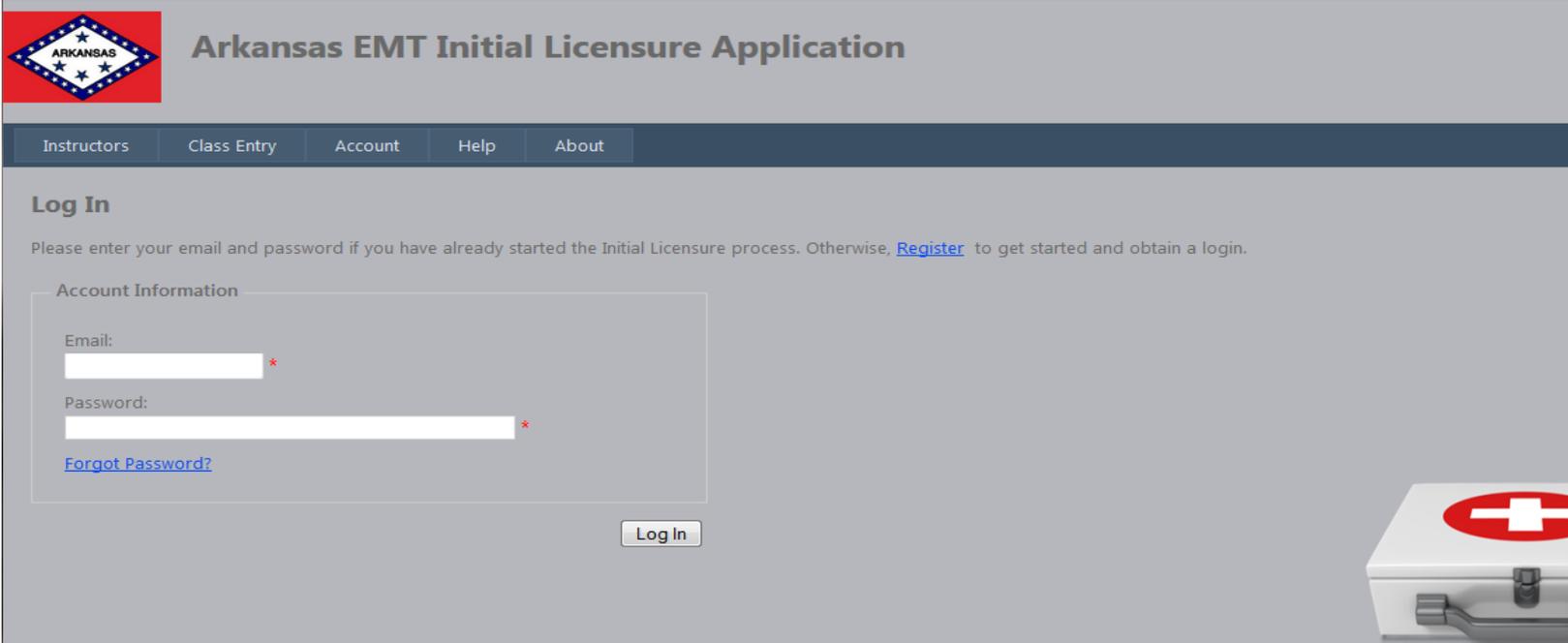


ARKANSAS EMERGENCY  
MEDICAL SERVICE PROVIDER  
INITIAL LICENSURE PROCESS

Arkansas Department of Health, Section of EMS  
5800 West 10<sup>th</sup> St, Suite 800 Little Rock, AR 72204

# Getting Started

- Copy the following internet address into an internet browser of your choice.
  - <https://webdata.emsdata.com/ArkansasCert/InitialLicensure/>
- Page should look like this page



 **Arkansas EMT Initial Licensure Application**

Instructors | Class Entry | Account | Help | About

### Log In

Please enter your email and password if you have already started the Initial Licensure process. Otherwise, [Register](#) to get started and obtain a login.

Account Information

Email:  \*

Password:  \*

[Forgot Password?](#)



# Registration

- Click the Register link to start the process

 **Arkansas EMT Initial Licensure Application**

[Instructors](#) [Class Entry](#) [Account](#) [Help](#) [About](#)

### Log In

Please enter your email and password if you have already started the Initial Licensure process. Otherwise, [Register](#) to get started and obtain a login.

Account Information

Email:  \*

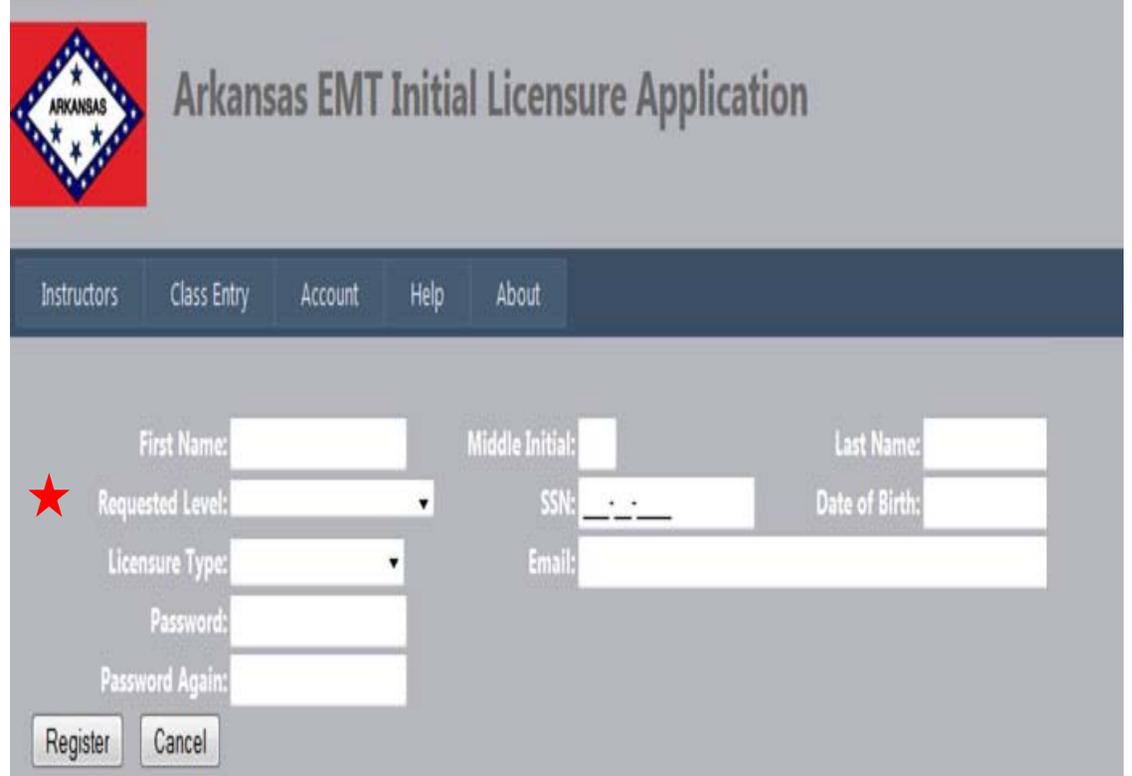
Password:  \*

[Forgot Password?](#)



# Registration part 1

- Enter the following information
- Legal First Name
- Middle Initial
- Legal Last Name
- Requested Level:
  - EMT
  - \* Advance EMT
  - \* Paramedic



The screenshot shows the 'Arkansas EMT Initial Licensure Application' web form. At the top left is the Arkansas state logo. The title 'Arkansas EMT Initial Licensure Application' is displayed in a large, grey font. Below the title is a navigation bar with links for 'Instructors', 'Class Entry', 'Account', 'Help', and 'About'. The main form area contains several input fields: 'First Name', 'Middle Initial', and 'Last Name' (all text boxes); 'Requested Level' (a dropdown menu with a red star icon to its left); 'SSN' (a text box with three dashes); 'Date of Birth' (a text box); 'Licensure Type' (a dropdown menu); 'Email' (a wide text box); 'Password' (a text box); and 'Password Again' (a text box). At the bottom of the form are two buttons: 'Register' and 'Cancel'.

\*Must be a currently Licensed EMT to apply for the Advance EMT or Paramedic licensure level.\*

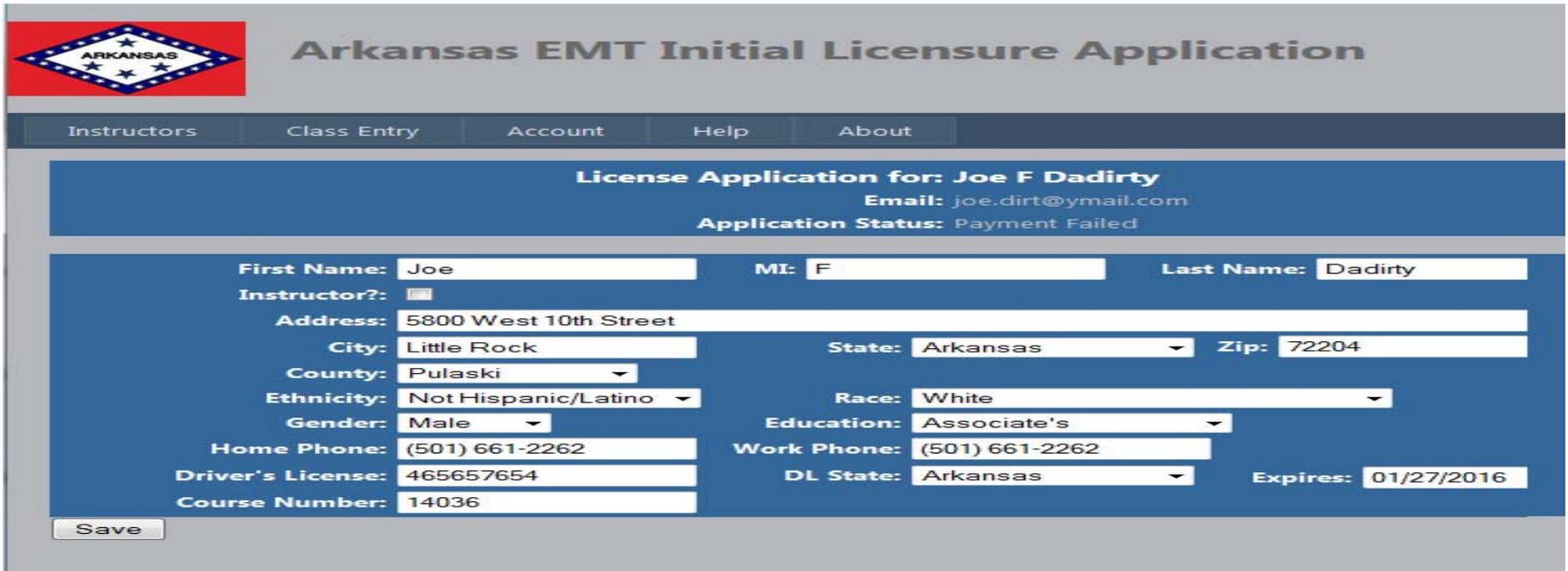
\*Unless, you are applying for Reciprocity\*

# Registration part 2

- Legal and Valid Social Security Number
- Date of Birth
- Licensure Type:
  - ▣ NR Test : For individuals that are not currently licensed.
  - ▣ Reciprocity : For individuals with an active Emergency Medical Service Provider (EMSP) license from surrounding states with an active National Registry for Emergency Medical Technician (NREMT) card.
  - ▣ Military Reciprocity : For individuals that received medical training pertaining to Emergency Medical Service while on active or reserve duty from any Military Branch and has an active NREMT card. Candidates will need to provide a DD214 during the reciprocity process.
- Enter a valid email address
- Create and re-enter a password
- Click Register



# Licensure Application



The image shows a screenshot of the Arkansas EMT Initial Licensure Application web form. At the top left is the Arkansas state logo. The title is "Arkansas EMT Initial Licensure Application". Below the title are navigation tabs: "Instructors", "Class Entry", "Account", "Help", and "About". The main heading is "License Application for: Joe F Ddirty" with the email "joe.dirt@gmail.com" and "Application Status: Payment Failed". The form fields are as follows:

First Name:	Joe	MI:	F	Last Name:	Ddirty
Instructor?:	<input type="checkbox"/>				
Address:	5800 West 10th Street				
City:	Little Rock	State:	Arkansas	Zip:	72204
County:	Pulaski				
Ethnicity:	Not Hispanic/Latino	Race:	White		
Gender:	Male	Education:	Associate's		
Home Phone:	(501) 661-2262	Work Phone:	(501) 661-2262		
Driver's License:	465657654	DL State:	Arkansas	Expires:	01/27/2016
Course Number:	14036				

A "Save" button is located at the bottom left of the form.

- ❑ Fill out all the demographic information provided in each field
- ❑ Provide a valid Drivers license number
- ❑ Course Number will be provided by your instructor
- ❑ Click Save to continue



# Licensure Application part 2

To complete the application process, please fill in all the following required information and attestations, enter your initials, and click 'Submit'.  
You will be taken to a page where you can pay all applicable Licensure and Background Check fees - please have a major credit card ready.

NOTE THAT ALL FEES ARE NON-REFUNDABLE

Have you been a resident of the state of Arkansas for the last five consecutive years or more? No ▾

Are you a Registered Nurse in Arkansas or an Arkansas Compact state? No ▾

I attest that all the information provided for this Licensure Application is accurate and complete. I understand that all applications are subject to audit, and falsification of any information provided can result in disciplinary action up to and including revocation or denial of licensure.

Initials:

- Answer the following two questions surrounding residency and if you have an RN license in Arkansas or from a compact state.
- Check the Affirmation box and initial the box.
- Click Submit



# Payment for Licensure Application

Payment due includes the Licensure fee and the associated background fees and processing fees.

- Enter the information as directed for each dialog box.
- **Provide a valid email address.** Reciprocity candidate/ student will receive an email receipt for the charges placed on a valid credit card.
- Click confirm

ARKANSAS.GOV  
GovPay

For Payment Questions:  
1-877-727-EGOV or [Live Help](#)

**Payment Summary**

Payment Due:	\$42.00
<b>Pay now through Arkansas.gov:</b>	<b>\$44.26</b>

\* The total amount has been adjusted to allow for the electronic processing of the transaction.

**Please enter credit card information.**

All fields are Required.

Name (as it appears on the card)

Billing Address

Country

City

State

ZIP/Postal Code

Credit Card Type

Credit Card Number (no dashes or spaces)

Expiration Date

CVV Number: [What is CVV?](#)

Phone Number (000) 000-0000

Email Address:

[Site Map](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Security Policy](#)

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Arkansas.gov

# Payment for Licensure Application

- Preview and verify the information outlined in the Payment Summary. Is this information correct?
- If all information is correct, press the submit button.
- Once the submit button is pressed, reciprocity candidate/student will be directed to a page that will be a confirmation of payment submitted.
- On the confirmation page, **Do Not Close your Browser!** Reciprocity candidate/ student will need to click the exit button. This action will redirect the reciprocity candidate/student back to the Initial Licensure website.
- Reciprocity candidate/student will receive an email confirmation of the payment summary listed.



ARKANSAS.GOV  
GovPay

For Payment Questions:  
1-877-727-EGOV or [Live Help](#)

Confirm your payment information and click SUBMIT button to complete your transaction and charge your account.

Your Payment is NOT COMPLETE until you choose SUBMIT.

**Payment Summary**

Payment Due: \$42.00  
**Arkansas.gov Total: \$44.26**  
Payment Status: **Incomplete**  
Name on card: Joe Dirt  
Billing Address: 5800 West 10th Street  
Little Rock, AR 72205  
UNITED STATES  
Card number: \*\*\*\*\*3333  
Expiration: 4/2016  
Phone Number: 501-661-2262  
Email Address: ryan.tyler@arkansas.gov

[< Back](#) [SUBMIT](#)

[Site Map](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Security Policy](#)  
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# Receipt from GovPay

- Reciprocity candidate/student will receive an email from the GovPay website. This email is the receipt of payment from the initial licensure website.

From: ArkansasGovPay@ark.org  
To: Ryan Tyler  
Cc:  
Subject: Arkansas GovPay Receipt

Thank you. Your payment is complete.  
Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Arkansas DOH Section of EMS - Application for Licensure

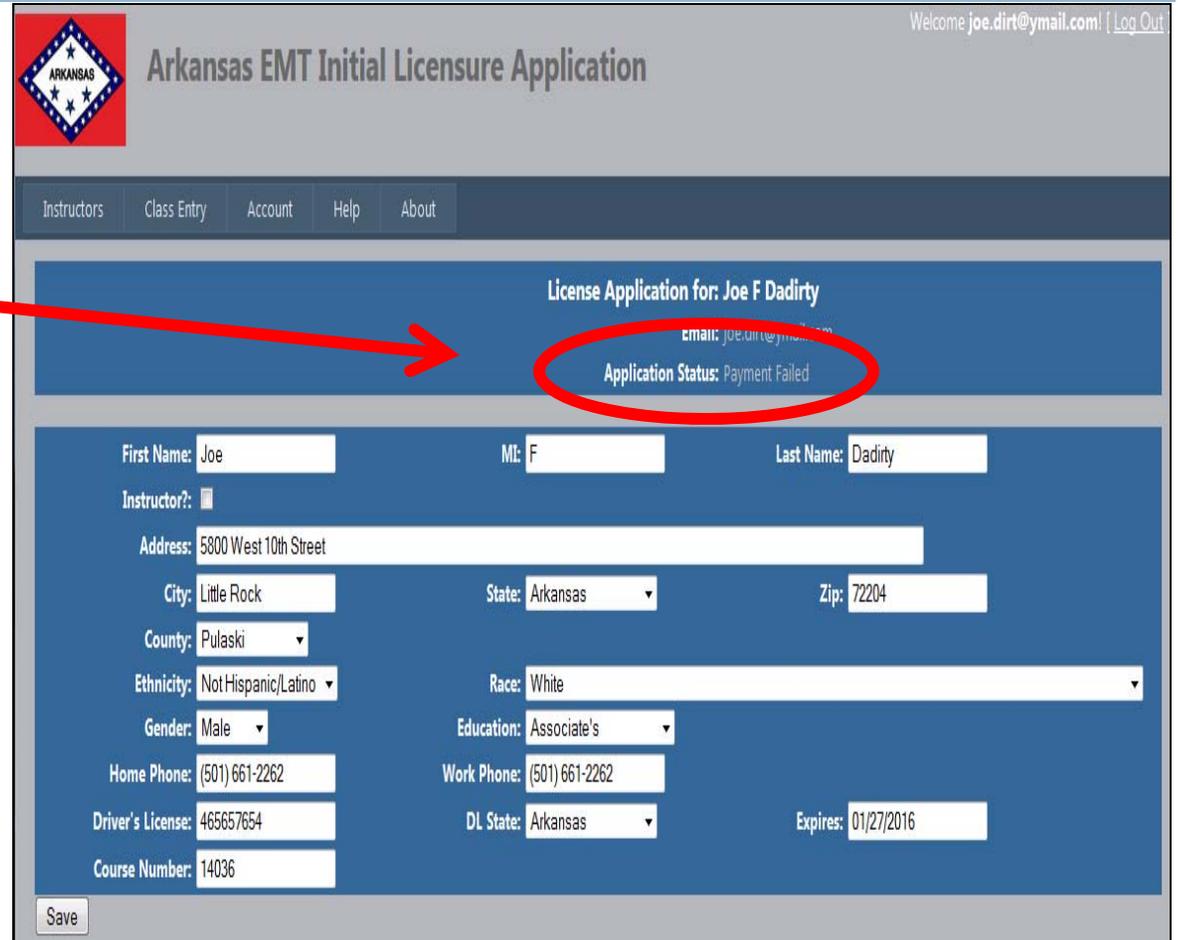
## Payment Summary

Amount Paid:	\$0.01	★
Arkansas.gov Total:	\$2.01	★
Payment Status:	Complete	
Order Date/Time:	07/17/2013 11:24 AM	
Confirmation Number (Order Id):	20130717104845272	
Name on card:	S Ryan Tyler	
Email Address:	<a href="mailto:ryan.tyler@arkansas.gov">ryan.tyler@arkansas.gov</a>	
Phone Number:	(501) 661-2262	
Billing Address:	5800 West 10th Street Suite 800 Little Rock, AR 72204, UNITED STATES	

★ Screen shot was taken during the testing phase of the initial licensure website. These prices do not reflect the true cost of licensure. ★

# Finished

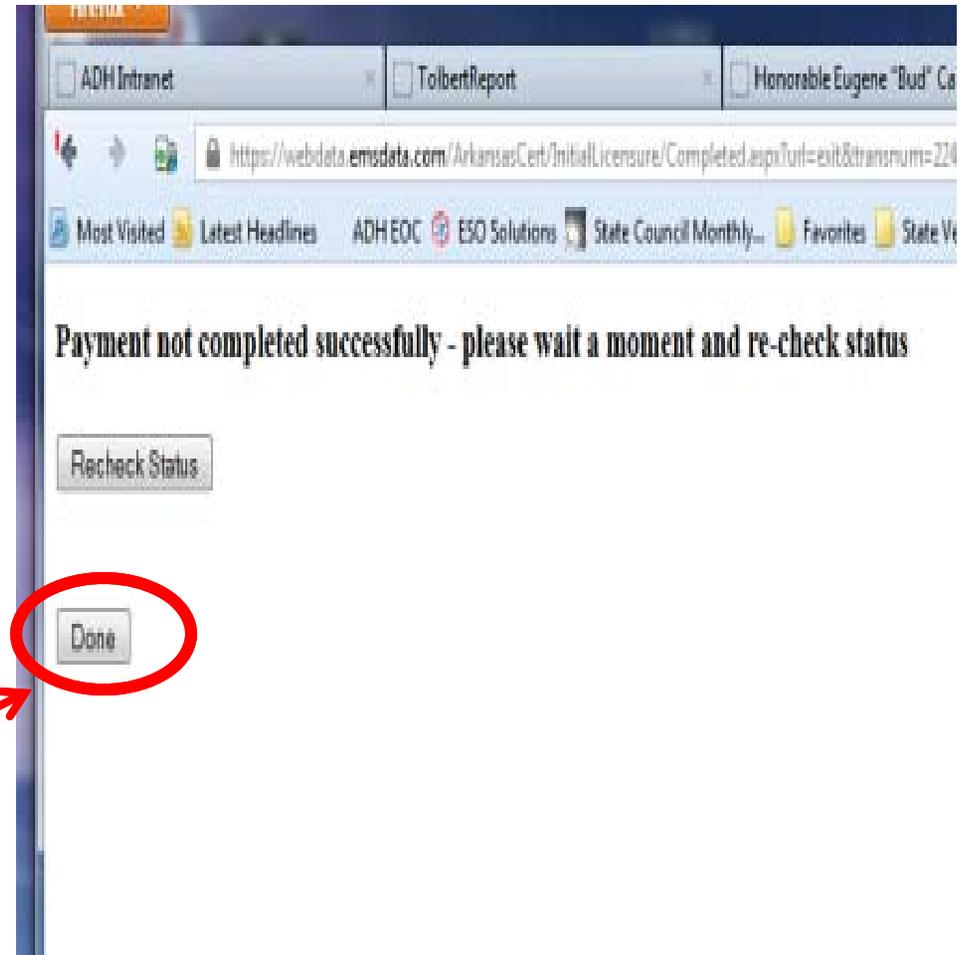
- Once redirect back to the initial licensure website. Reciprocity candidate/student will see the Application status.
- Application status may take 12-24 hours to update.
- After reviewing the information, please log out of the session completely. To do so, click the Log Out icon next the Welcome message.
- Finally close your browser.



The screenshot displays the 'Arkansas EMT Initial Licensure Application' website. At the top right, it says 'Welcome joe.dirt@gmail.com! [Log Out]'. The main header features the Arkansas state logo and the title 'Arkansas EMT Initial Licensure Application'. Below the header is a navigation menu with 'Instructors', 'Class Entry', 'Account', 'Help', and 'About'. The main content area is titled 'License Application for: Joe F Ddirty' and shows the email 'joe.dirt@gmail.com'. A red circle highlights the 'Application Status: Payment Failed' message, with a red arrow pointing to it from the text on the left. Below this, there is a form with various fields: First Name: Joe, MI: F, Last Name: Ddirty; Instructor?: ; Address: 5800 West 10th Street; City: Little Rock, State: Arkansas, Zip: 72204; County: Pulaski; Ethnicity: Not Hispanic/Latino, Race: White; Gender: Male, Education: Associate's; Home Phone: (501) 661-2262, Work Phone: (501) 661-2262; Driver's License: 465657654, DL State: Arkansas, Expires: 01/27/2016; Course Number: 14036. A 'Save' button is located at the bottom left of the form.

# This for if the Institute is paying!

- The instructor will indicate on the application that the Institute will be paying for either Licensure fee or all fees associated with Licensure.
- For students to bypass GovPay, he or she must enter the correct course number.
- Student will fill out application as outlined in previous slides. The only difference is that he or she will be directed to the this page.
- Student will only need to click the DONE button.
- Click Done, student will be redirected to the application page.



# Questions

- Questions regarding the Initial Licensure website
  - ▣ Contact the Section of EMS
  - ▣ 501-661-2262
- Question regarding the Payment Site
  - ▣ Contact 1-877-727-EGOV (3468)
  - ▣ Follow the prompts to reach Customer Service

