

RECERTIFICATION 2009 INSTRUCTIONS
APPLY EARLY! THE PROCESS TAKES 4-6 WEEKS

FAILURE TO COMPLY WITH INSTRUCTIONS WILL DELAY YOUR RECERTIFICATION. This may result in a lapse in your certification and you would not be able to work as an EMT during that time.

NEW THIS YEAR IS QUESTION #9. Before you answer, be sure to go to our web site for further instructions. Our web site is: www.oregon.gov/DHS/ph/ems/

RECERTIFICATION QUESTIONS? NEED CONTINUING EDUCATION CLASSES? NEED A NEW FORM SENT TO YOU? (We do not accept forms that have been photocopied.) SEE OUR WEB SITE AT: www.oregon.gov/DHS/ph/ems/

Thank you for your commitment to Oregon EMS.

ANSWERS TO COMMONLY ASKED QUESTIONS ARE ON OUR WEB SITE AT:

www.oregon.gov/DHS/ph/ems/. Your training officer can also assist you in answering questions. We have a very limited staff to process 9,000 applications and respond to telephone inquiries.

SPECIFIC INSTRUCTIONS: Use only a #2 pencil to complete the form. Keep written information inside the boxes provided. Erase stray marks completely - do not cross out an incorrectly filled answer. **You can use white out carefully if needed. If you mark your form in pen, go over your answers with a pencil.**

PAGE 1:

NAME: Mark yes if your name has changed since you were last certified and print your legal current name.

OREGON RECERTIFICATION LEVEL: Mark your current EMT level. If you wish to revert to a Basic, mark the space titled "Reverting to a Basic" on page 1 & 3.

SOCIAL SECURITY NUMBER and OREGON CERTIFICATE NUMBER: These numbers must be accurate for your application to be scanned properly. (Note: Your Oregon certificate number is on the front of your recertification application, above where your name and address are printed.)

NATIONAL REGISTRY NUMBER AND EXPIRATION DATE: If you have a National Registry EMT Basic or Paramedic certificate please mark the (B) for Basic or the (P) for Paramedic level, your NREMT number and the expiration date on our form. **If you do not have a national registry certificate, please leave that space blank.**

NON-AFFILIATED EMTs: Mark if you are not affiliated with an Oregon EMS agency.

OREGON EMS AGENCIES: Write the name of your EMS agency(ies). Look up the four-digit identification number for each agency to the left of the name on the enclosed list and mark the agency number and your work status on the form. If you have no secondary or tertiary EMS agencies, leave these spaces blank. Additional agencies may be included by attaching a note.

PAGE 2:

REQUIRED CERTIFICATIONS: *If you are affiliated with an OREGON EMS agency, sections (A) and (B) must be signed by your supervising physician and the Chief Officer or designee of your EMS agency.*

UNAFFILIATED INTERMEDIATES AND PARAMEDICS ONLY, must have section (C) completed by a Medical Director or their authorized designee. Contact local EMS agencies to request skills verification sign off on section (C). You may be able to contact a former employer who can provide this service.

Every EMT recertifying must read, date, and sign the bottom of page 2.

If you are recertifying with an agency group, give pages 1 & 2 to your PRIMARY EMS agency training officer. See instructions for pages 3 & 4.

If you are not recertifying with an agency group, place pages 1 & 2, ALONG WITH YOUR RECERTIFICATION FEE, in a business size (4" x 9.5") envelope addressed to: DHS/EMS, Business Services Section - 459, Business Services, P.O. Box 14260, Portland OR 97293, affix the postage, and mail. A check or money order in the amount specified on your application must be submitted with your application. Checks returned by the bank will subject the EMT to a \$25.00 returned check fee. **Applications received that are postmarked after May 31, 2009 requires an additional \$20 late processing fee.**

PAGES 3 & 4 ARE MANDATORY - ALL EMTS MUST COMPLETE AND RETURN THESE PAGES

NAME: Please print your name. If your name has changed, please print your current name and previous name.

RECERTIFICATION LEVEL: Mark your current level of certification. If you wish to revert to a Basic, mark the space titled "Reverting to a Basic" on page 1 & 3. Your social security number and EMT certification number must be accurate to scan properly.

RECERTIFICATION QUESTIONNAIRE: Read and mark truthfully the answers to each question. Attach explanatory material (written statements, copies of court documents, etc.) for each yes answer. **NOTE:** The form states, "Since you were last certified?" Therefore, you do not have to mark if information was previously reported.

If you answer yes to question number 9, you must first go to our web site at: www.oregon.gov/DHS/ph/ems/ for further instructions and to see if you will need to request fingerprint cards to be mailed to you. If you are required to submit fingerprint cards you will need to submit them with pages 3 and 4.

PAGE 4:

MAILING ADDRESS CHANGES: We are asking for your help to change address and phone number automatically into the computer and to expedite the turnaround process for your recertification. **THE KEY IS YOU MUST CAREFULLY FILL IN YOUR APPLICATION OR YOUR CERTIFICATE WILL PRINT WITH AN INCORRECT ADDRESS RESULTING IN FURTHER DELAYS.**

ONLY if your mailing address is different from the address printed on the application, do you need make changes. **PLEASE DO NOT** fill in your mailing address or phone number if they have not changed. If part of your address has changed, such as your apartment number, then you must completely fill in the entire street address line.

Leave spaces between your mailing address in the appropriate areas. **Correct:** 123 SW Park. **Incorrect:** 123swpark

This page is very compact and you need to take great care filling out the form. Mark only one space per column. If you mark two spaces in the same column, the computer will not be able to decipher what your address is and will create an asterisk in the space. **Example:** if you marked the "P" and the "a" in the same column, your address will print as: 123 SW *rk.

If you want to mark an "O" be sure you have selected the "O" and not the "Q", otherwise you will get something like Pqrtland Qr

Enter city, state and zip in the appropriate spaces **not** on the street address line or it will appear on your certificate as:
123 SW Park Portland OR 97222
Portland OR 97222

PHONE NUMBER CHANGES: Mark changes to your home phone number and your business phone number

Place Page 3 & 4 in a separate business size (4" X 9.5") Envelope, Seal, Affix Postage, and Mail To: DHS - EMS, P. O. Box 14450, Portland, OR 97293 Write "Contains No Money - Confidential" in the lower left hand corner of the envelope.

AFTER YOU APPLY FOR RECERTIFICATION

- **Do NOT call the State EMS Office unless it has been longer than 4 to 6 weeks. Staff is VERY limited and telephone inquiries will only delay the processing of applications.**
- **If your application is complete, correct and postmarked prior to May 31, 2009, you will receive your certificate prior to July 1, 2009.**
- **Your application will not be processed until it is complete.**

Thank you for your attention to the detail which is necessary to make this automated process work successfully.