

EMS & TRAUMA SYSTEMS

Portland State Office Building | 800 NE Oregon Street, Suite 465 | Portland, OR 97232-2162



Dear Emergency Medical Service Provider Reciprocity Applicant,

Thank you for your interest in becoming licensed in the State of Oregon as an emergency medical services provider (EMSP).

The Oregon Health Authority, Emergency Medical Services and Trauma Systems Program (OHA-EMS) is charged with the responsibility of licensing and regulating emergency medical service providers in Oregon.

Included in this PDF are the necessary application materials to apply for reciprocity at any level of EMSP in Oregon. Not all of the materials in this packet are required for all levels of licensure, so please read the instructions to determine which forms are required for the level you are applying. Please submit your application for reciprocity after you have verified all items on the enclosed checklist have been completed.

Mail completed packet to:

Oregon Health Authority EMS Office
PO Box 14450
Portland, OR 97293-0450

Once a completed reciprocity application has been received by OHA-EMS, it may take between four to six weeks to process depending on the individual circumstances of each applicant.

If you have additional questions regarding reciprocity or a provisional paramedic license, e-mail Leslie Huntington at leslie.d.huntington@state.or.us.

Thank You.

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The following instructions and checklist are designed to assure emergency medical service providers seeking reciprocity in Oregon meet Oregon's standard for licensure per Oregon Administrative Rules chapter 333-265 and Oregon Revised Statutes chapter 682.

- _____1. **APPLICATION:** Complete the EMS Application form.
 - Be sure to neatly print the requested information.
 - Paperclip a passport style colored photograph to the application. (Picture must be taken within the past year and be a size of 2"x2" or 3"x3").
 - Complete the personal history questions. If you answer "Yes" to any of the questions you must attach a complete explanation and supporting documents. (If answering "yes" to question #9 please include a written explanation why you lived outside of Oregon; no other documents required)

- _____2. **NREMT CARD:** Copy of your current National Registry Card (front and back). A National Registry card is required, without exception.

- _____3. **IDENTIFICATION:** Copy of a current Government issued photo I.D. (front and back).
 - Driver's license from any state, passport, military I.D, etc.

- _____4. **CPR CARD:** Copy of current CPR certification (American Heart Association-Healthcare Provider Level, American Red Cross-BLS for the Professional Rescuer, American Safety and Health Institute, or equivalent. (front and back). Online only CPR classes will NOT be accepted.

- _____5. **COPY OF CURRENT OR PAST STATE LICENSE/CERTIFICATE:** If you currently or have ever held a license in another state please include a front and back copy.
 - If you have never held a license in another state you can disregard this step.

- _____6. ENDORSEMENT FORM: If you are licensed, or have previously been licensed or in another state, complete the top portion and mail form to that state's EMS agency.
- If you have never held a license or certificate in any other state, then check the box at the top of this form, sign, and include with your completed packet.
- _____7. BACKGROUND CHECK.
- After submitting reciprocity packet, follow included fingerprint instructions.
 - Fingerprint results are valid for 60 days. Having fingerprints taken prior to submitting a completed reciprocity packet may result in expired results.
 - U.S. military personnel may submit a copy of their DD214, if issued within the past 180 days, in place of a fingerprint based criminal history check.
- _____8. PAYMENT: Check or money-order made out to OHA-EMS with correct non-refundable application fee and fingerprint fee. (EMT \$140.00, AEMT \$165.00, Paramedic \$300.00)

If applying at the *PARAMEDIC* level please also submit one of the following:

- _____10. Official transcripts showing proof of earning an associate's degree or higher. A copy of your diploma will NOT be accepted. Official Transcripts can be included in your packet (sealed in envelope) or sent directly to our office from the college.
- OR
- _____11. Proof of working as a paramedic for at least **three of the past five** years in another state or in the United States Military at the National Registry paramedic level. A letter from your previous employer specifying the dates you were employed and that you worked at the National Registry Paramedic level is requested.

* If you are applying at the PARAMEDIC level and do not meet the minimum degree or work experience, you have the option to apply for a PARAMEDIC provisional license. See pink form for requirements.

*** Please only include items requested above when sending in your completed packet.**

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Reciprocity Application: PLEASE PRINT LEGIBLY

Name as it appears on government issued ID:

(First) (M.I.) (Last)

(Social Security Number) (Date of Birth) \$140 EMT \$165 Advanced \$300 Paramedic
(QC 217) (QC 219) (QC 220)

Other Names Used: _____

(Home/ Cell Phone) (E-mail address)

Address: _____

Sex _____ Eye Color _____ Hair Color _____ Height _____ Weight _____

List in chronological order all work/volunteer experience from high school or the last five years, whichever is less. If you do not know the exact dates, please estimate. All information must be placed directly on this form; a resume is not acceptable.

Employer (List most recent First)	City, State	Occupation	Dates From/To

Personal History

This information is used to determine eligibility for licensure as an EMS Provider. **IMPORTANT:** If you answer “YES” to any of the following questions, you **MUST** attach a complete explanation and supporting documents to this application, in a sealed envelope marked “confidential.” If you fail to attach appropriate explanatory material or additional information is required, you will receive a request for additional information. Failure to provide full and complete explanatory material will result in a delay of licensure. Answering “YES” will not necessarily result in denial of your application for licensure. (Supporting documents may include, but are not limited to: medical records, police records, certified judgment orders, disciplinary action reports from previous employers and/or other certifying agencies.)

1. Do you or have you had within the past 10 years, any physical or mental condition that impairs, could impair, or has impaired your ability to perform the duties of an EMS Provider? If you answer yes, explain whether your condition is controlled by medication or other treatment and how your condition treated or untreated, affects your ability to perform the duties of an EMS Provider. Yes No
2. Do you or have you used in the last 10 years, any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of an EMS Provider? Yes No
3. Have you been counseled about, diagnosed with, or treated for, a dependency on alcohol or drugs within the last 10 years? Yes No
4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? (Minor traffic violations need not be reported.) Yes No
5. Has an employer or supervising physician taken disciplinary action against you related to your duties as an EMS Provider? (Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause? Yes No
6. Have you been named in a lawsuit alleging medical malpractice or misconduct relating to providing medical care? Yes No
7. Have you ever been disciplined, denied or revoked by the National Registry of EMTs or any health care certifying/licensing agency? Yes No
8. Have you ever surrendered or resigned a health care license or certificate? Yes No
9. Have you lived, worked or attended school outside of Oregon for 60 or more consecutive days in the last 5 years? (If you answer yes to question 10 please include a brief description of why you lived outside of the state, no other documentation needed.) Yes No

I have read and understand the provisions of ORS Chapter 682 and Oregon Administrative Rule Chapter 333 governing licensure of emergency medical service providers.

I understand that the making of false statements in connection with this application is a violation of ORS 162.085, and may constitute grounds for denial, suspension, or revocation of an EMS Provider license.

I understand that a criminal history check will be completed on me. ORS Chapter 181.

Signature

Date

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Endorsement Form / Authorization to Release Information

*****Read Instructions carefully on checklist prior to completion of this form. Failure to follow instructions may result in a DELAY OF LICENSE.*****

I have never held an emergency medical service license or certification in any state.

I hereby authorize _____ EMS Agency to furnish information to Oregon.

Name: _____
(First) (M.I.) (Last)

Other Names Used: _____
(Home/ Cell Phone) (E-mail address)

(License Number) (Level) (Social Security Number) (Date of Birth)

(Signature) (Date)

THIS SECTION TO BE COMPLETED BY STATE (NOT OREGON) EMS AGENCY ONLY

Please supply the following information, and return in a sealed envelope, *marked with a state seal across the flap to the address listed below.*

1. Applicant received certification/license by: Exam _____ Reciprocity _____
If reciprocity, from what state _____
2. Certification/license is: Active _____ Inactive _____ Expiration Date _____
3. Has this person within the past 10 years been disciplined by your agency. (If yes please provide supplemental information)
Yes _____ No _____

I hereby certify that the above is true and correct as recorded in the files of this office.

(Signature) (Date) Name (print)

(Phone) (Title)

Return this document in a sealed envelope to: _____ (State Seal)
OHA-EMS/Reciprocity, PO Box 14450, Portland, OR 97293-0450

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PROVISIONAL PARAMEDIC LICENSE APPLICATION CHECKLIST

Oregon requires paramedics to have an associate's degree or higher – or proof of working as a paramedic for at least three of the past five years in another state or in the United States Military at the National Registry paramedic level. If you meet all of the qualifications for reciprocity as outlined in OAR 333-265-0050 with the exception of the required degree or work experience, you may apply for a provisional license. A provisional license allows a licensee to work at the paramedic level while completing the required degree.

In order to qualify for an Oregon provisional license you must be currently licensed in another state and be able to complete an associate's degree or higher within two years.

If interested in applying for a provisional Oregon paramedic license, submit the following along with the completed reciprocity requirements packet:

- _____ Proof of current license/certification in another state.
- _____ Letter of recommendation from your most recent medical director.
- _____ Letter from an Oregon EMS agency specifying immediate employment or a job offer that is conditional upon approval of a provisional paramedic license. (May be paid or volunteer).
- _____ Letter from applicant's prospective EMS Medical Director stating they will serve as the applicants Medical Director while being provisionally licensed.
- _____ Proof of active enrollment from an accredited institution for higher learning.
- _____ Official transcript review/ letter from the college or institution where the applicant is completing their degree requirements. (The transcript or review must clearly show which courses are required for completion of a degree).

_____ Signed, written statement from the applicant detailing employment, personal commitments, and the amount of time being requested to complete requirements and obtain an Associates Degree.

_____ Include the \$50.00 provisional license fee along with the reciprocity application fees.

The provisional license agreement will expire on a date determined by OHA-EMS not to exceed two years. The expiration of the agreement is based on the applicant's course load, work schedule, and personal commitments. If the requirements in OAR 333-265-0060 are not maintained during the provisional license agreement OHA-EMS may take action up to and including revocation of the provisional license.

Military Personnel who have been on active military duty within the last four years and are National Registry Paramedics may submit an application for reciprocity and provisional (if applicable) without another state certificate/license (a DD214 must be submitted in this case).



Fieldprint Electronic Fingerprinting Scheduling Aid

Fieldprint Access code: FPOHAEMSP

These instructions will assist you in scheduling yourself to be electronically fingerprinted through the State's livescan contractor, **Fieldprint, Inc.**

- Using the Fieldprint service requires that you schedule an appointment and pay in advance online. Fieldprint is not able to fingerprint people on a walk-in basis.
- Once you have created your account and entered your information online, you will pay \$59.15 and schedule a time for your prints to be taken at a Fieldprint location. No additional fingerprint fees need to be sent to OHA-EMS if using Fieldprint.
- Fieldprint accepts most major credit or debit cards. In addition, prepaid gift cards from most major credit card companies are also accepted.

SCHEDULING

You can schedule yourself online at <https://oregon.fieldprint.com>.

You will need to have an email address in order to set up your user account. You will be able to choose from all the Fieldprint sites closest to your location.

When you schedule, you will be asked to provide the following information required to accompany your fingerprints. The information will be stored electronically in a secure Fieldprint facility and it will only be used for the purpose of identifying your prints.

- **Fieldprint access code: FPOHAEMSP**
- **Name:** Legal name **exactly as it appears on your identification documents** (below).
- **Aliases:** Other names you have used.
- **Social Security number:** If you do not wish to disclose your Social Security number or do not have one, enter all 9s in this field.
- **Date of birth, address, phone numbers, preferred contact method**
- **Citizenship** (country), **place of birth** (state), **city of birth**
- **Gender, height, weight, eye and hair color, race**
- **CRIMS ID code:** When asked for this code, leave this field blank.
- **Other fields:** Depending on your role with DHS or OHA, you may be requested to provide program-

specific information such as applicant type or branch location.

Once your prints have been captured, they will be combined electronically with this information and will then be destroyed once your background check has been completed. Only your name and date of birth will be accessible to the fingerprint technician who rolls your fingerprints.

ON THE DAY OF YOUR APPOINTMENT you will need to bring:

1. Whatever information you need about your appointment time and location.
2. **CLEAN HANDS.** Livescan requires clean hands in order to get the best possible image the first time and avoid having the prints later rejected as unclear. Many of the sites do not have public facilities for customer use. Please make sure your hands are clean before you arrive for your appointment.
3. **TWO** pieces of identification (one with a picture) from the lists below.
 - **IMPORTANT:** If you do not have the necessary identification or if your identification does not match your name, **you will not be fingerprinted.**
 - The name on your identification **must match** your name exactly the way you gave it when scheduling the appointment.
 - Only the following documents can be used as acceptable identification:
 - **Picture ID: (You must have one of these.)**
 - State-issued driver's license
 - State-issued identification card
 - U.S. passport
 - Military identification card
 - Work visa with photo
 - Foreign passport
 - **Secondary ID:**
 - Social Security card
 - Bank statement
 - Utility bill
 - Credit card
 - Vehicle registration
 - Marriage certificate
 - State government issued certificate of birth
 - Federal government personal ID verification
 - Certificate of citizenship
 - Certificate of naturalization
 - INS 1-551 Resident alien card
 - INS 1-688 Temporary resident ID card

If you encounter any problems scheduling yourself, contact Fieldprint Customer Service team at 877-614-4964 or customerservice@fieldprint.com. If you need additional information about your program, contact your local DHS or OHA office.