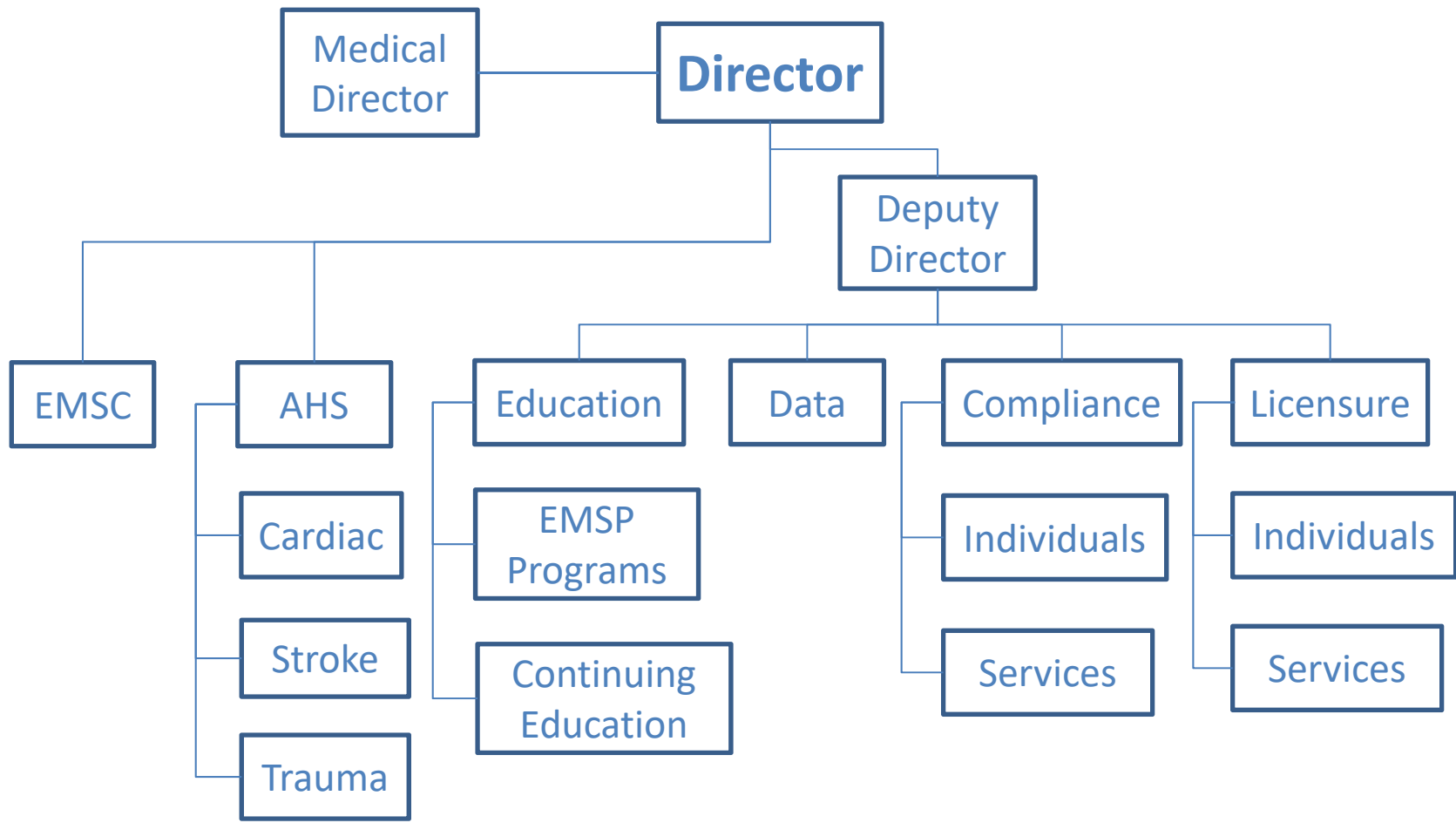
The Office of Emergency Medical Services (OEMS) is responsible for designating hospitals for acute health systems and assuring that emergency medical services provided by ambulance services, emergency medical response agencies, training entities, and emergency medical services personnel meet or exceed established standards by administering certification tests, licensing personnel and services, inspecting emergency vehicles, and investigating complaints.

# Office of EMS

## Contact Information:

- Regions/RSA Tower 11th floor
- Address:
  - 201 Monroe St., Ste 1100 Montgomery, AL 36104
  - P.O. Box 303017, Montgomery, AL 36130-3017
- Telephone:
  - Main Line (334)206-5383
- Website:
  - <http://www.alabamapublichealth.gov/ems/>

# Alabama Office of EMS



# Regional Offices

```
graph TD; A[Regional Offices] --> B[Support OEMS]; A --> C[Support Services]; A --> D[Education];
```

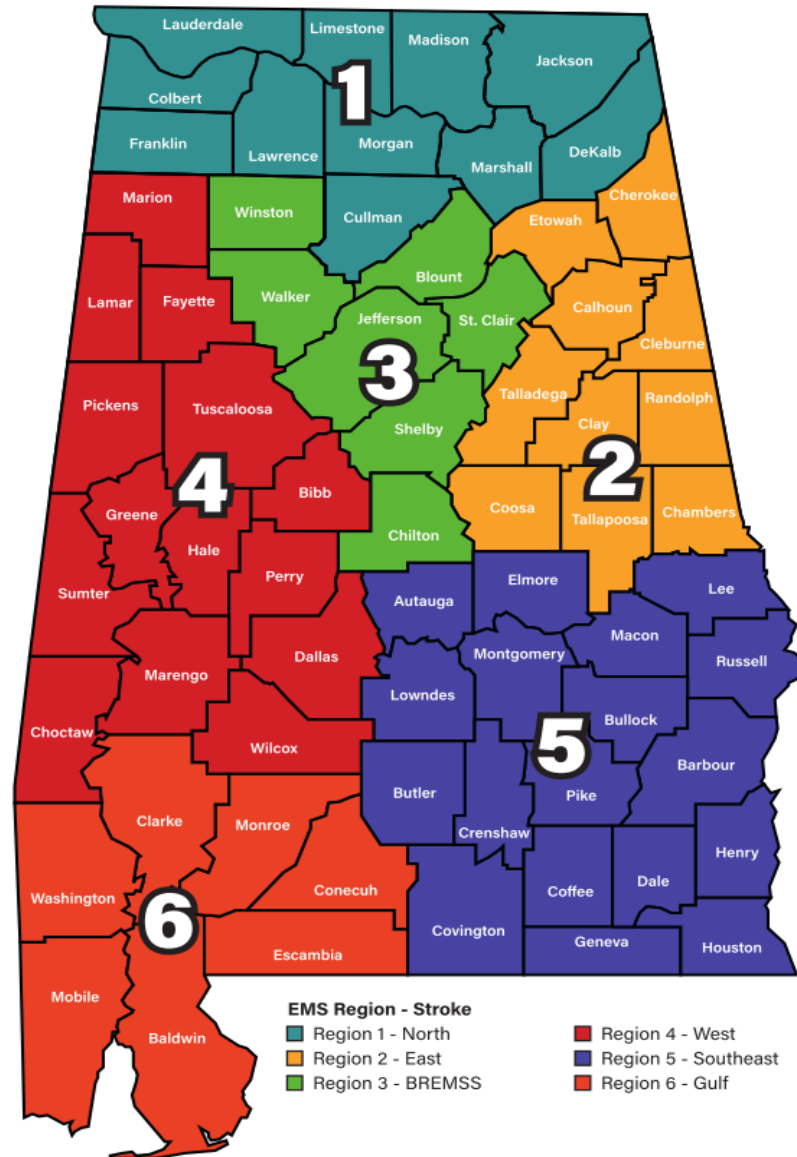
Support OEMS

Support Services

Education

# Regional Offices

- **AERO (Region 1)**
  - *Dion Schultz*
    - (256) 428-2376
- **East Alabama (Region 2)**
  - *John E. Blue, II*
    - (205) 763-8400
- **BREMSS (Region 3)**
  - *Michael Minor*
    - (205) 934-2595
- **West Alabama (Region 4)**
  - *Glenn Davis*
    - (205) 348-4549
- **SEAEMS (Region 5)**
  - *Denise Louthain*
    - (334) 793-7789
- **AGEMS (Region 6)**
  - *David Garmon*
    - (251) 461-1832



# Sections of OEMS

- **Director**
  - Stephen Wilson, BS, NRP
- **Deputy Director**
  - Jamie Gray, BS, NRP
- **Medical Director**
  - William Crawford, MD, NRP, FACEP
- **Emergency Medical Services for Children (EMSC)**
  - Katherine Hert, BS - Program Manager
    - Kathy Law - Assistant
- **Acute Health Systems**
  - Alice Floyd, BSN, RN, COHN-S - Program Manager
    - Gwen Massey - Program Assistant
  - Kent Wilson, BS, NRP – Cardiac Coordinator
  - Steven Stringer, BS, NRP - Stroke Coordinator

# Sections of OEMS

- **Compliance**
  - Jamie Gray, BS, NRP – Deputy Director
    - Beverly Edwards, NRP - Specialist
    - Bill Petrey, AAS, NRP - Specialist
- **Education**
  - Chris Hutto, MBA, NRP - Coordinator/Regional Liaison
- **Licensure**
  - Vickie Turner, BS, NRP – Coordinator
    - Stephanie Smith – Assistant
    - Kempley Thomas – Assistant
- **Data Management and Analysis**
  - Gary Varner, MPH, NRP – Senior Epidemiologist
    - Augustine Amenyah, Ed.D, MPH - Epidemiologist



# Alabama EMSC

- Alabama EMSC has been funded by the Health Resource and Services Administration since 1986.
- EMSC is funded in all 50 states, 9 territories, and 6 freely-associated states.
- EMSC State Partnership grantees are required to work on 10 performance measures.

# Alabama EMSC

- Two assessments are completed every other year.
  - EMS provider assessment to evaluate pediatric skills proficiency, NEMESIS v.3 data compliance, and pediatric emergency care coordinator present at the service level.
  - Hospital assessment to evaluate the existence of inter-facility transfer guidelines and agreements.

# Acute Health Care Systems

- **Trauma System-** In place- started in 1996 in Birmingham Regional EMS Region (BREMSS)
- **Stroke System-** In place- activated statewide October 2017
- **Cardiac System-**
  - Cardiac Arrest Registry to Enhance Survival (CARES)
  - ST Elevated Myocardial Infarction (STEMI) System- Coming soon

# Acute Health Care Systems

- **Alabama Trauma Communications Center**
- **1-800-359-0123**
  - Monitors trauma and stroke resources of all trauma and stroke centers
  - When criteria is met for entering a patient into the system they are directed to the appropriate facility using previously established protocols.

# Acute Health Care Systems

- **EMSP are required to know about the elements and how the system functions (i.e. entry criteria and communication)**
  - Hospitals
    - Participate on a voluntary basis
    - Designated at different levels based on the level of care they can provide
    - Inspected based on criteria for the system and approved by the State Board of Health
    - Each determines whether they are “on-line” green or “off-line” red.
    - Some out of state (GA, FL, TN, MS) are also part of the AHS

Systems	Trauma, Stroke and Cardiac System Resources																		
	T	S	C	ED-T	ED	ANES	OR	X-RAY	TICU	TS	SS	OS	NS	CT	SICU	Neuro	CCU	Card	CLab
Andalusia Regional Hosp	3	3																	
Baptist Medical Ctr East		3																	
Baptist Medical Ctr South	2	2																	
Community Hospital	3	3																	
Crenshaw Community		3																	
Dale Medical Center	3	3																	
East Alabama Medical Ctr	3	3																	
Flowers Hospital	3	2																	
St Francis Hospital		2																	
Jackson Hospital	3	2																	
Medical Center Barbour	3	3																	
Medical Ctr Enterprise	3	3																	
Mizell Memorial Hospital	3	3																	
Prattville Baptist Hosp		3																	
Southeast Al Medical Ctr	2	2																	
L.V. Stabler Memorial	3	3																	
Troy Regional Medical Ctr	3	3																	
Wiregrass Medical Ctr		3																	

Divert Details

Log Off

# Data

- **Data management and analysis**
  - Functions performed by epidemiologists.
  - Responsible for management of data submission by EMS agencies.
  - Collects and reviews data related to EMS
  - Uses data to update “QA/QI” in EMS
  - Provides scientific research for purposes of informing OEMS personnel, ADPH personnel and other government and private individuals.

# Compliance

- **Inspections**
  - Vehicles
  - Services
- **Investigations**
  - Rule or protocol violations and complaints related to services and personnel
  - Impairment related issues such as mental or substance abuse
- Certifies emergency physicians for online and offline Medical Direction
- Conducts background investigations on individuals seeking licensure



# Education

- **Testing**
  - National Registry liaison for Alabama
  - Statewide testing coordination
- **Regulation**
  - EMS education rules
  - EMS program liaison
- **Continuing Education**
  - Provided through a partnership with Regional Offices

# Licensure

- **Issues Licenses**

- Individuals
- Services - “EMS Provider”

- **How to obtain an initial license**

- Pass the National Registry cognitive exam and a psychomotor skills exam
- Go to the ADPH EMS page and click on “Licensure Information”.
  - <http://www.alabamapublichealth.gov/ems/index.html>
  - Individual Licensure Application and Requirements are listed and explained
- Initial license application **MUST** be printed and filled out. (Cannot be completed online)
  - Licenses may be renewed online



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- [Alabama ePCR](#)
- [Code of Alabama, 1975](#)
- [Compliance Issues](#)
- [Emergency Medical Dispatch](#)
- [Emergency Medical Services for Children](#)
- [EMS Data](#)
- [EMS Education](#)
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## Office of EMS

The Office of EMS (OEMS) is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services provided by ambulance services, emergency medical response agencies, training entities, and emergency medical services personnel meet or exceed established standards.

The OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke the licensure of an ambulance service, training entity, emergency medical response agency, and emergency medical services personnel when statutory or regulatory violation is substantiated.

### EMS News and Events

- [The Office of EMS 2018 Annual Report](#) has been published.
- [EMS Newsletters](#): The electronic periodical for EMS providers.
- [Notices and Events](#): Stay on top of upcoming meetings, training opportunities, general notices, and more.
- [Licensure](#): All forms required for individual and provider service licensure.
- [National Registry of EMTs State Annual Report \(1MB\)](#): A copy of the 2016 Alabama Annual Report from NREMT.

### EMS Brochure

The Office of EMS has designed a brochure with commonly requested information as a resource to our providers.

### EMS on Facebook

Follow [Alabama Office of EMS](#) on Facebook.

Page last updated: January 16, 2020



Office of Emergency Medical Services

Emergency Medical Services for Children  
EMS Data  
EMS Education  
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Forms  
Health and Medical Preparedness  
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## Licensure Information

### Declaration of U.S. Citizenship Information

The Beason-Hammon Alabama Taxpayer and Citizen Protection Act requires every person or sole proprietorship applying for certain licenses or permits to either demonstrate U.S. citizenship, or, if the person is an alien, to prove lawful presence in this country. The Alabama Department of Public Health will verify an applicant's immigration status or naturalized/derived citizenship status using the SAVE Program effective August 1, 2016.

To comply with this law, ADPH requires the following for an initial permit or renewal application:

- A signed Declaration of U.S. Citizenship or Lawful Presence of an Alien
- A legible photocopy or digital copy of a document demonstrating U.S. citizenship or lawful presence in the U.S.

A business entity must provide a Declaration of Business Ownership Structure if the type of ownership or business entity is not clearly indicated on the application.

ADPH will only verify the status of the individual who is licensed or permitted. Demonstration of U.S. citizenship or lawful permanent residence is only required one time.

### Individual Licensure Information

- **EMSP License Requirements** - Please read this document before filling out the application.
- **EMS Individual Licensure Application** - Complete the application and if you are a first issue, you must complete the Criminal History Information Release Form. It is not necessary to fill out the Criminal History Information Release Form if you have already been licensed. Please be aware that walk-ins will not be processed during the license renewal period (January 1- March 31). This form is fillable and should be typewritten, not handwritten.
- **EMS Individual Online Renewal** - The online renewal capability is currently active. Please remember that all online renewal transactions are subject to a \$2 annual fee for using this method of renewal. Individuals chosen for audit are required to fax requested documentation to (334) 206-0364 within 72 hours of the request.
- **Critical Care Paramedic Application** - Complete this application in addition to your individual license application to acquire the critical care endorsement. This form is fillable and should be typewritten, not handwritten.
- Please complete the **Information Update Form** to update your personal information in the database.
- Effective August 1, 2016, Individual Licensure fees will increase to \$12 for a 24-month license as required by new legislation.
- If you apply for renewal after April 1 of your expiration year, a \$50 late fee will be added in addition to the new licensure fee.
- The OEMS has established a **license denial policy** based on Section 22-18-6(f) of the Code of Alabama.
- An individual who checks Yes to having a diagnosed condition that may affect their ability to safely practice must have a physician complete the **Essential Job Functions Analysis Form** and submit it with their application. The individual must be re-evaluated with any change in the condition.
- An individual who checks Yes to having a conviction must supply documentation as to the nature of the offense, the current status and disposition of the case, and a personal statement concerning the incident(s) in question. Please provide a separate statement and documentation for each conviction.

# **ALABAMA EMSP LICENSURE REQUIREMENTS**

## **Licensure Requirements for EMT, Advanced EMT, Intermediate EMT, and Paramedic**

- [Application](#) (All initial applicants must submit a paper application),
- You can also renew and reclassify [online](#) (All initial applicants must submit a paper application),
- [Criminal History Form](#) (Initial Application Only),
- Copy of National Registry Certification
- Current Alabama Protocols (Initial Application Only),  
If you are in need of an Alabama Protocol class, please [contact](#) one of our Regional Offices.
- Declaration of U.S. Citizenship
- If you have never been Nationally Registered (grandfathered) you must submit the same continuing education that is required by the National Registry to the OEMS.
- License Fee, two year license - \$12.00

### **Reciprocity Information**

- You must be Nationally Registered to apply for an Alabama EMSP license.
- Alabama does not issue **INITIAL** Intermediate EMT licenses. If you are a Nationally Registered Intermediate EMT, you are eligible for licensure at the EMT level.

### **Renewal Period**

- The OEMS will start accepting RENEWAL applications January 2<sup>nd</sup> of each year.

### **Questions**

- You may email Vickie Turner (Vickie.Turner@adph.state.al.us) or call 334-206-5383.



# ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100  
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017



## EMS Individual Licensure Application

**\*All pages of this form must be typed to be approved \***

Application Type	
<input type="checkbox"/>	Paramedic
<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced EMT
<input type="checkbox"/>	EMT
<input type="checkbox"/>	EMR

Paramedic Endorsement	
<input type="checkbox"/>	Transfer Drugs
<input type="checkbox"/>	Critical Care Endorsement (Attach Application)

Application Classification		
<input type="checkbox"/>	Initial License	<b>\$12</b>
<input type="checkbox"/>	Renewal - Active	<b>\$12</b>
<input type="checkbox"/>	Renewal - Expired	<b>\$62</b>
<input type="checkbox"/>	Reclassification	<b>\$0</b>
<input type="checkbox"/>	Reinstate - Disciplinary	<b>Call</b>
<input type="checkbox"/>	Reprint/Name Change	<b>\$12</b>
<input type="checkbox"/>	Citizenship Update	<b>\$0</b>

Citizenship Form Is Required one time only	
<input type="checkbox"/>	Citizenship Form Included (Separate ADPH Form Required)
<b>Citizenship Form Must be a very legible copy</b>	
<input type="checkbox"/>	State DL/ID (AL,FL,GA,TN,MS,LA are approved, otherwise see list)
<input type="checkbox"/>	U.S. Birth Certificate
<input type="checkbox"/>	Valid Green Card
<input type="checkbox"/>	Other (See approved lists on form)

Identification	
Social Security Number:	_____ - ____ - ____
Date of Birth:	____/____/____
Alabama EMS License #	_____
	<small>If Initial License, Leave Blank</small>

Personal Information	
Last Name:	_____
First Name:	_____ MI: _____
Home Address:	_____
	<small>Street</small>
	_____
	<small>City County State Zip</small>
Mailing Address: (If Different)	_____
	<small>Street</small>
	_____
	<small>City County State Zip</small>
E-mail Address:	_____@_____

Race	Gender	Phone Numbers
Native American <input type="checkbox"/>	Male <input type="checkbox"/>	Home Phone (____) _____
Asian <input type="checkbox"/>	Female <input type="checkbox"/>	Work Phone (____) _____
Black <input type="checkbox"/>		Cell Phone (____) _____
White <input type="checkbox"/>		
Hispanic <input type="checkbox"/>		
Other <input type="checkbox"/>		

EMS Office Use: Fee Information		
<input type="checkbox"/>	Check (Payable to ADPH)	Received By: _____
<input type="checkbox"/>	Cash Check M/O# _____	Received Date: _____
<input type="checkbox"/>	Money Order Amount _____ of _____	Deposit # _____
<input type="checkbox"/>	Bulk Payment allocated _____ of _____	
<input type="checkbox"/>	EFT Payer Name: _____	

Licensure Disclosure	
<p><b>If you answer "YES" to any question, you must provide official documentation that fully describes the offense (or condition), the current status and disposition of the case, and a detailed personal statement.</b></p>	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
<input type="checkbox"/>	Have you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition that may affect your ability to safely practice as an EMS professional?
<input type="checkbox"/>	Have you ever been convicted of any criminal act? (Do not include minor traffic violations)
<input type="checkbox"/>	Have you ever had any type of professional license revoked, suspended, or surrendered?
<input type="checkbox"/>	Are you now, or ever been addicted to the use of intoxicating liquors or controlled substances?
<b>Received Date</b>	
<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>	

*By signing I affirm that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my license.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Us	
Phone:	(334)206-5383
Fax:	(334)206-0364

Revised 07/28/2017

**This form is to only be filled out by first time applicants**

STATE OF \_\_\_\_\_

RELEASE FORM

COUNTY OF \_\_\_\_\_

ABI -46 (3/94)

My name is \_\_\_\_\_ I reside at \_\_\_\_\_  
City of \_\_\_\_\_, state of \_\_\_\_\_ I am possessed  
of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of  
Public Safety to release any and all criminal history information they have on me to **Alabama Department  
of Public Health, Office of EMS**, 201 Monroe Street, Montgomery, Alabama 36104.

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama  
Department of Public Safety and its officers and agents from any and all claims, actions, or causes of action  
which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness  
thereof I have voluntarily signed my name on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_  
SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Filled out by Notary Public

Sworn to and subscribed before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

**PLEASE NOTE: THIS DOCUMENT MUST BE WITNESSED BY TWO (2) WITNESSES, OR NOTARIZED BY A  
NOTARY PUBLIC.**

Below Line for OEMS Office Use

Office of EMS Director \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Record

**ALABAMA DEPARTMENT OF PUBLIC HEALTH DECLARATION OF U.S.  
CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Alabama Act 2011-535 prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

**Directions: This form must be completed and submitted by applicants for health care benefits/services that are not exempt or excluded from citizenship/lawful presence verification requirements. Medicaid/Medicare clients are not required to complete this form as eligibility to receive services has already been determined by Medicaid/Medicare. This form must also be completed by individuals applying for licenses or permits. An individual includes a sole proprietorship, but does not include other business entities such as corporations.**

**SECTION I -- APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: \_\_\_\_\_

APPLYING FOR (Check one):  License/Permit  Health Service

**SECTION II -- U.S. CITIZENSHIP OR NATIONAL STATUS**

**Are you a citizen or national of the United States (check one)**  Yes  No

If you checked **YES** and are applying for a **health service**: Complete Section IV (No additional documentation required). If you checked **YES** and are applying for a **license/permit**: (1) Provide an original or legible copy of a document from attached List A or other document demonstrating U.S. citizenship or noncitizen national status, and (2) Complete Section IV.

**Name of document provided:** \_\_\_\_\_

If you checked **NO**: Complete Sections III and IV.

**SECTION III - ALIEN STATUS**

**Are you an alien lawfully present in the United States? (Check one)**  Yes  No

If you checked **YES**: (1) Provide an original or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States, and (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

**Name of document provided:** \_\_\_\_\_

If you checked **NO**: Complete Section IV.

**SECTION IV -- DECLARATION**

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

**APPLICANT OR LEGAL REPRESENTATIVE SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT \_\_\_\_\_

Health Dept. Employee \_\_\_\_\_

Preliminary Guidance on Implementation of Immigration  
Law for Licensing/Permitting Programs



# Maintaining a License/ Continuing Education

- **How to maintain a license**

- EMT's must complete required continuing education and keep national registry current.
- Information for hours needed can be found on the NREMT website.
- Continuing education may be gained by attending any state or regional approved course/class, or CAPCE approved courses.
- Any out of state EMSP must have a current National Registry license and Alabama protocols.

Questions?