OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 265

EMERGENCY MEDICAL SERVICES PROVIDERS

333-265-0000
Definitions
(1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Authority as an Advanced Emergency Medical Technician.
(2) "Ambulance Service" means any person, governmental unit, or other entity that operates ambulances and holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.
(3) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority, Public Health Division.
(4) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.
(5) "Candidate" means an applicant that has completed training in an emergency medical services provider course and has not yet been licensed by the Authority.
(6) "Clinical Experience (Clinical)" means those hours of the curriculum that synthesize cognitive and psychomotor skills and are performed under a preceptor.
(7) "Continuing Education" means education required as a condition of licensure under ORS chapter 682 to maintain the skills necessary for the provision of competent prehospital care. Continuing education does not include attending EMS related business meetings, EMS exhibits or trade shows.
(8) "Didactic Instruction" means the delivery of primarily cognitive material through lecture, video, discussion, and simulation by program faculty or through web or Internet-based communication.
(9) "Direct Visual Supervision" means that a person qualified to supervise is at the patient's side to monitor the emergency medical services provider in training.
(10) "Educational Institution" means a degree granting community college, college or university or a licensed vocational school that is authorized or licensed by the Higher Education Coordinating Commission.
(11) "Emergency Care" means the performance of acts or procedures under emergency conditions 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 prescribed by a licensed physician, 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 prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.
(12) "EMS" means Emergency Medical Services.
(13) "EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682.025.
(14) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder.
(15) "Emergency Medical Services (EMS) Agency" means any person, governmental agency or unit, or other entity that utilizes emergency medical services providers to provide prehospital emergency or non-emergency care. An emergency medical services agency may be either an ambulance service or a nontransporting service.

(16) "Emergency Medical Services Provider (EMS provider)" means a person who has received formal training in prehospital and emergency care, and is licensed to attend to any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other persons serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

(17) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician.

(18) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate.

(19) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

(20) "In Good Standing" means a person who is currently licensed and who does not have any restrictions placed on his or her license, or who is not on probation with a licensing agency or the National Registry for any reason.

(21) "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.

(22) "Licensing Officer" is a person who is responsible for conducting an Emergency Medical Technician (EMT) or EMT-Intermediate psychomotor examination in a manner consistent with the standards of the National Registry and the Authority.

(23) "National Registry" means the National Registry of Emergency Medical Technicians.

(24) "Non-Emergency 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 under ORS chapter 677, insofar as any of those 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 Oregon Medical Board in the course of providing prehospital care as defined by this rule.

(25) "Paramedic" means a person who is licensed by the Authority as a Paramedic.

(26) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.

(27) "Person" has the meaning give that term in ORS 174.100.

(28) "Prehospital Care" means care rendered by EMS providers as an incident of the operation of an ambulance and care rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined in this rule.

(29) "Preceptor" means a person approved by an educational institution and appointed by the EMS agency, who supervises and evaluates the performance of an EMS provider student during the clinical and field internship phases of an EMS provider course. A preceptor must be a physician, physician assistant, registered nurse, or EMS provider with at least two years field experience in good standing at or above the level for which the student is in training.
(30) "Protocols" has the same meaning as standing orders.
(31) "Reciprocity" means the manner in which a person may obtain Oregon EMS provider licensure when that person is licensed in another state and certified with the National Registry.
(32) "Scope of Practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide as set forth in rules adopted by the Oregon Medical Board.
(33) "Skills Examiner" means a person who attends an EMS provider psychomotor examination and who objectively observes and records each student’s performance consistent with the standards of the National Registry.
(34) "Skills Instruction" means providing direct practical experience in the operation or function of specific tasks or equipment through active, hands-on participation by the student.
(35) "Standing Orders" means the written protocols that an EMS provider follows to treat patients when direct contact with a physician is not maintained.
(36) "Successful completion" means having attended 85 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.
(37) "Unprofessional Conduct" means conduct unbecoming a person licensed to perform emergency care, or detrimental to the best interests of the public and includes:
   (a) Any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might impair an emergency medical services provider’s ability safely and skillfully to practice emergency or nonemergency care;
   (b) Willful performance of any medical treatment which is contrary to acceptable medical standards; and
   (c) Willful and consistent utilization of medical service for treatment which is or may be considered inappropriate or unnecessary.
(38) "Volunteer" means a person who is not compensated for their time to staff an ambulance or EMS agency, but who may receive reimbursement for personal expenses incurred.

Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017 - 682.991

333-265-0010
Application for Approval of EMT, AEMT, EMT-Intermediate, and Paramedic Courses
(1) The Authority is responsible for approving EMT, AEMT, EMT-Intermediate and Paramedic courses.
(2) EMT, AEMT, EMT-Intermediate and Paramedic courses must be offered by an educational institution and must meet the standards established by the Oregon Department of Education in OAR chapter 581, division 49.
(3) Notwithstanding section (2) of this rule, the Authority may:
   (a) Allow a non-educational institution to conduct an EMT course if there is no training available at an educational institution in a rural part of the state.
   (b) Allow a non-educational institution to conduct an EMT-Intermediate course if there is no training available at an educational institution.
(4) A non-educational institution that wishes to conduct an EMT or EMT-Intermediate course in accordance with section (3) of this rule shall send a written request to the Authority including
evidence that there is a documented need for the course and lack of training offered by an educational institution.

5) EMT, AEMT, EMT-Intermediate and Paramedic courses must meet the requirements prescribed by the Authority in OAR 333-265-0014.

6) EMT, AEMT, EMT-Intermediate and Paramedic courses must be taught by instructors that meet the requirements of OAR 333-265-0020.

7) An educational institution or a non-educational institution approved by the Authority under section (3) of this rule must submit an application to the Authority on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the standards prescribed in OAR 333-265-0014 and OAR 333-265-0020. The form must be received by the Authority at least 30 business days prior to the first day of class.

8) The Authority will return an application that is incomplete to the applicant.

9) The Authority will inform an applicant in writing whether the application has been denied or approved.

10) No educational institution shall conduct an EMT, AEMT, EMT-Intermediate or Paramedic course until the Authority has approved the course.

11) The Authority may deny or revoke the approval to conduct an EMT, AEMT, EMT-Intermediate or Paramedic course in accordance with ORS chapter 183 for failure to comply with OAR chapter 333, division 265.

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0012
Requirements for Conducting Emergency Medical Responder Courses

1) An ambulance service or any other entity in Oregon may conduct an EMR course that meets the requirements of OAR 333-265-0014, if approved by the Authority.

2) An ambulance service or entity that wants to conduct an EMR course must submit an application to the Authority on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the standards prescribed in OAR 333-265-0014 and whether the course director meets the requirements in OAR 333-265-0018. The form must be received by the Authority at least 30 business days prior to the first day of class.

3) The Authority shall return an application that is incomplete to the applicant.

4) No entity shall conduct an EMR course until the Authority has approved the course.

5) The Authority may deny or revoke the approval to conduct an EMR course in accordance with ORS chapter 183 for failure to comply with OAR chapter 333, division 265.

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0014
EMS Provider Course Requirements

1) All EMS provider courses must have an EMS medical director. The EMS medical director must meet the qualifications of a supervising physician as defined in OAR 847-035-0001.

2) All EMS provider courses must have a course director as defined in OAR 333-265-0020.

3) An Oregon educational institution conducting EMT, AEMT, or Paramedic courses must have program faculty consisting of a designated program administrator, course EMS medical director,
course directors, and may have guest instructors. The number of persons carrying out the responsibilities of conducting an EMT, AEMT, or Paramedic course may vary from program to program. One person, if qualified, may serve in multiple roles.

(4) An Oregon educational institution or Authority approved non-educational institution conducting EMT-Intermediate courses must have program faculty consisting of a designated program administrator, course EMS medical director, and course directors, and may have guest instructors. The number of persons carrying out the responsibilities of conducting an EMT-Intermediate course may vary from program to program. One person, if qualified, may serve in multiple roles.

(5) An EMR course must include:
(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B);
(b) Didactic and skills instruction; and
(c) A psychomotor and cognitive examination.

(6) An EMT course must include:
(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B);
(b) Didactic and skills instruction;
(c) Clinical education of at least eight hours in a hospital or acute care department or other appropriate clinical or acute care medical facility where the skills within an EMT scope of practice are performed under the supervision of a preceptor; and
(d) Prehospital experience of at least eight hours under the supervision of an EMT or above where the skills within an EMT scope of practice are performed.

(7) An AEMT course must include:
(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B);
(b) Didactic and skills instruction; and
(c) A field internship that is described in OAR 333-265-0015.

(8) An EMT-Intermediate course must include:
(a) The EMT-Intermediate curriculum as prescribed by the Authority; and
(b) Didactic and skills instruction.

(9) A Paramedic course must include:
(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B);
(b) Didactic and skills instruction;
(c) Clinical experience in hospital clinical areas where the skills within a paramedic scope of practice are performed under the supervision of a preceptor; and
(d) A field internship that is described in OAR 333-265-0016.

(10) All EMS provider courses must include instructions on Oregon statutes and rules governing the EMS system, medicolegal issues, roles and responsibilities of EMS providers, and EMS professional ethics.
(11) The Authority may deny or revoke course approval in accordance with the provisions of ORS chapter 183 for failure to comply with the requirements of this rule.
(12) A person must have a current Oregon EMT license or higher at the time of enrollment in an AEMT or Paramedic course.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0015
Advanced Emergency Medical Technician Field Internship
(1) A field internship is required as part of an AEMT course and shall include:
(a) Clinical experience performed under the supervision of a preceptor in a hospital emergency department, medical clinic, or in the field where a student must adequately demonstrate the ability to:
(A) Safely administer medications at least 5 times to a live patient;
(B) Safely gain vascular access at least 10 times on live patients of various age groups;
(C) Effectively ventilate at least 5 live patients of various age groups;
(D) Perform an adequate assessment and formulate and implement a treatment plan for the following:
   (i) Patients with chest pain;
   (ii) Patients with respiratory distress;
   (iii) Patients with altered mental status; and
   (iv) Pediatric, adult and geriatric patients; and
(b) Prehospital experience of at least eight hours participating in the provision of care during EMS or AMBULANCE CALLS under the supervision of an AEMT or above where the skills within the scope of practice of an AEMT are performed.
(2) Notwithstanding section (1)(a) of this rule, if a student with documented proof of clinical and field experience is unable to meet the live patient contacts prescribed, the student may complete the remainder of the requirements in a simulation lab performed under the supervision of a preceptor.
(3) A field internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level AEMT.
(4) A student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship.
(5) All EMS and AMBULANCE CALLS shall be under the direct visual supervision of a preceptor. In order for a call to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed AEMT.
(6) For purposes of this rule, "AMBULANCE CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, patient care while riding in the patient compartment of an ambulance, and participation in specific assessment and treatment skills required of a licensed AEMT.
(7) "EMS CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, patient care and participation in specific assessment and treatment skills required of a licensed AEMT, but does not include the transport of a patient to a hospital.
(8) A student participating in a field internship shall not be considered one of the minimum staff
required for an ambulance as described in OAR chapter 333, division 250.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0016
Paramedic Field Internship
(1) A field internship is required as part of a Paramedic course.
(2) A field internship must provide a student the opportunity to demonstrate the integration of
didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-
level paramedic.
(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 internship.
(4) During a field internship a student must participate in providing care in at least 40 EMS or
AMBULANCE CALLS with no less than eight each in cardiac, respiratory, general medical, and
trauma emergencies, and with at least 30 of the calls being AMBULANCE CALLS. All EMS
and AMBULANCE CALLS shall be under the direct visual supervision of a preceptor. In order
for a call to be accepted, the preceptor must document and verify satisfactory student
performance, including application of specific assessment and treatment skills required of a
licensed Paramedic.
(5) A student participating in an internship shall not be considered one of the minimum staff
required for an ambulance as described in OAR chapter 333, division 250.
(6) AMBULANCE CALL and EMS CALL has the same meaning given those terms in OAR
333-265-0015, except that all references to an AEMT are replaced with Paramedic.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0018
Course Director Qualifications for EMR Courses
(1) An ambulance service or entity that has been approved by the Authority to conduct an EMR
course must have a qualified course director.
(2) An EMR course director must:
(a) Have appropriate training and experience to fulfill the role and have the credentials that
demonstrate such training and experience;
(b) Be currently licensed in Oregon as an EMT or higher, have a minimum of three years of
prehospital care experience and be in good standing with the Authority, or be an EMS medical
director;
(c) Have a current Basic Life Support (BLS) instructor card or certificate of course completion
that meets or exceeds the 2015 American Heart Association ECC guidelines or equivalent, unless
this requirement is waived by the Authority in advance; and
(d) Have successfully completed one of the following:
(A) The National Association of EMS Educators Instructor I Course, developed in accordance
with the U.S. Department of Transportation, National Highway Transportation Safety
Administration, 2002;
(B) The National Fire Protection Association (NFPA) Fire Instructor I course;
(C) Have at least 40 hours of the Instructor Development Program offered by the DPSST;
(D) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning;

(E) A minimum of three years working as a full time EMT or higher with a licensed ambulance service and has experience conducting training; or

(F) Other instructor course approved by the Authority.

(3) An EMR Course Director:
   (a) Is responsible for course planning and organizing, including scheduling lectures, coordinating, arranging, and conducting the written and psychomotor course completion and licensure examination;
   (b) Is the primary instructor, who conducts at least 50 percent of the didactic sessions, unless this requirement is waived by the Authority in advance;
   (c) Must ensure, if guest instructors are used, that the guest instructor is qualified to teach the subject matter, meets requirements set forth in OAR 333-265-0020, and presents lessons that address all objectives identified in the course curriculum for the topic being presented. A guest instructor must:
      (A) Be qualified and have the expertise in the specific course subject; and
      (B) Follow the course curriculum and meet the course objectives for that specific subject.
   (d) Must ensure that after completion of the course and successfully passing the written and psychomotor examinations each student is offered guidance on the process and how to apply for licensure through the Authority; and
   (e) Must have written documentation showing whether a student has successfully completed the course as defined in OAR 333-265-0014.

Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017

333-265-0020
Course Director Qualifications for EMT, AEMT, EMT-Intermediate, and Paramedic Courses
(1) A course director for an EMT, AEMT, EMT-Intermediate or Paramedic course must:
   (a) Be an EMS medical director; or
   (b) Hold at least the level of Oregon licensure as the course being taught, be in good standing with the Authority, and have at least three years of experience at that licensure level or higher, and:
      (A) Have a current Basic Life Support (BLS) instructor card or certificate of course completion that meets or exceeds the 2015 American Heart Association ECC guidelines or equivalent standards approved by the Authority; and
      (B) Have successfully completed one of the following:
         (i) The National Association of EMS Educators Instructor Course, developed in accordance with the U.S. Department of Transportation, National Highway Transportation Safety Administration, 2002;
         (ii) The National Fire Protection Association (NFPA) Fire Instructor I course;
         (iii) At least 40 hours of the Instructor Development Program offered by the DPSST; or
         (iv) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning.
   (2) In addition to the course director requirements in section (1) of this rule, a paramedic course director must:
(a) Be an EMS medical director and hold a current:
(A) American Board of Emergency Medicine Certificate; or
(B) Advanced Cardiac Life Support (ACLS) Instructor certificate and Advanced Trauma Life Support certificate or equivalent; or
(b) Be a licensed Paramedic in good standing with the Authority with at least three years of experience at the licensure level, and:
(A) Possess at least an associate’s degree from an accredited institution of higher learning;
(B) Hold an ACLS Instructor certificate from the American Heart Association or equivalent; and
(C) Hold a Basic Trauma Life Support (BTLS) Instructor certificate or equivalent, or a Prehospital Trauma Life Support (PHTLS) Instructor certificate or equivalent.
(3) A guest instructor must:
(a) Be qualified and have the expertise in the specific course subject; and
(b) Follow the course curriculum and meet the course objectives for that specific subject.
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017

333-265-0022
Program Administrator and Faculty Responsibilities
(1) A program administrator is responsible for course planning, the organization and administration of courses, periodic review of courses, program evaluation, and continued development and effectiveness of courses.
(2) A course EMS medical director shall:
(a) Provide medical direction for the didactic, clinical and field internship portions of an EMS provider course; and
(b) Act as the ultimate medical authority regarding course content, procedures and protocols.
(3) A course director for a specific course:
(a) Is responsible for organizing and planning the course, including scheduling lectures, coordinating and arranging clinical rotations, and field internships;
(b) Is the primary instructor, who conducts, is present at, or facilitates at least 50 percent of the didactic instruction sessions, unless this requirement is waived by the Authority in advance;
(c) Must ensure that:
(A) If guest instructors are used, that the guest instructor is qualified to teach the subject matter, meets the requirements set forth in OAR 333-265-0020, and presents lessons that address all objectives identified in the course curriculum for the topic being presented;
(B) Each student is aware of how to access the EMS provider licensure webpage, create a profile and apply for licensure; and
(C) Written documentation showing whether a student has successfully completed the course as defined in OAR 333-265-0014 is retained in accordance with the educational institution’s policies and procedures.
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017

333-265-0023
EMS Provider Examinations
(1) EMR Exam:
(a) In order to be licensed as an EMR, a candidate shall complete and pass both a cognitive and psychomotor examination within 12 months of completing the required course.

(b) The EMR cognitive and psychomotor examination must be administered by an entity approved by the Authority to conduct EMR courses and shall use a cognitive and psychomotor exam approved by the Authority.

(2) EMT Exam:
(a) In order to be licensed as an EMT, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.

(b) The Authority has adopted the National Registry exam standard: Emergency Medical Technician, Psychomotor Examination User Guide; November 1, 2011, incorporated by reference.

(c) An EMT examination for licensure will be administered by a licensing officer and hosted by an educational institution or Authority approved non-educational institution that offers EMT courses.

(d) An EMT psychomotor examination must be attended by a licensing officer approved by the Authority who:
(A) Is licensed in Oregon at least at the level of examination they are administering with a minimum of two years field experience at that level or above and is in good standing with the Authority; and
(B) Has completed any training offered by the Authority explaining the role and responsibilities of a licensing officer.

(3) AEMT Exam:
(a) In order to be licensed as an AEMT, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.

(b) The Authority has adopted the National Registry exam standard: Advanced Level Examination Coordinator Manual; August 1, 2013, incorporated by reference.

(c) An AEMT psychomotor examination is a National Registry examination offered at various times during the year by the Authority. An AEMT candidate may also take the appropriate psychomotor examination in any state.

(4) EMT-Intermediate Exam: In order to be licensed as an EMT-Intermediate, a candidate shall complete and pass a psychomotor examination in accordance with OAR 333-265-0024.

(5) Paramedic Exam:
(a) In order to be licensed as a Paramedic, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.

(b) The Authority has adopted the National Registry exam standard: Advanced Level Examination Coordinator Manual; August 1, 2013, incorporated by reference.

(c) A Paramedic psychomotor examination is a National Registry examination offered at various times during the year by the Authority. A Paramedic candidate may also take the appropriate psychomotor examination in any state.

(6) The Authority shall establish the passing scores for EMR and EMT-Intermediate exams. The National Registry shall establish the passing scores for EMT, AEMT and Paramedic exams.

(7) In order to take the cognitive or psychomotor exam for an AEMT, EMT-Intermediate or Paramedic, the EMS provider must be currently licensed at the level immediately below the level they are wishing to attain, except as provided in section (8) of this rule.
(8) Notwithstanding section (7), a currently licensed EMT or AEMT may take the Paramedic cognitive or psychomotor exam if the EMT or AEMT is enrolled in a two year degree program at an educational institution.

(9) A candidate seeking accommodation under the American with Disabilities Act shall notify:
(a) The National Registry for the EMT, AEMT or Paramedic exam; or
(b) The Authority for the EMR or EMT-Intermediate exam.
(c) The Authority shall consider and act on the request in accordance with its policies and relevant laws.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the National Registry of EMT’s website: www.nremt.org.]

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208, & 682.216

333-265-0024
EMT-Intermediate Provider Examination
(1) The EMT-Intermediate examinations for licensure will be administered by a licensing officer and hosted by an educational institution or Authority approved non-educational institution that offers EMT-Intermediate courses.
(2) In order to take the EMT-Intermediate provider examination, a candidate shall be currently licensed as an AEMT or be registered with the National Registry as an AEMT.
(3) An EMT-Intermediate candidate who fails:
(a) Three or fewer skill stations of the EMT-Intermediate psychomotor examination may retest those skill stations failed on the same day with no additional charge by the Authority.
(b) One or more skill stations a second time must submit a re-examination fee and be scheduled through the Authority to retest any skill station failed.
(c) More than three skill stations of the EMT-Intermediate psychomotor examination must schedule a retest for a separate day, and submit a re-examination fee to the Authority.
(4) If a candidate fails the psychomotor examination three times, the candidate must submit official documentation of remedial education before becoming eligible to re-enter the licensure examination process. Following successful completion of remedial education, a candidate must re-take and pass the psychomotor examination within three additional attempts.
(5) A candidate must pass the psychomotor examination within 24 months after the completion of the required courses.
(6) A candidate who fails the psychomotor 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 EMT-Intermediate course and reapply for licensure.
(7) An EMT-Intermediate psychomotor examination must be attended by an Authority-approved licensing officer who:
(a) Is licensed in Oregon at least at an EMT-Intermediate level with at least two years field experience at that level or above and is in good standing with the Authority; and
(b) Has completed training offered by the Authority explaining the role and responsibilities of a licensing officer.

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208 & 682.216

333-265-0025
Application Process

(1) For any person to act as an EMS provider, a license must be obtained from the Authority.

(2) All applicants for licensure:
(a) Must submit a completed electronic application in a manner prescribed by the Authority along with the applicable fees; and
(b) Consent to a criminal records check through the Law Enforcement Data System (LEDS), including a nationwide criminal records check by fingerprint identification in accordance with ORS 181A.195 and ORS 181A.200 if required.

(3) On or after January 1, 2018, all applicants for initial licensure must consent to a nationwide criminal records check by fingerprint identification in accordance with ORS 181A.195 and ORS 181A.200.

(4) The Authority may use information obtained through criminal history records to determine suitability for licensure in accordance with OAR 125-007-0200 through 125-007-0330.
(a) 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.
(b) Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., 16.34. Procedures for obtaining a change, correction, or updating of an Oregon criminal history record are set forth in OAR 257-010-0035.

(5) An applicant for EMR must:
(a) Be at least 16 years of age;
(b) Submit proof of successfully completing an approved course, including completion of all clinical and internship requirements, if applicable;
(c) Submit proof of passing the required cognitive and psychomotor examinations;
(d) Submit the electronic application for licensure within 12 months from the date that the applicant successfully passed the examinations described in subsection (5)(c) of this rule; and
(e) Provide 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, organization, governmental or law enforcement agencies.

(6) An individual who wishes to become licensed as an EMT, AEMT, EMT-Intermediate, or Paramedic shall:
(a) Be at least 18 years of age;
(b) Submit proof of passing the required cognitive and psychomotor examinations;
(c) For an EMT, AEMT or EMT-Intermediate applicant, submit proof that the applicant:
(A) Received a high school diploma;
(B) Passed a general education development test (GED); or
(C) Has a degree from an accredited institution of higher learning;
(d) For a Paramedic applicant, submit proof that the applicant has received an associate’s degree or higher from an accredited institution of higher learning; and
(e) 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.

(7) Any fee for a criminal background check through LEDS or a nationwide criminal background check shall be the responsibility of the applicant.
(8) An applicant for an initial license as an EMS provider, who completed training in a program outside Oregon and has never been licensed in another state, must:
(a) Meet all requirements for that level as established in these rules;
(b) Demonstrate proof of current National Registry certification; and
(c) Make application within 24 months from the date that their training course was completed.
(9) Notwithstanding subsection (8)(c) of this rule, an applicant that has been on active duty in the military within the last four years may submit the application within 48 months from the date the training course was completed.
(10) An initial license must not exceed 30 months.
(11) If an applicant has been on active duty in the military within the past four years and the applicant can demonstrate proof of current National Registry certification for the level of license desired, current licensure in another state is not mandatory.
(12) The Authority may reject any application that is incomplete or is not accompanied by the appropriate fees.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.204, 682.208, 682.212, 682.216 & 682.218

333-265-0030
Fees for Licensure and License Renewal
(1) The following fees apply:
(a) Initial application for EMR — $45;
(b) The initial application and same-day psychomotor examination fees for EMTs:
   (A) EMT — $110;
   (B) AEMT — $125
   (C) EMT-Intermediate — $125; and
   (D) Paramedic — $290.
(c) Cognitive re-examination fees for EMT-Intermediate — $60.
(d) Psychomotor re-examination fees:
   (A) EMT — $55;
   (B) AEMT — $85
   (C) EMT-Intermediate — $85; and
   (D) Paramedic — $100.
(e) Reciprocity licensure fees:
   (A) EMR — $50;
   (B) EMT — $140;
   (C) AEMT — $165
   (D) EMT-Intermediate — $165; and
   (E) Paramedic — $300.
(f) Provisional licensure fee is an additional $50.
(g) License renewal fees:
   (A) EMR — $23;
   (B) EMT — $55;
   (C) AEMT — $85
   (D) EMT-Intermediate — $85; and
   (E) Paramedic — $150.
(2) As authorized by ORS 682.216, a license renewal application submitted or postmarked after June 1 of the license renewal year must include a $40 late fee in addition to the license renewal fee.

(3) If an EMS provider has been on active military duty for more than six months of a license renewal period which prevented the EMS provider from accessing continuing education, the Authority may approve an extension of the current license to permit obtaining the required educational hours.

(4) The Authority may waive the EMS provider license renewal fee for an ambulance service or non-transport EMS agency which utilizes volunteers to provide a majority of its services. The ambulance service or non-transport EMS agency may only request one waiver per renewal period on a form prescribed by the Authority.

(5) All fees established in this rule are nonrefundable. The Authority may waive a subsequent examination fee for a person who fails to appear for an examination due to circumstances that are beyond the control of the candidate.

(6) The fees established in section (1) of this rule apply to any application submitted on or after the effective date of these rules.

Stat. Auth.: ORS 682.017 682.212, & 682.216
Stats. Implemented: ORS 682.017, 682.212 & 682.216

333-265-0040
Application Review and Approval

(1) The Authority will review an application for licensure as an EMS provider and will conduct a criminal background check in accordance with OAR 125-007-0200 through 125-007-0330.

(2) If there are no issues that arise during the review of the application and the applicant meets all the requirements of ORS chapter 682 and 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 EMS provider in accordance with ORS chapter 682 or these rules, the Authority may deny the applicant on the basis of the information provided in the application, or conduct an investigation in accordance with OAR 333-265-0085.

(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 ORS chapter 183.

(6) Nothing in this rule precludes the Authority from taking an action authorized in ORS chapter 682.

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.204, 682.208 682.216 & 682.220

333-265-0045
Renewal of License
(1) The licenses of EMRs expire on June 30 of even-numbered years.
(2) The licenses of EMTs, Advanced EMTs, EMT-Intermediates and Paramedics expire on June
30 of odd-numbered years.
(3) 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) Meet the requirements of ORS chapter 682 and these rules;
(c) Consent to a criminal background check in accordance with OAR 333-265-0025;
(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) Complete the continuing education requirements in OAR 333-265-0110; and
(f) Submit a fee specified in OAR 333-265-0030.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.204, 682.208, 682.212 & 682.216

333-265-0050
Licensure by Reciprocity
(1) A person registered with the National Registry as an EMR, EMT, AEMT, or Paramedic may
apply to the Authority for licensure by reciprocity.
(2) A person registered with the National Registry may request licensure at a lower level than
their National Registry certification if the person has previously been certified by the National
Registry at the level of licensure for which the person is applying.
(3) A person applying for Oregon EMS provider licensure by reciprocity shall:
(a) Submit a completed electronic application in a manner prescribed by the Authority along with
the applicable nonrefundable fee;
(b) Submit documentation of the EMS provider training which meets or exceeds the
requirements for Oregon EMS provider licensure at the level of licensure for which the person is
applying;
(c) If applying for Paramedic licensure by reciprocity, submit proof of having received an
associate’s degree or higher from an accredited institution of higher learning approved by the
Authority or submit proof of having worked for at least three years out of the last five years as a
paramedic in either another state or in the United States military at the National Registry
Paramedic level;
(d) If licensed in another state, be in good standing with that state’s licensing agency and with
the National Registry; and
(e) Consent to a criminal background check in accordance with OAR 333-265-0025.
(4) The Authority shall review an application for licensure by reciprocity and shall conduct a
criminal background check.
(5) If there are no issues that arise during the review of the application and the applicant meets
all the applicable requirements of ORS chapter 682 and these rules, the Authority shall grant the
applicant a license by reciprocity.
(6) 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 EMS provider, in accordance with ORS chapter 682 or these rules, the Authority may deny the application on the basis of the information provided, or conduct an investigation in accordance with OAR 333-265-0085. Following such an investigation the Authority may take any action as specified in OAR 333-265-0040.

(7) The Authority shall be the sole agency authorized to determine equivalency of EMS provider course work presented from an out-of-state accredited institution of higher learning.

(8) The Authority shall be the sole agency authorized to determine equivalency of work experience in lieu of the associate degree requirement for paramedics.

(9) The Authority shall return any application that is incomplete, or cannot be verified.

Stat. Auth.: ORS 682.017, 682.208 & 682.218
Stats. Implemented: ORS 682.017, 682.204, 682.208, 682.212, 682.216, 682.218 & 682.220

333-265-0056
Temporary Licensure for Wildland Fire Response

(1) Notwithstanding OAR 333-265-0050, an individual licensed and in good standing as an emergency medical services provider in another state and currently certified by the National Registry may apply for a temporary license at the same level the EMS provider is currently certified by the National Registry for the purpose of providing emergency or non-emergency care to other individuals involved in responding to a wildland fire in Oregon.

(2) To apply for temporary licensure an individual must complete a temporary license application and provide any additional information required in the application.

(3) The Authority may conduct a criminal background check on an individual applying for temporary licensure.

(4) If the Authority issues a temporary license that license is only valid:

(a) For 90 calendar days from the date issued;

(b) While the individual is deployed firefighting or otherwise responding to a wildland fire; and

(c) For the purpose of treating individuals engaged in wildland fire response in Oregon.

(5) An individual licensed under this rule must:

(a) Function within the Oregon scopes of practice for EMS providers as described in OAR 847-035-0030;

(b) Practice with written standing orders issued by a supervising physician as defined in OAR 847-035-0001; and

(c) Comply with ORS chapter 682 and all rules adopted under ORS chapter 682.

Stat. Auth.: ORS 682.017, 682.216
Stats. Implemented: ORS 682.017, 682.216

333-265-0060
Paramedic Provisional Licensure

(1) As authorized by ORS 682.216, the Authority may issue a provisional Paramedic license to a Paramedic licensed in another state who meets the requirements in OAR 333-265-0050, except for the educational or employment experience requirements in OAR 333-265-0050(3)(c) and is in the process of obtaining an associate’s degree or higher from an accredited institution for higher learning.

(2) The Authority may approve a provisional license if an applicant has twelve or fewer credits remaining to obtain an associate’s degree or higher, and the credits can be completed within one year of provisional license approval.
(3) A provisional license may only be approved one time per applicant.
(4) An applicant shall comply with the application requirements in OAR 333-265-0050 and shall submit:
   (a) A letter of sponsorship from an EMS agency in Oregon that states the applicant shall be immediately employed or has a conditional offer of employment, whether in a paid or volunteer capacity, and that the agency plans to sponsor the applicant throughout the duration of their provisional license if approved; and
   (b) A letter from the applicant’s sponsoring EMS agency’s EMS medical director stating that the EMS medical director will serve as his or her EMS medical director while being provisionally licensed.
(5) The Authority may return any application that is incomplete, cannot be verified, or is not accompanied by the appropriate fee.
(6) A Paramedic with a provisional license issued under these rules shall enter into an agreement with the Authority and shall submit quarterly reports to the Authority describing the license holder’s progress in obtaining an associate’s degree or higher from an accredited institution for higher learning.
(7) A Paramedic provisional license shall be revoked if the person:
   (a) Ceases active involvement with the sponsoring EMS agency;
   (b) Fails to meet the conditions set forth in the agreement;
   (c) Fails to cooperate or actively participate in a request from the Authority in order to obtain more information or required materials;
   (d) Has his or her EMS provider scope of practice revoked or restricted by his or her EMS medical director; or
   (e) Does not submit written documentation of the successful completion of any of the educational requirements set out in this rule.

Stat. Auth.: ORS 682.017, 682.216
Stats. Implemented: ORS 682.017, 682.216

333-265-0070
Out-of-State EMS Provider Rendering Patient Care in Oregon
(1) Any person who provides prehospital emergency or non-emergency care in Oregon must be licensed as an Oregon EMS provider and function under an Authority-approved EMS medical director.
(2) Oregon EMS provider licensure is not required when:
   (a) Specifically exempted by ORS 682.035;
   (b) An out-of-state licensed EMS provider is transporting a patient through the state;
   (c) An out-of-state licensed EMS provider is caring for and transporting a patient from an Oregon medical facility to an out-of-state medical facility or other out-of-state location;
   (d) An out-of-state licensed EMS provider is caring for and transporting a patient originating from outside of Oregon to a medical facility or other location in Oregon; or
   (e) A disaster or public health emergency has been declared under ORS chapter 401 or 433 and licensing provisions have been waived by the Governor.

Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017 & 682.204

333-265-0080
Reporting Obligations

(1) In accordance with ORS 676.150 and using a written or electronic form prescribed by the Authority, an EMS provider must notify the Authority within 10 calendar days of any action or event listed in sections (2) or (3) of this rule. Failure to comply with the reporting requirements of this rule may result in disciplinary action against the EMS provider.

(2) An EMS provider who has reasonable cause to believe another EMS provider has engaged in prohibited, dishonorable or unprofessional conduct as defined in ORS 676.150, 682.025, 682.220, and OAR 333-265-0083 shall report that conduct to the Authority after the EMS provider learns of the conduct unless state or federal laws relating to confidentiality or the protection of health information prohibit such a disclosure.

(3) An EMS provider 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 EMS 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 applicable Functional Job Analysis of the National Standard Curriculum and the license holder continues to respond to calls and is providing patient care; or
   (f) A change in mental health which may affect a license holder’s ability to perform as a licensed EMS provider.

(4) State or federal laws relating to confidentiality or the protection of health information that might prohibit an EMS provider from reporting prohibited or unprofessional conduct include but are not limited to:
   (a) Public Law 104-191, 45 CFR Parts 160, 162, and 164 (The Health Insurance Portability and Accountability Act, HIPAA);
   (b) 42 CFR Part 2 (federal law protecting drug and alcohol treatment information);
   (c) ORS 192.553 through 192.581 (state law protecting health information); and
   (d) ORS 179.505 (written accounts by health care providers).

(5) After receiving a report described in sections (2) and (3), the Authority may conduct an investigation in accordance with OAR 333-265-0085.

Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017, 682.220 & 682.224

333-265-0083
Conduct or Practice Contrary to Recognized Standards of Ethics
The following list includes, but is not limited to, conduct or practice by an EMS provider 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) 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 direct verbal orders from a physician who is responsible for the care of a patient;
(5) Violation of orders given by an online medical resource physician, whether delivered by radio or telephone;
(6) Violation of standing orders without cause and documentation;
(7) Use of invasive medical procedures in violation of generally accepted standards of the medical community;
(8) Any action that constitutes a violation of any statute, municipal code, or administrative rule that endangers the public, other public safety officials, other EMS providers, patients, or the general public (including improper operation of an emergency medical vehicle);
(9) Instructing, causing or contributing to another individual violating a statute or administrative rule, including an EMS provider acting in a supervisory capacity;
(10) 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;
(11) Signing-in to an educational event for a person not actually present;
(12) Knowingly assisting or permitting another EMS provider to exceed his or her lawful scope of practice;
(13) Unlawful use of emergency vehicle lights and sirens;
(14) Providing false or misleading information to the Authority, to the State EMS Committee, to the Subcommittee on EMT Licensure and Discipline, to an EMS educational institution or clinical/field internship agency;
(15) Responding to scenes in which the EMS provider is not properly dispatched (“call-jumping”), whether in a private auto, ambulance, or other vehicle, in violation of local protocols, procedures, or ordinances, or interfering with the safe and effective operation of an EMS system;
(16) Cheating on any examination used to measure EMS related knowledge or skills;
(17) Assisting another person in obtaining an unfair advantage on an EMS provider examination;
(18) Defrauding the Authority;
(19) Knowingly providing emergency medical care aboard an unlicensed ambulance;
(20) Violation of the terms of a written agreement with the Authority or an order issued by the Authority;
(21) Sexual misconduct that includes but is not limited to:
(a) Sexual harassment;
(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; or
(c) Using an EMT-patient, EMT-client, or EMT-key party relationship to exploit the patient, client or key party by gaining sexual favors from the patient, client or key party.
(22) Arriving for duty impaired or in a condition whereby the EMS provider 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;
(23) 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
(24) Any violation of these rules or any law, administrative rule, or regulation governing ambulances, EMS providers, or emergency medical service systems.
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017, 682.220, & 682.224
333-265-0085
Investigations
(1) The Authority may conduct an investigation of an EMS provider if:
(a) The Authority receives a report in accordance with ORS 676.150 or complaint concerning an
EMS provider;
(b) Personal or criminal history questions arise during a review of an application that raise
questions about the EMS provider's ability to safely perform the duties of an EMS provider;
(c) A reportable action is received pursuant to OAR 333-265-0080; or
(d) The Authority receives information in any manner that indicates an EMS provider:
(A) Has violated ORS chapter 682 or these rules;
(B) May be medically incompetent;
(C) May be guilty of prohibited, unprofessional or dishonorable conduct; or
(D) May be mentally or physically unable to safely function as an EMS provider.
(2) The Authority may investigate the off-duty conduct of an EMS provider to the extent that
such conduct may reasonably raise questions about the ability of the EMS provider to perform
the duties of an EMS provider in accordance with the standards established by this division.
(3) Upon receipt of a report or complaint about an EMS provider or applicant, the Authorit
may conduct an investigation as described under ORS 676.165 and 682.220. Investigations shall be
conducted in accordance with ORS 676.175, ORS 682.224, and this rule.
(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 EMS provider;
(b) Conduct a phone or in-person interview; or
(c) Request or order that the EMS provider undergo a psychological, physical, psychiatric,
alcohol or chemical dependency assessment.
(6) Information obtained during an investigation shall be kept confidential and not disclosed to
the public.
(7) In determining the appropriate disciplinary action, the Authority shall consider the following:
(a) The nature of the violation and relevant facts;
(b) The number of repeated or related offenses;
(c) Any other discipline or corrective action taken by an employer or supervising physician; and
(d) Letters of support, recommendation or concern if offered by the licensee or other party.
(8) Prior to taking any disciplinary action the Authority must determine if the EMS provider has
been disciplined for the questioned conduct by the EMS provider’s employer or supervising
physician. The authority shall consider any such discipline or any other corrective action in
deciding whether additional discipline or corrective action by the Authority is appropriate.
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 676.165, 676.175, 682.017, 682.220, & 682.224

333-265-0087
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 EMS provider on probation;
(d) Place a practice restriction on the EMS provider;
(e) Suspend the EMS provider;
(f) Revoke the license of the EMS provider;
(g) Enter into a stipulated agreement with the EMS provider 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 $5,000.

(2) Any disciplinary action taken by the Authority will be done in accordance with ORS chapter 183.

(3) The Authority may assess the costs of a disciplinary proceeding against an EMS provider. 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) An EMS provider may voluntarily surrender his or her license if the EMS provider submits a written request to the Authority specifying the reason for the surrender and the Authority agrees to accept the voluntary surrender.

(a) The Authority may accept a voluntary surrender of the EMS provider on the condition that the EMS provider does not reapply for licensure, or agrees not to reapply for a specified period of time.

(b) If an EMS provider who voluntarily surrendered his or her EMS provider 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 an EMS provider’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.

Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017, 682.220 & 682.224

333-265-0090
Reverting to a Lower Level of EMS Licensure
(1) An EMT, AEMT, EMT-Intermediate, or Paramedic may revert to a lower level of licensure at any time during a license period if the EMT, AEMT, EMT-Intermediate, or Paramedic:
(a) Submits a written request to the Authority specifying the reason for the change in the licensure level;
(b) Submits an application for license renewal for the lower level of licensure sought with the appropriate fee;
(c) Surrenders his or her current EMT, AEMT, EMT-Intermediate, or Paramedic license to the Authority;
(d) Is in good standing with the Authority;
(e) Adequately documents appropriate continuing education hours and courses for the licensure level the individual would revert to; and
(f) Receives written approval from the Authority for a change in licensure level.

(2) If an EMT, AEMT, EMT-Intermediate, or Paramedic requests reinstatement of the higher level of licensure after reverting to a lower level of licensure, the EMT, AEMT, EMT-Intermediate, or Paramedic must complete the following requirements:
(a) Submit a written request to the Authority specifying the reason for the request for reinstatement;
(b) Submit an application for license renewal for the higher level of licensure requested for reinstatement;
(c) Consent to a criminal background check in accordance with OAR 333-265-0025;
(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; and
(e) Submit the required fee specified in OAR 333-265-0030.

(3) In order to be considered for reinstatement in accordance with section (2) of this rule, the EMT, AEMT, EMT-Intermediate or Paramedic must be in good standing with the Authority and must have maintained required continuing education for the highest level of licensure requested for reinstatement as specified in OAR 333-265-0110.

(4) The continuing education required pursuant to section (3) of this rule must be maintained in accordance with OAR 333-265-0140 for the entire time period the EMS provider was reverted to a lower level.

(5) The Authority shall conduct an audit in accordance with OAR 333-265-0150 in order to verify compliance with sections (3) and (4) of this rule. If continuing education has not been maintained for the required time frame and at the level of licensure requested for reinstatement, the Authority shall deny reinstatement.

Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.204, 682.208, 682.212 & 682.216

333-265-0105
Reinstatement of an EMS Provider License

(1) To reinstate an expired Oregon EMR, EMT, AEMT, EMT-Intermediate, or Paramedic 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 proof of National Registration or provide evidence of completion of continuing education requirements as specified in Appendix 1, incorporated by reference, and courses completed from the license holder’s last successful application through the date of the present application for license renewal, as specified in this rule.

(2) Reinstatement of an EMR license that has been expired for more than one year will require retaking and passing the course and examinations.

(3) To reinstate an EMT-Intermediate license that has been expired for more than one year, but less than two years, a license holder must:
   (a) Submit a completed application for licensure with the appropriate fee;
   (b) Successfully complete the reinstatement program described in section (6) of this rule; and
   (c) Successfully complete a simulated cardiac arrest management skill evaluated by the EMS medical director or a person approved by the Authority.

(4) To reinstate an EMT, AEMT or Paramedic license that has been expired for more than one year, but less than two years, a license holder must:
   (a) Submit a completed application for licensure with the appropriate fee; and
   (b) Successfully complete an Authority-approved reinstatement program described in this rule or
(c) Hold a current National Registry card.
(5) Reinstatement program for an EMT:
(a) Obtain an American Heart Association "Basic Life Support (BLS) Provider," or equivalent CPR course completion document;
(b) Complete an EMT Refresher Training Program accredited by the Commission on Accreditation for Prehospital Continuing Education (CAPCE);
(c) Pass the EMT cognitive and psychomotor examinations in accordance with OAR 333-265-0023(2); and
(d) Complete the above listed program requirements within two years from expiration date.
(6) Reinstatement program for an AEMT:
(a) Obtain an American Heart Association "Basic Life Support (BLS) Provider," or equivalent CPR course completion document;
(b) Complete a Basic Trauma Life Support (BTLS) course, or Prehospital Trauma Life Support (PHTLS) course;
(c) Pass the AEMT cognitive and psychomotor examinations in accordance with OAR 333-265-0023(3); and
(d) Complete the above listed program requirements within two years from expiration date.
(7) Reinstatement program for a Paramedic:
(a) Complete an Advanced Cardiac Life Support (ACLS) course;
(b) Complete a Basic Trauma Life Support (BTLS) course, or Prehospital Trauma Life Support (PHTLS) course;
(c) Complete an Advanced Pediatric Life Support (APLS), Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Professionals (PEPP), or Neonatal Advanced Life Support (NALS) course;
(e) Pass the Paramedic cognitive and psychomotor examinations in accordance with OAR 333-265-0023(5); and
(f) Complete the above listed program requirements within two years of applying for reinstatement.
(8) If the reinstatement requirements described in sections (5) through (7) of this rule cannot be met prior to two years from the last EMS provider license expiration date, an applicant must follow the National Registry’s re-entry requirements to obtain a new National Registry certification before applying for a new license as outlined in OAR 333-265-0025.

[ED. NOTE: Appendices referenced are not included in rule text. Click here for PDF copy of appendices.]
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017, 682.216

333-265-0110
Continuing Education Requirements for License Renewal
(1) All licensed EMS providers must maintain current CPR certification as specified in Appendix I, complete continuing education requirements as specified in sections (4) through (8) of this rule and maintain and submit records in accordance with OAR 333-265-0140. Continuing
education credits shall be completed between the date of the license holder’s last successful application to the date of the license holder’s current license renewal application.

(2) The following standards shall apply to the continuing education requirements identified in Appendix 1, incorporated by reference:

(a) Hour for hour credit shall be granted for:
   (A) Attending training seminars, educational conferences, and continuing education classes within the license holder’s scope of practice;
   (B) Attending a live, webinar, or interactive online course for the same or higher level of licensure. For purposes of this rule, a webinar or interactive online course must have the ability to give, receive, and discuss information in real time;
   (C) Online continuing education that provides a certificate of completion and is approved by the CAPCE;
   (D) Attending an accredited college course relating to medical and EMS-related topics. For purposes of this rule, hour for hour credit shall only be granted if a course syllabus is provided to the Authority that specifies the number of hours on a specific topic; or
   (E) Teaching any of the topics listed in Appendix 1, if the license holder is qualified to teach the subject.

(b) No more than 50 percent of the total hours needed for each subject may be obtained by:
   (A) Self-study of medical journals, video or other media that is not CAPCE approved and is not facilitated by a live instructor. For purposes of this rule, each session of self-study will count 30 minutes per topic area and must be approved by the agency training officer, EMS medical director or the Authority; or
   (B) Being a psychomotor skills examiner, if the license holder is qualified as such.

(3) An EMS medical director may require additional continuing education requirements and skill competency.

(4) An EMR is required to:
   (a) Complete 12 hours of continuing education as specified in Appendix 1, incorporated by reference; or
   (b) Complete all requirements of the National Registry for EMR recertification.

(5) An EMT is required to:
   (a) Complete 24 hours of continuing education as specified in Appendix 1, incorporated by reference; or
   (b) Complete all requirements of the National Registry for Emergency Medical Technician recertification.

(6) An AEMT is required to:
   (a) Complete 36 hours of continuing education as specified in Appendix 1, incorporated by reference; or
   (b) Complete all requirements of the National Registry for AEMT recertification.

(7) An EMT-Intermediate is required to obtain at least 36 hours of continuing education as specified in Appendix 1, incorporated by reference.

(8) A Paramedic is required to:
   (a) Complete all requirements of the National Registry for Paramedic recertification; or
   (b) Obtain at least 48 hours of continuing education as specified in Appendix 1, incorporated by reference.

(9) In addition to the hours of continuing education required in this rule, any affiliated licensed EMS provider must, as specified in section 2 of Appendix I, demonstrate clinical skills
competency through a hands-on evaluation supervised by the EMS medical director or his or her designee. An EMS medical director may require successful performance in a minimum number of clinical skills in these areas on either a human subject or a training mannequin (for example venipuncture or endotracheal intubation).

(10) It shall be the responsibility of each license holder to ensure the hours obtained meet the Authority’s license renewal requirements.

[ED. NOTE: Appendices referenced are not included in rule text. Click here for PDF copy of appendices.]
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208 & 682.216

333-265-0140
Maintaining Continuing Education Records
(1) A license holder is responsible for retaining verifiable and accurate records that show successful completion of all required continuing education for the two previous licensure periods.
(2) A license holder must submit continuing education records to the Authority upon request.
(3) Acceptable records that show proof of successful completion shall include any of the following documents:
   (a) A course roster;
   (b) A certificate of course completion for one or more topics;
   (c) A computer generated printout history of the license holder's continuing education record. The agency responsible for the printout must verify the accuracy of the record by memo or signature; or
   (d) Self-study documentation.
(4) The documents specified in subsections (3)(a) through (c) of this rule must include the following information:
   (a) The full name of the license holder attending the course or for which the computer generated history applies;
   (b) The name of the institution hosting or conducting the course;
   (c) The physical location where the course was held;
   (d) The course topic;
   (e) The date(s) of the course(s);
   (f) The length of each course; and
   (g) The full name of each instructor teaching the course.
(5) Self-study documentation must include the following:
   (a) Source (journal name and location, web link or video title);
   (b) Topic; and
   (c) Date completed.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.208 & 682.216

333-265-0150
Continuing Education Records Audit
(1) The Authority may conduct an audit of a license holder’s continuing education records:
(a) The Authority shall notify the license holder that he or she is being audited and provide him or her with the necessary audit forms and the date the completed forms are to be returned to the Authority; and
(b) Upon the return of the completed audit forms to the Authority, the Authority shall begin the process of verifying the continuing education records.
(2) If, in the course of an audit of continuing education records, the Authority learns that, contrary to the sworn statement in the application for license renewal or in the official audit form, the license holder has not completed all necessary continuing education requirements, or used fraud or deception in reporting continuing education, the Authority may:
(a) Discipline the license holder as set out in OAR 333-265-0087;
(b) Assess a civil penalty per each hour of deficient continuing education; or
(c) Require the license holder to demonstrate his or her knowledge and psychomotor skills by taking and passing a cognitive and psychomotor examination conducted by the Authority.
(3) The actions taken by the Authority in section (2) of this rule will be done in accordance with ORS chapter 183.
Stat. Auth.: ORS 682.017 & 682.208
Stats. Implemented: ORS 682.017, 682.028, 682.208, 682.216, 682.220, 682.224

333-265-0160
Responsibility to Notify the Authority of Changes
(1) A license holder must keep the Authority apprised of and report the following changes within 30 calendar days of a change in:
(a) EMS medical director, unless the license holder is affiliated with an ambulance service that is on file with the Authority;
(b) Legal name;
(c) Mailing address;
(d) Electronic mail (e-mail) address;
(e) Main contact phone number; and
(f) EMS affiliation.
(2) When reporting a new affiliation, an EMS provider must supply the Authority with verification of completion of skills competency as referenced in Appendix 1 and it must be signed by his or her medical director or designee unless verification was completed during the most recent license renewal period.
[ED. NOTE: Appendices referenced are not included in rule text. Click here for PDF copy of appendices.]
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017

333-265-0170
Displaying EMS Provider Licensure Level
(1) A licensed EMS provider providing patient care must display his or her level of licensure on the outermost garment of his or her usual work uniform.
(2) A licensed EMS provider licensure level need not be displayed on emergency work apparel not normally worn during the provision of prehospital patient care, such as hazmat suits, anti-contamination or radiation suits, firefighting apparel, etc.
(3) A licensed EMS provider responding from home or other off-duty location shall make a reasonable effort to display his or her licensure level. Baseball-type hats, T-shirts, and safety vests, for example, are accepted for this purpose.
Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017