



Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

MEMORANDUM

TO: Emergency Medical Services Personnel (EMSP)
Due for renewal by March 31, 2012

FROM: Norajean Miles Harrell, EMSP Licensure Administrator
Section of Emergency Medical Services

DATE: January 10, 2012

RE: EMSP License Renewal

Our records indicate your EMSP licensure will expire **March 31, 2012**. If your current card shows a different expiration date, please contact this office immediately!

DO NOT DEPEND ON ANYONE ELSE FOR YOUR RENEWAL!

Renewal is viewed as an individual, not employer, responsibility. It is your responsibility to submit the required documentation to the Section of EMS in a timely manner. If your documentation is incomplete or received after your expiration date, your EMSP licensure will lapse. **Your licensure must be current in order to provide patient care on an ambulance.** If you continue to provide patient care past your expiration date, without having a current licensure, both you **and** the service you are affiliated with will be in violation of the EMS Rules & Regulations.

INDIVIDUALS WISHING TO RECEIVE THEIR NEW LICENSURE CARD BY March 31, 2012 SHOULD SUBMIT ALL RENEWAL MATERIALS TO THIS OFFICE FOR REVIEW **NO LATER THAN March 1, 2012.**

*Extensions are rarely granted and must be **submitted in writing and approved thirty (30) days prior to your expiration date.** Please carefully read the extension policy found on our website at: www.healthy.arkansas.gov/ems.*

If you have any questions, please feel free to contact the office at (501) 661-2262.

Enclosures: Arkansas EMSP Application (bubble form)
Renewal check Sheet
Arkansas EMSP Application/Instruction Sheet
County Code list

Name: _____ EMT#: _____ Level: EMT–AEMT –Paramedic
 (Circle level)

Section 1: All EMT, AEMT and Paramedic must submit:

1. _____ Bubble form application - signed and dated.
2. _____ \$20.00 check or money order made to ADH.
3. _____ A signed copy (front & back) of current CPR card (check one)
 - a. _____ American Heart Association HealthCare Provider
 - b. _____ American Red Cross CPR for the Professional Rescuer
4. _____ Approved EMT Refresher/Transitional course
 OR
 48 hours approved Continuing Education (CE)

In addition to the above –advanced level EMSPs must provide the following:

Section 2: Advanced EMT requirement:

5. _____ Medical Director signature on back of bubble form
6. _____ Documentation of ALL the following: (Paramedic transition since 1/1/2011 meets a & b)
 - a. _____ Approved EMT Refresher/Transitional course
 - b. _____ 12 hours Adv. EMT level Refresher training
 - c. _____ 36 hours approved Continuing Education (CE)

Section 3: Paramedic requirement

7. _____ Medical Director signature on back of bubble form
8. _____ A signed copy (front & back) of current American Heart ACLS card.
9. _____ 24 hours approved Continuing Education (CE)
10. _____ Approved Paramedic Refresher/Transitional course.
 OR
 48 hours Continuing Education (CE) meeting paramedic requirements. Attach Paramedic required CE list (available on EMS website)

In addition to the above – INSTRUCTORS must provide the following:

Note: Instructor Licensure runs concurrent with your current level of license.

Section 4: Instructor requirements:

1. _____ A signed copy (**front and back**) of your current CPR Instructor card-either: AHA or ARC
2. _____ Eight (8) hours of Continuing Education at the Instructor level
3. _____ Document completion of the teaching requirements outlined in the current Rules and Regulations for EMS.
4. _____ ACLS Instructor Card (Paramedic Instructors only)

Place check by required enclosed item and return form with renewal.

INSTRUCTIONS FOR COMPLETING THE ARKANSAS LICENSURE / RENEWAL SCAN FORM APPLICATION

The Section of EMS makes use of a scan form application. **It is mandatory that you complete both sides of the scan form and return it with your renewal material(s).**

The following information is provided to assist you in completing your scan form:

- Use pencil or ink pen (black or blue only). **DO NOT** use felt tip pens as they bleed through the form and invalidate the other side of the scan form.
- Fill in the letters or numbers above each section as appropriate. Then darken the corresponding bubble. If you make a mistake, you may correct it with “white-out.”
- Complete only those sections mentioned below.
- Complete **both** sides of the form.
- **DO NOT FOLD THE FORM!** Return it, along with the rest of your materials, Use a large envelope with the mailing label that is provided.
- **Please skip spaces between words; abbreviations, and numbers in street or mailing addresses. Be sure to darken the oval below the blank space between words.**
- **For Advanced Renewal: Your medical director’s signature on the scan form is required.** Do not send separate letter.

Complete the following sections:

Front of Bubble form

- Has your name changed since your last licensure? (Yes or no) **Do not skip!!!!**
- Last name
- Date of birth
- First name
- Gender
- Middle initial (MI)
- EMT license #
- Level of education
- Home phone
- Ethnic origin
- Work phone
- Licensure level
- Type of application
- EMS affiliation service name with number (if applicable) can be checked at (www.healthy.arkansas.gov/ems)
- Course # (leave blank for renewal)

Back of Bubble form

- Has your address changed since your last certification? (Yes or no) **Do not skip!!!!!!**
 - Street address
 - City
 - State
 - Zip code
 - Social security number
 - Driver’s License Number
 - Out of country (if applicable)
 - Residence county: (see attached county codes)
 - Arkansas driver’s license number
 - Personal history questions (answer all)
- **Applicant’s signature** – Be sure to **SIGN AND DATE YOUR FORM.**
 - **Medical Director’s Signature (required for Advanced EMTs and Paramedics.)**

Arkansas County Code Numbers (needed for application scan form)

01	Arkansas	40	Lincoln
02	Ashley	41	Little River
03	Baxter	42	Logan
04	Benton	43	Lonoke
05	Boone	44	Madison
06	Bradley	45	Marion
07	Calhoun	46	Miller
08	Carroll	47	Mississippi
09	Chicot	48	Monroe
10	Clark	49	Montgomery
11	Clay	50	Nevada
12	Cleburne	51	Newton
13	Cleveland	52	Ouachita
14	Columbia	53	Perry
15	Conway	54	Phillips
16	Craighead	55	Pike
17	Crawford	56	Poinsett
18	Crittenden	57	Polk
19	Cross	58	Pope
20	Callas	59	Prairie
21	Desha	60	Pulaski
22	Drew	61	Randolph
23	Faulkner	62	St. Francis
24	Franklin	63	Saline
25	Fulton	64	Scott
26	Garland	65	Searcy
27	Grant	66	Sebastian
28	Greene	67	Sevier
29	Hempstead	68	Sharp
30	Hot Springs	69	Stone
31	Howard	70	Union
32	Independence	71	Van Buren
33	Izard	72	Washington
34	Jackson	73	White
35	Jefferson	74	Woodruff
36	Johnson	75	Yell
37	Lafayette	00	Out of State Counties
38	Lawrence		
39	Lee		