

# NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

## NOTICE OF FINAL RULEMAKING

### TITLE 9. HEALTH SERVICES

#### CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

#### PREAMBLE

#### 1. Sections Affected

#### Rulemaking Action

R9-25-101	Amend
Article 2	Amend
R9-25-201	Renumber
R9-25-201	New Section
R9-25-202	Renumber
R9-25-202	New Section
Exhibit A	Repeal
R9-25-203	Repeal
R9-25-203	New Section
R9-25-204	Renumber
R9-25-204	New Section
R9-25-205	Repeal
R9-25-205	New Section
R9-25-206	Renumber
R9-25-206	New Section
R9-25-207	Repeal
R9-25-207	Renumber
R9-25-207	Amend
R9-25-208	Repeal
R9-25-208	Renumber
R9-25-208	Amend
R9-25-209	Repeal
R9-25-209	Renumber
R9-25-209	Amend
R9-25-210	Repeal
R9-25-210	Renumber
R9-25-210	Amend
R9-25-211	Repeal
R9-25-211	Renumber
R9-25-211	Amend
R9-25-212	Repeal
R9-25-213	Repeal
R9-25-213	Renumber
Article 3	Amend
R9-25-301	Repeal
R9-25-301	New Section
R9-25-302	Repeal
R9-25-302	New Section
R9-25-303	Repeal
R9-25-303	New Section
R9-25-304	Repeal
R9-25-304	New Section
R9-25-305	Repeal
R9-25-305	New Section

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Exhibit F	Repeal
R9-25-306	Repeal
R9-25-306	New Section
R9-25-307	Repeal
R9-25-307	New Section
Exhibit H	Repeal
R9-25-308	Repeal
R9-25-308	New Section
R9-25-309	Repeal
R9-25-309	New Section
R9-25-310	Repeal
R9-25-310	New Section
R9-25-311	Repeal
R9-25-311	New Section
Exhibit D	Repeal
Exhibit C	Repeal
Exhibit E	Repeal
R9-25-312	New Section
R9-25-313	New Section
R9-25-314	New Section
R9-25-315	New Section
R9-25-316	New Section
R9-25-317	New Section
R9-25-318	New Section
Exhibit A	New Exhibit
Exhibit B	New Exhibit
Article 4	Repeal
Article 4	New Article
R9-25-401	Repeal
R9-25-401	New Section
R9-25-402	Repeal
R9-25-402	New Section
R9-25-403	Repeal
R9-25-403	New Section
R9-25-404	Repeal
R9-25-404	New Section
R9-25-405	Repeal
R9-25-405	New Section
R9-25-406	Repeal
R9-25-406	New Section
R9-25-407	Repeal
R9-25-407	New Section
R9-25-408	Repeal
R9-25-408	New Section
R9-25-409	Repeal
R9-25-409	New Section
R9-25-410	Repeal
R9-25-410	New Section
R9-25-411	Repeal
R9-25-411	New Section
Exhibit I	Repeal
Exhibit J	Repeal
Exhibit K	Repeal
R9-25-412	New Section
Article 5	Repeal
R9-25-501	Repeal
R9-25-502	Repeal
R9-25-503	Repeal
R9-25-504	Repeal
R9-25-505	Repeal
R9-25-506	Repeal
R9-25-507	Repeal
R9-25-508	Repeal
R9-25-509	Repeal
R9-25-510	Repeal

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Exhibit P	Repeal
R9-25-511	Repeal
R9-25-512	Repeal
R9-25-513	Repeal
R9-25-514	Repeal
R9-25-515	Repeal
Article 6	Repeal
R9-25-601	Repeal
R9-25-602	Repeal
R9-25-603	Repeal
R9-25-604	Repeal
R9-25-605	Repeal
R9-25-606	Repeal
R9-25-607	Repeal
R9-25-608	Repeal
R9-25-609	Repeal
Exhibit R	Repeal
R9-25-610	Repeal
R9-25-611	Repeal
R9-25-612	Repeal
R9-25-613	Repeal
R9-25-614	Repeal
R9-25-615	Repeal
R9-25-616	Repeal
Exhibit S	Repeal
Exhibit G	Repeal
Exhibit L	Repeal
Exhibit M	Repeal
Exhibit N	Repeal
Exhibit O	Repeal
Exhibit Q	Repeal
R9-25-1201	Amend
Table 1	Amend

**2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A)(4), and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2201, 36-2202(A)(2), (A)(3), and (A)(6), 36-2202(G), 36-2204(1) through (7), 36-2204.01, 36-2205(A) and (E), 36-2211, and 41-1072 through 41-1079

**3. The effective date of the rules:**

January 3, 2004

**4. A list of all previous notices appearing in the Register addressing the final rules:**

Notice of Rulemaking Docket Opening: 9 A.A.R. 1204, April 11, 2003

Notice of Proposed Rulemaking: 9 A.A.R. 2164, July 3, 2003

**5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Dona Marie Markley, EMS Administrator

Address: Arizona Department of Health Services  
Bureau of Emergency Medical Services  
150 N. 18th Avenue, Suite 540  
Phoenix, AZ 85007

Telephone: (602) 364-3152

Fax: (602) 364-3568

E-mail: dmarkle@hs.state.az.us

or

Name: Kathleen Phillips, Rules Administrator

Address: Arizona Department of Health Services  
1740 W. Adams, Suite 102  
Phoenix, AZ 85007

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Telephone: (602) 542-1264  
Fax: (602) 364-1150  
E-mail: kphilli@hs.state.az.us

**6. An explanation of the rules, including the agency's reasons for initiating the rules:**

The rulemaking is authorized by the Arizona Department of Health Services' (Department) general rulemaking authority contained in A.R.S. §§ 36-136(F), 36-2202(A), and 36-2209(A). Specific rulemaking authority is contained in A.R.S. §§ 36-2201, 36-2202(A)(2), (A)(3), and (A)(6), 36-2202(G), 36-2204(1) through (7), 36-2204.01, 36-2205(A) and (E), 36-2211, and 41-1072 through 41-1079.

The Department worked with representatives from urban and rural fire departments and fire districts, medical facilities, hospitals, ambulance services, academia, and the public to develop these rules. The Department held 16 informal stakeholder meetings to gather input and circulated the proposed rules among persons affected by the rulemaking.

The Department is amending Article 1 through Article 6, which regulate advanced life support base hospitals (ALS base hospitals), emergency medical technician (EMT) training programs, and EMT certification and recertification. The Articles are amended to address the issues identified in the 2002 Five-year Review Report approved by the Governor's Regulatory Review Council on September 10, 2002, to reflect current medical and industry standards, to conform to current rulemaking format and style requirements, and to improve the rules' clarity, conciseness, and understandability. The rules in Article 1 through Article 6 are also amended to eliminate duplication, to reduce regulatory burden whenever possible, and to better protect the public health and safety.

In addition, Article 12 is amended to add time-frames for Department certification decisions under amended Article 2, amended Article 3, and amended Article 4 and to amend current time-frames in Article 12 for approvals required in 9 A.A.C. 25, Article 9, Article 10, and Article 11, and 9 A.A.C. 13, Article 11. Specifically:

Article 1:

In Article 1, definitions in R9-25-101 are amended, deleted, or added to correspond to amended Articles and Sections.

Article 2:

Pursuant to A.R.S. §§ 36-2201, 36-2202(A)(3), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E), emergency medical services (EMS) providers and ambulance services have the authority to provide administrative medical direction and on-line medical direction to their certified EMTs directly or through an ALS base hospital or a centralized medical direction communications center. Current rules, however, authorize medical direction only if provided through ALS base hospitals. In the amended Article 2, the Department clarifies that medical direction may be provided by EMS providers, ambulance services, ALS base hospitals, or centralized medical direction communications centers. Amended rules R9-25-201 through R9-25-205 establish standardized, minimum compliance requirements for the administrative medical direction and on-line medical direction provided by Arizona licensed physicians, regardless of whether the physician is affiliated with or employed by an EMS provider, ambulance service, ALS base hospital, or centralized medical direction center. Since compliance requirements for the provision of medical direction previously existed only for ALS base hospitals, the requirements for EMS providers and ambulance services that choose to provide medical direction directly or through a centralized medical direction communications center are new. R9-25-206 clarifies statutory requirements established for centralized medical direction communications centers. R9-25-207 through R9-25-211 establish new minimum requirements for ALS base hospital certification eligibility, certification applications, general operations, and decertification. These requirements reduce the regulatory burden on ALS base hospitals. The rulemaking also repeals Exhibits A and B, R9-25-203, R9-25-205, and R9-25-207 through R9-25-213.

Article 3:

The emergency medical technician training program certification and compliance requirements currently found in Article 3 and Article 4 are condensed into a new Article 3. The rulemaking repeals the existing rules R9-25-301 through R9-25-311, which pertained only to basic emergency medical technician (EMT-B) training programs, and establishes new requirements for EMT-B, intermediate emergency medical technician (EMT-I), and paramedic emergency medical technician (EMT-P) training programs in R9-25-301 through R9-25-318. These include general eligibility requirements, application requirements, operating requirements, course requirements, staff requirements, recordkeeping and reporting requirements, and grounds for decertification. The rulemaking also repeals Exhibits C, D, E, F, and H and the existing Article 4, which are no longer necessary.

Article 4:

The emergency medical technician certification and recertification requirements currently found in Article 5 and Article 6 are condensed into a new Article 4. The rulemaking repeals R9-25-401 through R9-25-411, which pertained to ALS training programs, and establishes new requirements for EMT-B, EMT-I, and EMT-P certification, recertification, and practice in R9-25-401 through R9-25-412. These include eligibility requirements, initial certification requirements, temporary certification requirements, probationary certification requirements, recertification requirements, requirements for a recertification application extension, requirements for downgrading certification, standards

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of practice, and enforcement actions. The rulemaking also repeals Exhibits G, I, J, K, L, M, N, O, P, Q, R, and S and removes EMT special skills requirements and extended scope of practice requirements, which are permitted treatments, medications, and protocols subject to exempt rulemaking under A.R.S. § 36-2205(C). In addition, the rulemaking repeals the existing Article 5 and Article 6, which are no longer necessary.

Article 12:

The Department is amending Article 12 to establish or amend time-frames for the Department's decisions regarding approvals required in 9 A.A.C. 25, Article 2, Article 3, and Article 4. Time-frames for ALS base hospital certification, amendment of an ALS base hospital certificate, training program certification, amendment of a training program certificate, temporary EMT-B or EMT-P certification, and downgrading of certification are added. Time-frames for EMT certification, EMT recertification, and extension to file for EMT recertification are amended to reflect the changes to EMT certification in Article 4.

In addition, current time-frames in Article 12 for approvals required in 9 A.A.C. 25, Article 9, Article 10, and Article 11, and 9 A.A.C. 13, Article 11 are amended to comply with A.R.S. §§ 41-1072(3), which requires hearings required by law to fall within the substantive review time-frame. The requirement that substantive time-frames be suspended during the hearing process is removed, and the time required for hearings is added to the substantive and overall time-frames for applicable approvals regarding ground ambulance certificates of necessity and ground ambulance rates and charges. Time-frames for ambulance vehicle registration and reregistration are also increased by 30 days to better reflect the amount of time required to adequately inspect ambulance vehicles and process applications.

**7. A reference to any study relevant to the rules that the agency reviewed and either relied on in its evaluation of or justification for the rules or did not rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The agency did not review any study.

**8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**

None

**9. The summary of the economic, small business, and consumer impact:**

The rulemaking directly impacts:

- 117 Fire Departments, 131 Fire Districts, 37 local government agencies, 6 state government agencies, 17 federal agencies, 29 private ground ambulance services, 15 private air ambulance services, 9 private fire service agencies, 4 private EMS providers, and 4 private hospitals that employ or use certified EMTs to provide prehospital emergency medical services or to staff ambulances or rescue vehicles;
- 6 sovereign tribal nations that, although not subject to the requirements of the rulemaking, employ or use certified EMTs to provide prehospital emergency medical services or to staff ambulances or rescue vehicles;
- 42 hospitals that hold ALS base hospital certification;
- 7 Fire Departments, 5 Fire Districts, one Sheriff's Office, 14 Community Colleges, one state university, 3 ALS base hospitals, 2 ambulance services, and 5 private businesses that operate EMT training programs;
- Over 200 physicians providing administrative or on-line medical direction to certified EMTs;
- Over 9000 certified basic emergency medical technicians (EMT-Bs);
- Over 100 certified intermediate emergency medical technicians (EMT-Is);
- Over 3000 certified paramedics (EMT-Ps); and
- Over 450,000 individuals and patients annually served by the Arizona EMS and trauma system (in 2002, ambulance services responded to over 450,000 calls for emergency medical service.)

Annual cost/revenues are designated as minimal when less than \$1,000.00, moderate when between \$1,000.00 and \$10,000.00, and substantial when greater than \$10,000.00.

The overall economic impact of the rulemaking on persons impacted is expected to be minimal (annual cost/revenues are designated as minimal when less than \$1,000.00), with the benefits of the rulemaking outweighing the costs.

There will be no new or additional costs to those affected or to the public. The retention of requirements and practices already in rule should have little or no direct impact. The impact of new requirements that correspond to existing industry practices and standards will be mitigated to the extent that those affected have already incorporated these requirements and practices into their general operations. The elimination of requirements should also have a minimal impact. New requirements and changes in existing requirements designed to improve regulation and better protect the public should also have a minimal to moderate economic impact.

Those affected and the general public will benefit from updated and simplified rules that are consistent with federal and state statutes and rules, protect the public, and reduce the regulatory burden on the regulated community. The

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rulemaking removes overly prescriptive requirements that restrict the development of new and innovative EMS and trauma systems in Arizona. The new rules will allow current EMS systems and infrastructures to continue to operate unchanged, while also allowing fire departments, fire districts, law enforcement agencies, ambulance services, hospitals, community colleges, and private businesses to create new EMS partnerships and systems as necessary or desirable to meet community health and safety needs.

The rulemaking will benefit the public by:

- Providing EMS providers and ambulance services with greater flexibility in providing medical direction for certified EMTs;
- Making medical director requirements more flexible to enable more qualified physicians to provide medical direction;
- Standardizing requirements for medical direction provided by EMS providers, ambulance services, centralized medical direction communications centers, and ALS base hospitals;
- Reducing the regulatory burden on ALS base hospitals and giving the ALS base hospitals greater flexibility in organizing their prehospital EMS systems;
- Eliminating recertification requirements for ALS base hospitals and training programs;
- Eliminating the requirement that training programs hold separate certificates for basic life support (BLS) training programs and ALS training programs;
- Simplifying the application processes and approval processes for ALS base hospitals, training programs, and certified EMTs;
- Reducing or simplifying reporting requirements for ALS base hospitals and training programs;
- Enabling more EMT's to work in Arizona by simplifying certification and recertification processes; and
- Establishing mandatory reporting requirements for certified EMTs, EMS providers, and ambulance services to report criminal activity committed by certified EMTs.

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**

The Notice of Proposed Rulemaking was published on June 3, 2003. No substantial changes have been made in the text of the adopted rules from that in the proposed rules. The following nonsubstantial changes were made. Based upon Departmental review, statutory cites included in Section titles were revised to ensure that statutory authority is correctly referenced; R9-25-204(D)(4)(g) was determined to be unnecessary given the clarity of the statutory language in A.R.S. § 36-2202(G) and was deleted; and an error in the time-frame for Ground Ambulance Service Contracts in R9-25-1201, Table 1 was corrected. Based upon public comment received by the Department, errors in the admission requirements listed in Exhibit B were corrected and the time allowed for reporting of name changes and address changes in R9-25-409(A) and (B) was extended. In addition, grammatical, technical, and organizational changes suggested by the staff of the Governor's Regulatory Review Council were made. The changes do not change the subject matter of the rule, do not change the effect of the rule, and do not change a person's understanding of the rule.

**11. A summary of the comments made regarding the rules and the agency response to them:**

The Department held an oral proceeding on the proposed rulemaking on August 4, 2003. During the comment period of July 3, 2003 through the close of record on August 4, 2003, the Department received three oral comments on the rulemaking. The comments and responses are as follows:

**Oral Comment #1:** An individual expressed concern that the EMT-Intermediate Transition Course admission requirements listed as part of Exhibit B erroneously identify proficiency in advanced emergency cardiac life support as an admission requirement and erroneously limit admission to only individuals holding current EMT-Intermediate certification.

**Response:** The Department agrees that the admission requirements listed as part of Exhibit B erroneously identify proficiency in advanced emergency cardiac life support as an admission requirement and erroneously limit admission to only individuals holding current EMT-Intermediate certification. Throughout the rulemaking process, it has been the intent of the Department and the understanding of the EMS community and EMT training programs that the admission requirements for and the content of the current EMT-I Transition Course would not change as a result of the rulemaking. The Department acknowledges that there are only two admission requirements, proficiency in cardiac pulmonary resuscitation and EMT-Intermediate certification within a two-year period. The Department has corrected the error in Exhibit B.

**Oral Comment #2:** An individual expressed concern that the 10 days allowed for an emergency medical technician to report a name change or address change in R9-25-409(A) and (B) is too short a period of time. The individual requested that the time period be extended to 20 or 30 days.

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**Response:** The Department agrees that in some cases 10 days may not be enough time for an individual to report a name change or address change to the Department. Throughout the rulemaking process, it has been the intent of the Department and the understanding of the EMS community that emergency medical technicians should be required to report name changes and address changes in a timely manner to ensure that the Department has current and accurate information on each certified emergency medical technician. The lack of that information for a short period of time is not a public safety issue. Therefore, the Department has extended the reporting period for name changes and address changes in R9-25-409(A) and (B) from 10 days to 30 days.

**Oral Comment #3:** An individual expressed concern that the rulemaking eliminates the requirement that an ALS base hospital have a prehospital manager.

**Response:** The Department is not making any changes to the rule in response to this comment.

The requirement that an ALS base hospital have a prehospital manager was an issue identified in the 2002 Five-year Review Report approved by the Governor's Regulatory Review Council on September 10, 2002. After considering the requirement, the Department determined that it is not necessary to extend the regulation of an ALS base hospital to this level. The new rules intentionally reduce the regulatory burden on ALS base hospitals and give the ALS base hospitals greater flexibility in organizing their prehospital EMS systems. In the new rule R9-25-203, the Department identifies the pieces of work that constitute administrative medical direction, establishes that a medical director is responsible for ensuring that this work is done, and identifies the individuals to whom a medical director may delegate responsibilities. In the new rule R9-25-210, the Department also requires that an ALS base hospital ensure that personnel are available to provide administrative medical direction. Under the new rules, an ALS base hospital may either retain the position of prehospital manager as currently structured in rule or establish new staffing patterns that meet the needs of the ALS base hospital and the EMS community it serves.

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**13. Incorporations by reference and their location in the rules:**

The following are being incorporated by reference:

- United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994), incorporated by reference in R9-25-305.
- United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum (1996), incorporated by reference in R9-25-306.
- United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307.
- United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998), incorporated by reference in R9-25-308.
- National Fire Protection Association's, NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition, incorporated by reference in R9-25-308.
- United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001), incorporated by reference in R9-25-309.

**14. Were these rules previously made as emergency rules?**

No

**15. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**ARTICLE 1. DEFINITIONS**

Section

R9-25-101. Definitions (~~Authorized by A.R.S. §§ 36-2202(A), (2), (3), (4), and 36-2204(1)-(7)~~) (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, 36-2205)

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**ARTICLE 2. ~~ADVANCED LIFE SUPPORT~~ MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

Section

- R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))
- R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))
- Exhibit A. Advanced Life Support Base Hospital Application for Certification/Recertification Repealed
- R9-25-203. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))
- R9-25-204. Administrative Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)
- R9-25-205. Transfer of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)
- R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)
- R9-25-207. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3), and (4), and 36-2204(5), and (6))
- R9-25-201. R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))
- R9-25-208. Prehospital Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))
- R9-25-202. R9-25-208. Application Procedure Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))
- R9-25-209. Base Hospital Physician (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))
- R9-25-204. R9-25-209. Amendment of the Certificate an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))
- R9-25-210. Nurse Intermediary (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))
- R9-25-206. R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))
- R9-25-211. Required Records, Reports, and Notifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))
- R9-25-213. R9-25-211. Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6) and (7)) ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))
- R9-25-212. Department Oversight (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6)) Repealed
- R9-25-213. Renumbered

**ARTICLE 3. ~~BASIC LIFE SUPPORT TRAINING PROGRAM CERTIFICATION~~ TRAINING PROGRAMS**

Section

- R9-25-301. BLS Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-302. Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-303. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-304. Basic Life Support Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-305. Instructor (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- Exhibit F. Instructional Strategies for EMS Instructors Repealed
- R9-25-306. Preeceptor Qualifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

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- R9-25-307. ~~Basic Life Support Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- Exhibit H. Basic EMT Special Skills Vehicular Rotation Requirements Repealed
- R9-25-308. ~~Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-309. ~~Disclosure Documents (Authorized by A.R.S. § 36-2202(A)(4))~~ Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-310. ~~Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204(1), (3), (4), and (10))~~ Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-311. ~~Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. § 36-2202(A)(4))~~ Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- Exhibit D. BLS EMS Training Program Equipment/Supplies List Repealed
- Exhibit C. Basic Life Support Training Program Application for Certification/Recertification/Course Approval Repealed
- Exhibit E. BLS Training Program Course Completion Report Repealed
- R9-25-312. Lead Instructor: Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-318. Arizona EMT-I Transition Course Definition; Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- Exhibit A. EMT-I Course, EMT-P Course, ALS Refresher Equipment Minimum Standards
- Exhibit B. Arizona EMT-Intermediate Transition Course

**ARTICLE 4. ~~ADVANCED LIFE SUPPORT TRAINING PROGRAM CERTIFICATION~~ EMT INTERMEDIATE AND EMT PARAMEDIC EMT CERTIFICATION**

Section

- R9-25-401. ~~ALS Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-402. ~~Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-403. ~~Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-404. ~~ALS Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))
- R9-25-405. ~~Course Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-406. ~~Faculty and Preceptor Qualifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))
- R9-25-407. ~~ALS Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))

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- R9-25-408. Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))
- R9-25-409. Disclosure Documents (Authorized by A.R.S. §§ 36-2202(A)(4)) Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)
- R9-25-410. Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204(1), (3), (4), and (10)) EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)
- R9-25-411. Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. §§ 36-2202(A)(4) Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)
- Exhibit I. ALS Training Program Application for Certification/Recertification/Course Approval Repealed
- Exhibit J. ALS EMS Training Program Equipment/Supplies List Repealed
- Exhibit K. ALS Training Program Course Completion Report Repealed
- R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))

**ARTICLE 5. BASIC LIFE SUPPORT CERTIFICATION REPEALED**

Section

- R9-25-501. Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-502. Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-503. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-504. Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6)) Repealed
- R9-25-505. Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-506. Out-of-state Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6)) Repealed
- R9-25-507. Applicants with Disabilities (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6)) Repealed
- R9-25-508. Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205) Repealed
- R9-25-509. Special Skills Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) Repealed
- R9-25-510. Recertification Requirements for EMT-Basic (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6)) Repealed
- Exhibit P. Recommendation for BLS Recertification Repealed
- R9-25-511. Recertification for EMT-Basic Special Skills (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6)) Repealed
- R9-25-512. Extension of Recertification Applicant Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (3)) Repealed
- R9-25-513. Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(6)) Repealed
- R9-25-514. Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-515. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (7)) Repealed

**ARTICLE 6. ADVANCED LIFE SUPPORT CERTIFICATION REPEALED**

Section

- R9-25-601. Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-602. Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed
- R9-25-603. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed

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- R9-25-604. ~~Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6))~~ Repealed
- R9-25-605. ~~Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))~~ Repealed
- R9-25-606. ~~Out-of-state Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6))~~ Repealed
- R9-25-607. ~~Applicants with Disabilities (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6))~~ Repealed
- R9-25-608. ~~Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205)~~ Repealed
- R9-25-609. ~~Extended Scope of Practice Training Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1))~~ Repealed
- Exhibit R. ~~Immunization Training Practical Evaluation Form~~ Repealed
- R9-25-610. ~~Paramedic Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))~~ Repealed
- R9-25-611. ~~Intermediate Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))~~ Repealed
- R9-25-612. ~~Extension of Recertification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))~~ Repealed
- R9-25-613. ~~Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(6))~~ Repealed
- R9-25-614. ~~Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))~~ Repealed
- R9-25-615. ~~Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))~~ Repealed
- R9-25-616. ~~Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (7))~~ Repealed
- Exhibit S. ~~Verification of ALS Recertification Requirements~~ Repealed
- Exhibit G. ~~Class Roster~~ Repealed
- Exhibit L. ~~Emergency Medical Technician Original Certification Application~~ Repealed
- Exhibit M. ~~Physical Verification Form~~ Repealed
- Exhibit N. ~~Criminal History Disclosure for EMT Certification Application~~ Repealed
- Exhibit O. ~~Emergency Medical Technician Recertification Application~~ Repealed
- Exhibit Q. ~~Application for Extension of Certification~~ Repealed

**ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS**

Section

- R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)
- Table 1. Time-frames (in days)

**ARTICLE 1. DEFINITIONS**

**R9-25-101. Definitions (~~Authorized by A.R.S. §§ 36-2202(A), (2), (3), (4), and 36-2204(1)-(7)~~) (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, 36-2205)**

In Articles ~~2 through 8~~ 1 through 4 and Article 8 of this Chapter, unless the context otherwise requires:

1. ~~“Active course roster” means a roster submitted to the Department upon completion of a screening process which indicates all students enrolled in the course.~~
2. ~~“Addendum roster” means an official course roster submitted to the Department after the official course completion date to add the names of students who completed clinical or vehicular requirements after the official course completion date.~~
3. ~~“Administrative medical direction” has the same meaning as A.R.S. § 36-2201.~~
4. ~~“Advanced cardiac life support” or “ACLS” means invasive, pharmacologic, or mechanical electrical cardiovascular care.~~
5. ~~“Advanced cardiac life support instructor” or “ACLS instructor” means an individual who has successfully completed an American Heart Association Advanced Cardiac Life Support Instructor Course and holds a current instructor’s card.~~
6. ~~“Advanced cardiac life support provider” or “ACLS provider” means an individual who has successfully completed an advanced cardiac life support provider course and has demonstrated competency in rhythm interpretation, advanced airway management, peripheral and central intravenous lines, and pharmacologic and mechanical electrical dysrhythmia therapy.~~

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7. ~~“Advanced life support” or “ALS” means those medical treatments, procedures, including assessment, and techniques which may be administered or performed by ALS personnel established pursuant to A.R.S. § 36-2205.~~
8. ~~“Agency” means an organization that provides prehospital emergency medical services.~~
9. ~~“ALS personnel” means a paramedic or an intermediate certified under Article 6 of this Chapter.~~
10. ~~“Basic cardiac life support” or “BCLS” means non-invasive external cardiovascular care.~~
11. ~~“Basic cardiac life support instructor” or “BCLS instructor” means an individual who has successfully completed a basic cardiac life support instructor course and holds a current instructor’s card issued by the American Heart Association, American Red Cross, Red Crescent Association of Canada, National Safety Council, Medic First Aid, or the Save-a-Life Foundation of Tucson, Arizona.~~
12. ~~“Basic life support” or “BLS” means those medical treatments, procedures, and techniques which may be administered or performed by emergency medical technicians.~~
13. ~~“Challenge course” means a course that prepares and enables specified individuals to apply for and take certification exams in Arizona without repeating an entire training course.~~
14. ~~“Clinical” means providing direct patient care.~~
15. ~~“Competency” means ability to perform a skill to the standard of care.~~
16. ~~“Communication protocols” means written guidelines that provide:
  - a. The circumstances and patient conditions which require on-line medical direction, off-line medical direction, or predetermined medical direction;
  - b. The facility which will exercise on-line medical direction for a given emergency; and
  - c. Backup procedures for communications equipment failure.~~
17. ~~“Conference/Didactic/Lecture session” means a continuing medical education presentation by an individual or a presentation utilizing printed, electronic, or audiovisual media that incorporates a post training assessment.~~
18. ~~“Continuing education” means a planned, organized learning experience designed to build upon the educational and experiential bases to enhance practice, education, administration, or research to improve health care to the public.~~
19. ~~“Current status” means successful completion of a course in advanced cardiac life support or basic cardiac life support training every two years.~~
20. ~~“Department” means the Department of Health Services.~~
21. ~~“Designed to exclude bias” means a process that prevents discrimination against individuals based on age, race, religion, sex, ethnic or national origin, or disability.~~
22. ~~“Direct communications” means information and medical direction conveyed by person to person, 2-way radio, or telephone conversation.~~
23. ~~“Distractors” means incorrect answers incorporated into multiple choice test design.~~
24. ~~“Documented” means a written record.~~
25. ~~“Emergency medical patient” means an individual who may require immediate prehospital assessment, treatment, transportation, or evaluation by a physician.~~
26. ~~“Emergency medical service patient contacts” means patients received by a health care institution from an EMS agency or patients on whom a field incident report form or first care form was initiated.~~
27. ~~“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201 and includes an ambulance service.~~
28. ~~“Emergency receiving facility” has the same meaning as in A.R.S. § 36-2201.~~
29. ~~“EMS” means emergency medical services.~~
30. ~~“EMSCOM” means the emergency medical services communications system operated by the Department of Public Safety.~~
31. ~~“EMT” means Emergency Medical Technician, including:
  - a. Paramedics (EMT-P);
  - b. Intermediate Emergency Medical Technicians (EMT-I); and
  - c. Basic Emergency Medical Technicians (EMT-B).~~
32. ~~“Enrolled” means accepted and registered in a course.~~
33. ~~“Field experience” means prehospital assessment and treatment of patients.~~
34. ~~“Field incident report form” or “first care form” means a record of emergency response activities, completed by an EMT, that includes documentation of the prehospital patient assessment, treatment, and transportation if a transport occurs.~~
35. ~~“Good standing” means current and valid certification or licensure, that is not under order of probation, suspension, or revocation.~~
36. ~~“Health care institution” has the same meaning as in A.R.S. § 36-401.~~
37. ~~“Health care provider” means an individual licensed or certified to render medical care to a patient.~~
38. ~~“Indirect communications” means information and medical direction conveyed by an intermediary from within a certified ALS Base Hospital.~~

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39. ~~“Instructor intern” means an individual who assists an instructor in teaching in an EMT Training Program course and assumes, under direct supervision, the instructional and administrative functions of the course.~~
40. ~~“Local EMS coordinating system” means an agency responsible for the coordination of a regional EMS system pursuant to A.R.S. § 36-2210.~~
41. ~~“Medical direction” means providing emergency medical care instructions and guidance to an emergency medical technician through:
  - a. ~~Voice communication conveyed by person-to-person, two-way radio, or telephone; or~~
  - b. ~~Treatment and triage protocols authorized under A.R.S. § 36-2205.~~~~
42. ~~“Medical direction authorities” means a physician, nurse intermediary, physician’s assistant, or nurse practitioner, who has attended the base hospital physician’s orientation and is designated by the base hospital medical director to render on-line medical direction to prehospital EMS personnel from within a certified ALS Base Hospital.~~
43. ~~“Medical director” means a physician currently licensed under A.R.S. Title 32, Chapter 13 or 17, and in good standing, who provides administrative medical direction or medical direction to an emergency medical technician.~~
44. ~~“Multimedia instruction” means learning activities which have media-based format, computer-based format, or ongoing serial productions, and which have an evaluative process that has been approved by the participant’s medical direction authority.~~
45. ~~“Official course end date” means the last scheduled day of classes as identified in the course schedule submitted to the Department pursuant to the requirements of Articles 3 or 4 of this Chapter.~~
46. ~~“Official course roster” means a list of all students who successfully complete a training program course.~~
47. ~~“Off-line medical direction” means development and approval, by the base hospital medical director, of written treatment protocols which comply with A.R.S. § 36-2205, that authorize prehospital providers to render patient care without on-line medical direction.~~
48. ~~“On-line medical direction” means supervision of prehospital EMS personnel by medical direction authorities through direct or indirect communications from a certified ALS Base Hospital.~~
49. ~~“Pediatric advanced life support provider” means an individual who has successfully completed a pediatric advanced life support provider course and has demonstrated competency in pediatric rhythm interpretation, advanced airway management, peripheral and central intravenous lines, intraosseous infusion, thoracostomy, and pharmacologic and electrical dysrhythmia therapy.~~
50. ~~“Personal relationship” means a spouse, child, grandchild, parent, grandparent, brother, or sister of the whole or half blood and their spouse, and the parent, brother, or sister of the spouse.~~
51. ~~“Predetermined medical direction” means development and approval of written protocols by a regional council developed in compliance with A.R.S. § 36-2205, including training and quality assurance components, and made available to the base hospitals.~~
52. ~~“Prehospital case reviews” means continuing education conducted by the ALS Base Hospital under the direction of the base hospital medical director and ALS Base Hospital prehospital manager for the purpose of reviewing and evaluating patient care, and educational and administrative requirements of the prehospital providers assigned to the ALS Base Hospital.~~
53. ~~“Prehospital provider” means emergency medical technicians and individuals licensed or certified to render on-scene emergency medical care.~~
54. ~~“Standing orders” means written orders which authorize prehospital personnel to render certain treatment modalities prior to initiation of direct communication with the ALS Base Hospital.~~
55. ~~“Supervised clinical training” means documented experience of an EMT which details the EMT’s in-hospital patient care performance supervised by a physician, emergency nurse, or another EMT at the same or higher level of certification.~~
56. ~~“Supervised vehicular training” means documented experience of an EMT which details the EMT’s prehospital patient care performance supervised by a vehicular preceptor.~~
57. ~~“Tardiness” means arriving after the designated starting time.~~
58. ~~“Transfer care” means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.~~
59. ~~“Trauma patient management” means a competency-based course in prehospital emergency care that includes training in prehospital emergency scene management, trauma patient assessment and treatment, triage standards, emergency transportation criteria, communication, documentation, mechanism of injury, trauma airway management, and shock resuscitation.~~
60. ~~“Treatment protocols” means prehospital guidelines for utilizing treatments which are adopted pursuant to A.R.S. § 36-2205.~~
61. ~~“Triage protocols” means prehospital guidelines for the selection of a health care institution to which an emergency medical patient is transported.~~
62. ~~“Vehicular preceptor” means a person acting as an agent of a base hospital or training program to observe, evaluate, supervise, or assist EMTs in the performance of skills during vehicular training.~~

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63. “Vehicular preceptor experience” means observing, evaluating, supervising, or assisting EMTs in the performance of skills during vehicular training.
64. “Vehicular redealing experience” means experience on an emergency vehicle unit to gain prehospital experience and observe the prehospital environment, operational procedures, and performance of EMTs.
65. “Verification” or “verified statement” means a signed document that verifies the validity of statements or claims.
  1. “Administrative medical direction” has the meaning in A.R.S. § 36-2201.
  2. “Administrative medical director” means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.
  3. “Advanced procedure” means an emergency medical service provided by an EMT that:
    - a. Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or
    - b. Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.
  4. “ALS base hospital” means the same as “advanced life support base hospital” in A.R.S. § 36-2201.
  5. “Ambulance service” has the meaning in A.R.S. § 36-2201.
  6. “Centralized medical direction communications center” has the meaning in A.R.S. § 36-2201.
  7. “Chief administrative officer” means an individual assigned to act on behalf of an ALS base hospital or a training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
  8. “Clinical training” means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
  9. “Communication protocol” means a written guideline prescribing:
    - a. How an EMT shall:
      - i. Request and receive on-line medical direction;
      - ii. Notify an on-line physician before arrival of an EMT’s intent to transport a patient to a health care institution; and
      - iii. Notify a health care institution before arrival of an EMT’s intent to transport a patient to the health care institution; and
    - b. What procedures an EMT shall follow in a communications equipment failure.
  10. “Conspicuously post” means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
  11. “Course content outline” means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
  12. “Dangerous drug” has the meaning in A.R.S. § 13-3401.
  13. “Day” means a calendar day.
  14. “Department” means the Arizona Department of Health Services.
  15. “Drug” has the meaning in A.R.S. § 32-1901.
  16. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
  17. “Electronic signature” has the meaning in A.R.S. § 41-351.
  18. “EMT” means the same as “certified emergency medical technician” in A.R.S. § 36-2201.
  19. “EMT-B” means the same as “basic emergency medical technician” in A.R.S. § 36-2201.
  20. “EMT-I” means the same as “intermediate emergency medical technician” in A.R.S. § 36-2201.
  21. “EMT-P” means the same as “emergency paramedic” in A.R.S. § 36-2201.
  22. “Emergency medical services” has the meaning in A.R.S. § 36-2201.
  23. “Emergency medical services provider” has the meaning in A.R.S. § 36-2201.
  24. “Field training” means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
  25. “General hospital” has the meaning in R9-10-201.
  26. “Health care institution” has the meaning in A.R.S. § 36-401.
  27. “Medical direction” means administrative medical direction or on-line medical direction.
  28. “Medical record” has the meaning in A.R.S. § 36-2201.
  29. “Narcotic drug” has the same meaning as “narcotic drugs” in A.R.S. § 13-3401.
  30. “NREMT” means the National Registry of Emergency Medical Technicians.
  31. “On-line medical direction” means emergency medical services guidance or information provided to an EMT by an on-line physician through two-way voice communication.
  32. “On-line physician” means an individual qualified under R9-25-205 who provides on-line medical direction as required under R9-25-205.
  33. “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.

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- 34. “Person” has the meaning in A.R.S. § 1-215.
- 35. “Physician” has the meaning in A.R.S. § 36-2201.
- 36. “Prehospital incident history report” has the meaning in A.R.S. § 36-2220(E).
- 37. “Proficiency in advanced emergency cardiac life support” means:
  - a. Completion of 16 clock hours of organized training covering:
    - i. Electrocardiographic rhythm interpretation;
    - ii. Oral, tracheal, and nasal airway management;
    - iii. Nasotracheal intubation and surgical cricothyrotomy;
    - iv. Peripheral and central intravenous lines; and
    - v. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
  - b. Every 24 months after meeting the requirement in subsection (37)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (37)(a).
- 38. “Proficiency in advanced trauma life support” means:
  - a. Completion of 16 clock hours of organized training covering:
    - i. Rapid and accurate patient assessment.
    - ii. Patient resuscitation and stabilization.
    - iii. Patient transport or transfer, and
    - iv. Patient treatment and care; and
  - b. Every 48 months after meeting the requirement in subsection (38)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (38)(a).
- 39. “Proficiency in cardiopulmonary resuscitation” means:
  - a. Completion of eight clock hours of organized training covering:
    - i. Adult and pediatric resuscitation.
    - ii. Rescuer scenarios and use of a bag-valve mask.
    - iii. Adult and child foreign-body airway obstruction in conscious and unconscious patients.
    - iv. Automated external defibrillation.
    - v. Special resuscitation situations, and
    - vi. Common cardiopulmonary emergencies; and
  - b. Every 24 months after meeting the requirement in subsection (39)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (39)(a).
- 40. “Proficiency in pediatric emergency care” means:
  - a. Completion of 16 clock hours of organized training covering:
    - i. Pediatric rhythm interpretation;
    - ii. Oral, tracheal, and nasal airway management;
    - iii. Nasotracheal intubation and surgical cricothyrotomy;
    - iv. Peripheral and central intravenous lines;
    - v. Intraosseous infusion;
    - vi. Needle thoracostomy; and
    - vii. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
  - b. Every 24 months after meeting the requirement in subsection (40)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (40)(a).
- 41. “Standing order” means a treatment protocol or triage protocol that authorizes an EMT to act without on-line medical direction.
- 42. “Supervise” or “supervision” means the same as “supervision” in A.R.S. § 36-401.
- 43. “Treatment protocol” means a written guideline that prescribes:
  - a. How an EMT shall perform a medical treatment on a patient or administer a drug to a patient; and
  - b. When on-line medical direction is required, if the protocol is not a standing order.
- 44. “Triage protocol” means a written guideline that prescribes:
  - a. How an EMT shall:
    - i. Assess and prioritize the medical condition of a patient.
    - ii. Select a health care institution to which a patient may be transported, and
    - iii. Transport a patient to a health care institution; and
  - b. When on-line medical direction is required, if the protocol is not a standing order.

**ARTICLE 2. ~~ADVANCED LIFE SUPPORT~~ MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

**R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))**

- A. An EMT-B authorized to perform an advanced procedure shall not perform an advanced procedure unless the EMT has administrative medical direction and is able to receive on-line medical direction.**

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- B.** An EMT-I or EMT-P shall not act as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.
- C.** An emergency medical services provider or an ambulance service shall ensure that an EMT acting as an EMT for the emergency medical services provider or the ambulance service has administrative medical direction and is able to receive on-line medical direction, if required in subsections (A) or (B).

**R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))**

An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides administrative medical direction shall:

1. Provide administrative medical direction:
  - a. Through an administrative medical director qualified under R9-25-204, and
  - b. As required in R9-25-204;
2. Maintain for Department review:
  - a. The name, address, and telephone number of each administrative medical director;
  - b. Documentation that an administrative medical director is qualified under R9-25-204; and
  - c. Policies, procedures, protocols, and documentation required under R9-25-204;
3. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT:
  - a. Withdraws the EMT's administrative medical direction, or
  - b. Reinstates the EMT's administrative medical direction; and
4. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT becomes aware that the EMT:
  - a. Is incarcerated or is on parole, supervised release, or probation for a criminal conviction;
  - b. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
  - c. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
  - d. Has registration revoked or suspended by NREMT; or
  - e. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

Arizona Administrative Register / Secretary of State

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EXHIBIT A **Repealed**

Arizona Department of Health Services  
Emergency Medical Services

**Advanced Life Support Base Hospital  
Application for Certification/Recertification**

Name of licensed health care facility applying for certification:

Address of the facility:

Address

City

County

Zip

Administrator's name and phone number:

Name

Phone number

Base Hospital Medical Director's name and phone number:

Name

Phone number

Prehospital Manager's name and phone number:

Name

Phone number

I hereby verify that: (1) All information contained on this application and supporting documentation is true and accurate; (2) I have the authority to act on behalf of, and legally bind, the named agency as applicant; (3) All documentation as required in *Arizona Administrative Code* R9-25-202 are attached hereto.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**R9-25-203. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))**

The director shall deny the application if the applicant:

- 1. Failed to conform to the requirements of this Chapter;
- 2. Filed information that could not be verified.

**A. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:**

- 1. Provide on-line medical direction:
  - a. Through an on-line physician qualified under R9-25-205, and
  - b. As required in R9-25-205; and
- 2. Maintain for Department review:
  - a. The name, address, and telephone number of each on-line physician; and
  - b. Documentation that an on-line physician is qualified under R9-25-205.

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- B.** An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:
1. Have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction.
  2. Have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and
  3. Have an on-line physician qualified under R9-25-205 available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

**R9-25-204. Administrative Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)**

- A.** An individual shall not act as an administrative medical director unless the individual:
1. Is a physician; and
  2. Meets one of the following:
    - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
    - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
    - c. Is practicing emergency medicine and has:
      - i. Proficiency in advanced emergency cardiac life support,
      - ii. Proficiency in advanced trauma life support, and
      - iii. Proficiency in pediatric emergency care.
- B.** An administrative medical director shall act only on behalf of:
1. An emergency medical services provider;
  2. An ambulance service;
  3. An ALS base hospital certified under this Article;
  4. A centralized medical direction communications center; or
  5. The Department pursuant to A.R.S. § 36-2202(J).
- C.** An administrative medical director:
1. Shall coordinate the provision of administrative medical direction to EMTs, and
  2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
    - a. A physician;
    - b. Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25; or
    - c. An EMT-I or EMT-P.
- D.** An administrative medical director shall:
1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
  2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:
    - a. A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
    - b. The EMT's scope of practice as identified under Article 8 of this Chapter;
  3. Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:
    - a. A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
    - b. The EMT's scope of practice as identified under Article 8 of this Chapter;
  4. Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:
    - a. Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;
    - b. Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
    - c. Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 8 of this Chapter;
    - d. Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;
    - e. Withdrawing an EMT's administrative medical direction; and
    - f. Reinstating an EMT's administrative medical direction; and

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5. Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.
- E.** An administrative medical director shall:
1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
  2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25.
- R9-25-205.** ~~**Transfer of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))**~~ **On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)**
- A.** ~~The health care institution may transfer the base hospital certificate if ownership of the institution changes. The transferee shall not begin operation as a base hospital until it receives written notice from the Department that the transfer is approved.~~
- B.** ~~The health care institution shall submit an application to the Department, at least 60 days prior to the date on which the transfer will occur, that contains:~~
1. ~~The name of the transferee;~~
  2. ~~The date of the proposed transfer;~~
  3. ~~Verification that the health care institution administrator, base hospital medical director, and prehospital manager shall remain the same; or, the names of the new administrator, base hospital medical director, and prehospital manager, and a curriculum vitae of the new medical director and prehospital manager; and~~
  4. ~~Verification from the transferee that it has received and shall comply with the rules governing the base hospital operation.~~
- C.** ~~The Department shall transfer the certificate without a hearing if the application is complete and the medical director and prehospital manager satisfy the qualifications established in this Article. The certificate shall expire on the expiration date of the certificate that was transferred.~~
- D.** ~~The Department shall deny an application that is incomplete or if the medical director or prehospital manager do not satisfy the qualifications established in this Article. The applicant may request a hearing to have the denial reviewed. The request shall be made in writing and shall be filed with the Department's Office of Administrative Counsel within 30 days of receipt of denial.~~
- E.** ~~The health care institution may correct the deficiencies identified and may resubmit an application to transfer a certificate.~~
- A.** An individual shall not act as an on-line physician unless the individual:
1. Is a physician; and
  2. Meets one of the following:
    - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
    - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
    - c. Is practicing emergency medicine and has:
      - i. Proficiency in advanced emergency cardiac life support,
      - ii. Proficiency in advanced trauma life support, and
      - iii. Proficiency in pediatric emergency care.
- B.** An individual shall act as an on-line physician only on behalf of:
1. An emergency medical services provider,
  2. An ambulance service,
  3. An ALS base hospital certified under this Article, or
  4. A centralized medical direction communications center.
- C.** An on-line physician shall give on-line medical direction to an EMT:
1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
  2. Consistent with the EMT's scope of practice as identified under Article 8 of this Chapter;
  3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
  4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.
- D.** An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:
1. A physician;
  2. Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25; or
  3. An EMT-I or EMT-P.

**R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)**

- A.** Pursuant to A.R.S. § 36-2204.01, an emergency medical services provider or an ambulance service may provide centralized medical direction by:
1. Solely operating one or more centralized medical direction communications centers;
  2. Joining with one or more emergency medical services providers or ambulance services to operate one or more centralized medical direction communications centers; or
  3. Entering into an agreement with one or more centralized medical direction communications centers to provide medical direction to EMTs acting as EMTs for the emergency medical services provider or the ambulance service.
- B.** For the purposes of A.R.S. § 36-2201(7), a “freestanding communications center”:
1. May be housed within one or more physical facilities, and
  2. Is not limited to a single physical location.
- C.** For the purposes of A.R.S. § 36-2201(7)(b), a centralized medical direction communications center shall be “staffed” if an on-line physician qualified under R9-25-205 is available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

**R9-25-207. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3), and (4), and 36-2204(5), and (6))**

- A.** Qualifications. The medical director shall:
1. Be currently licensed in good standing in the state as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17;
  2. Be board certified in Emergency Medicine by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians; or maintain current provider status in:
    - a. Advanced Cardiac Life Support;
    - b. Advanced Trauma Life Support according to the American College of Surgeons Committee on Trauma; and
    - c. Pediatric Advanced Life Support or American College of Emergency Physicians’ pediatric advanced life support.
  3. Provide a verified statement indicating at least 24 clock hours teaching experience in prehospital medicine;
  4. Have at least 2,000 hours of clinical or administrative time in emergency medicine within the 24 months prior to the appointment; and
  5. Not be a base hospital medical director for more than one health care institution simultaneously.
- B.** Responsibilities. The medical director shall:
1. Spend at least 2,000 hours of clinical or administrative time every 24 months in Emergency Medicine.
  2. Coordinate the base hospital emergency medical services system, administrative medical direction, on-line medical direction, and administrative medical direction of the advanced life support base hospital staff.
  3. Complete, within one month of beginning employment, the base hospital physician orientation program.
  4. Every 24 months sign a verified statement that the medical director has reviewed the base hospital physician orientation program assuring that it meets with the standards of R9-25-206(E) and (F).
  5. Provide at least eight hours per year of continuing education for base hospital personnel assigned to the base hospital. This may be in didactic presentation, skills training, individual counseling about prehospital documentation, run review, patient care, patient assessment, or prehospital procedures and skills.
  6. Institute protocols adopted pursuant to A.R.S. § 36-2205.
  7. Assure that the prehospital manager maintains yearly written verification confirming his or her review of:
    - a. Prehospital emergency medical services personnel update and of any modified policies and procedures.
    - b. The medical control plan for the base hospital which includes the following:
      - i. Local, regional, and state treatment protocols;
      - ii. Local, regional, and state triage protocols;
      - iii. Local and regional communication protocols.
  8. Assure that all medical direction authorities and prehospital personnel review all protocols and procedures every two years in compliance with R9-25-206(D)(2)(e).
  9. Review, approve, and implement the continuing quality improvement plan that meets the standards established in R9-25-206(D)(2).
  10. Establish, review, approve, and implement a plan for evaluating the performance of emergency medical technicians that meets the standards established in R9-25-206(D)(3) and (4).
  11. Monitor the performance of all prehospital emergency medical service personnel assigned to the base hospital to ensure complete patient assessment and documentation. This review shall be conducted according to the quality improvement plan established pursuant to R9-25-206(C).

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~~R9-25-201. R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))~~

- ~~A. Each certificate for an advanced life support base hospital shall contain the name and address of the health care institution, health care institution administrator, base hospital medical director, prehospital manager, and the expiration date.~~
- ~~B. The certificate shall be conspicuously posted in the base hospital.~~
- ~~C. The certificate is valid only for the location identified on the certificate.~~
- ~~D. Each base hospital certificate shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation of the certificate, or upon termination of base hospital services by the health care institution indicated on the certificate.~~
- ~~E. A certificate is valid for a period of two years provided the base hospital complies with the standards established in this Article.~~
- ~~F. The health care institution shall immediately notify the Department if it receives notice of Medicare termination or a life safety code violation, or is issued a provisional license.~~
- ~~G. The base hospital shall not operate without a medical director and prehospital manager who meet the qualifications established in these rules.~~
- ~~A. A person shall not operate as an ALS base hospital without certification from the Department.~~
- ~~B. The Department shall not certify an ALS base hospital if:
  - ~~1. Within five years before the date of filing an application required by this Article, the Department has decertified the ALS base hospital; or~~
  - ~~2. The applicant knowingly provides false information on or with an application required by this Article.~~~~
- ~~C. The Department shall certify an ALS base hospital if the applicant:
  - ~~1. Is not ineligible for certification under subsection (B);~~
  - ~~2. Is licensed as a general hospital under 9 A.A.C. 10, Article 2 or is a general hospital operated in this state by the United States federal government or by a sovereign tribal nation;~~
  - ~~3. Has at least one written agreement that meets the requirements of A.R.S. § 36-2201(2); and~~
  - ~~4. Meets the application requirements in R9-25-208.~~~~
- ~~D. An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.~~
- ~~E. An ALS base hospital certificate holder shall:
  - ~~1. Conspicuously post the original or a copy of the ALS base hospital certificate in the emergency room lobby or emergency room reception area of the ALS base hospital; and~~
  - ~~2. Return an ALS base hospital certificate to the Department immediately upon decertification by the Department pursuant to R9-25-211 or upon voluntarily ceasing to act as an ALS base hospital.~~~~
- ~~F. Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.~~
- ~~G. The Department may inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital:
  - ~~1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or~~
  - ~~2. As necessary to determine compliance with the requirements of this Article.~~~~

~~R9-25-208. Prehospital Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))~~

- ~~A. Qualifications. The prehospital manager shall:
  - ~~1. Be a registered nurse currently licensed in good standing in the state.~~
  - ~~2. Prior to appointment, have completed a course in advanced cardiac life support, and the Trauma Patient Management Curriculum, dated 1996, published by the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.~~
  - ~~3. Within six months of appointment, shall have completed a course in pediatric advanced life support.~~
  - ~~4. Have worked at least 2,000 hours in emergency prehospital or critical care, with at least 120 hours in the 12 months prior to appointment.~~
  - ~~5. Have at least 24 hours of teaching experience in prehospital medicine to first responders, basic life support personnel, advanced life support personnel, nurses, or physicians within the 36 months prior to appointment.~~~~
- ~~B. Responsibilities. The prehospital manager shall:
  - ~~1. Complete a course in advanced cardiac life support and pediatric advanced life support every 24 months.~~
  - ~~2. Work at least 1,000 hours of clinical, critical care, or administrative time in emergency or prehospital nursing every two years.~~
  - ~~3. Complete the base hospital orientation program within 30 days after beginning employment and yearly thereafter.~~
  - ~~4. Maintain yearly written verification confirming review and understanding of:
    - ~~a. Prehospital emergency medical services personnel policies and procedures; and,~~
    - ~~b. Medical control plan for the base hospital which includes the elements established in R9-25-206(E).~~~~
  - ~~5. Prepare for and participate in the review of prehospital case reviews.~~~~

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6. Study and evaluate prehospital emergency medical service safety and efficacy using patient outcome data of patients treated at the base hospital.
7. Participate in establishing and coordinating the Continuing Quality Improvement Plan required by R9-25-206(D)(2).
8. Participate in establishing and coordinating the plan adopted pursuant to R9-25-206(D) to provide for recertification competency of the emergency medical service personnel assigned to the base hospital.
9. Document and review compliance with continuing education requirements of all levels of emergency medical technicians, nurse intermediaries, and base hospital physicians employed by or assigned to the base hospital.
10. Participate in local and state emergency medical service system design and development.

**R9-25-202: R9-25-208. Application Procedure Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

- ~~A.~~** Application for certification and recertification shall be made on a form provided by the Department as shown in Exhibit A. Submission of the application shall constitute permission for a representative from the Division of Emergency Medical Services to audit the applicant's qualifications, as established in this Article.
- ~~B.~~** Initial application: The applicant shall submit the following documentation to the Department with the initial application form:
1. A copy of its current Arizona health care institution license;
  2. Written endorsement of the application by the hospital's governing board or board of trustees;
  3. The curriculum vitae of the base hospital medical director;
  4. The curriculum vitae of the prehospital manager;
  5. A list of all base hospital physicians, nurse intermediaries, physician's assistants, and nurse practitioners responsible to provide prehospital medical direction;
  6. A letter of intent between the applicant and an agency that employs emergency medical technicians, who require medical direction, for the applicant to serve as the agency's base hospital after certification is obtained;
  7. A verified statement that the applicant shall assure the physical presence of a base hospital physician in the hospital, to be immediately available to the emergency department to provide on-line medical direction 24 hours a day, seven days a week;
  8. In regions in which a local emergency medical services coordinating system operates, the applicant may request and submit a written recommendation for certification as a base hospital from the local emergency medical services coordinating system.
- ~~C.~~** Recertification application
1. The applicant shall submit the recertification application to the Department at least 60 days prior to the expiration date of its current certificate.
  2. The applicant shall submit the following documents with the recertification application form:
    - a. A copy of its current license as a health care institution;
    - b. Written endorsement of the application by the hospital's governing board or board of trustees; and
    - c. Written verification that the information contained in subsections (B)(3) through (7) remains unchanged; or, documents required by subsections (B)(3) through (7) that have changed since submission of the last certification application.
- ~~D.~~** Department Audit: Subsequent to the submission of an application for certification or recertification, the Department shall conduct an audit according to the following procedures:
1. The Department shall verify that the agreements, policies, procedures, plans, programs, equipment, and standards required by R9-25-206 are in place and satisfy the requirements of the rule and that the equipment is operational;
  2. The Department shall verify that the information contained in the application and that the base hospital staff meet the requirements and qualifications of this Article;
  3. The Department shall notify the applicant in writing of any deficiencies;
  4. The applicant shall correct any deficiencies within 30 days of receipt of the Department's written notice of deficiencies;
  5. The applicant shall submit to a re-audit to verify correction of deficiencies at the discretion of the Department.
- A.** An applicant for ALS base hospital certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
    - a. The applicant's name, address, and telephone number;
    - b. The name and telephone number of the applicant's chief administrative officer;
    - c. The name, address, and telephone number of each administrative medical director;
    - d. The name, address, and telephone number of each on-line physician;
    - e. Attestation that the applicant meets the communication requirements in R9-25-203(B);
    - f. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
    - g. Attestation that all information required as part of the application has been submitted and is true and accurate;  
and

h. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;

2. A copy of the applicant's current general hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and

3. A copy of each executed written agreement, including all attachments and exhibits, described in A.R.S. § 36-2201(2).

**B.** The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

**~~R9-25-209.~~ Base Hospital Physician (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))**

**A.** ~~Qualifications. The base hospital physician shall be licensed in good standing in the state as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17; and be board certified, or board eligible, in Emergency Medicine by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians, or maintain provider status in:~~

~~1. Advanced Cardiac Life Support;~~

~~2. Advanced Trauma Life Support according to the American College of Surgeons Committee on Trauma; and,~~

~~3. Pediatric Advanced Life Support according to the American Heart Association or the American College of Emergency Physicians.~~

**B.** ~~Responsibilities. The base hospital physician shall:~~

~~1. Be responsible for medical direction of prehospital emergency medical technicians and base hospital staff.~~

~~2. Complete the base hospital orientation program within 30 days after beginning employment at the base hospital.~~

~~3. Sign and provide the base hospital medical director with a yearly verified statement confirming review and understanding of:~~

~~a. State, regional, and local treatment and triage protocols;~~

~~b. Regional and local communication protocols;~~

~~c. The base hospital policies and procedures for prehospital personnel; and,~~

~~d. Base hospital physician requirements.~~

~~4. Complete 24 clock hours of the requirements in R9-25-209(B)(5) within the first year as a base hospital physician, 12 of which shall be within the first three months after appointment.~~

~~5. Complete 24 clock hours of base hospital continuing education or vehicular experience every 24 months, in any combination of the following:~~

~~a. Ride-along vehicular time observing prehospital care. One hour of ride-along time equals one hour of continuing education.~~

~~b. Prepare and teach prehospital continuing education. Each one hour session of prehospital continuing education teaching equals four hours of continuing education.~~

~~c. Participate in prehospital continuing education that meets the requirements of R9-25-510 or R9-25-610 or both. One hour of participation equals three hours of continuing education.~~

~~d. Participation in base hospital administrative activities necessary to meet the requirements for base hospital certification pursuant to this Article. One hour of participation equals two hours of continuing education.~~

**~~R9-25-204.~~ R9-25-209. Amendment of the Certificate an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))**

**A.** ~~The base hospital shall submit to the Department a written request to amend its certificate after a change of address, change in health care institution administrator, base hospital medical director, or prehospital manager. The request shall be received by the Department no more than 30 days after the change has occurred.~~

**B.** ~~The application shall include:~~

~~1. For a change of address, notification of the new address and the effective date of the relocation;~~

~~2. For a change in health care institution administrator, the name of the new administrator and the effective date of employment;~~

~~3. For a change in base hospital medical director or prehospital manager, the name of the new medical director or prehospital manager, a curriculum vitae, and the effective date of employment.~~

**C.** ~~The Department shall issue an amended certificate upon notification of a change of address or change of health care institution administrator. The Department shall issue an amended certificate containing the name of the new medical director or prehospital manager provided the candidate satisfies all required qualifications.~~

**A.** No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall submit to the Department an application form provided by the Department containing:

1. The new name and the effective date of the name change;

2. Attestation that all information submitted to the Department is true and correct; and

3. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.

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**B.** No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change of ownership, as defined in R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-208(A).

**C.** The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

**~~R9-25-210. Nurse Intermediary (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))~~**

**~~A.~~** ~~Qualifications. The nurse intermediary shall:~~

- ~~1. Be a registered nurse currently licensed in good standing in the state.~~
- ~~2. Have completed a course in advanced cardiac life support within the last 24 months prior to appointment.~~
- ~~3. Have completed the base hospital orientation program.~~

**~~B.~~** ~~Responsibilities. The nurse intermediary shall:~~

- ~~1. Receive information from the prehospital emergency medical technicians and relay on-line medical direction from the base hospital physician to the prehospital emergency medical technicians.~~
- ~~2. Maintain current status as an advanced cardiac life support provider.~~
- ~~3. Maintain yearly written verification which confirms:~~
  - ~~a. Review of prehospital emergency medical services personnel policies and procedures of the base hospital.~~
  - ~~b. Review of medical control plan for the base hospital which includes the elements required by R9-25-206(E).~~
  - ~~c. Compliance with continuing education requirements of nurse intermediaries in accordance with R9-25-209(B)(4) and (5).~~

**~~R9-25-206. R9-25-210, ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)) (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))~~**

**~~A.~~** ~~A certified base hospital shall provide:~~

- ~~1. Administrative medical direction to emergency medical technicians who require medical direction;~~
- ~~2. On-line medical direction to emergency medical technicians who require medical direction;~~
- ~~3. Continuing education that meets the standards established in R9-25-510, R9-25-610, and R9-25-611. Prior Department approval is not required.~~

**~~B.~~** ~~A certified base hospital may:~~

- ~~1. Provide advanced skills training and ALS and BLS refresher training if it meets the standards established in subsection (F).~~
- ~~2. Utilize nurse intermediaries according to the standards established in R9-25-210.~~

**~~C.~~** ~~Supporting Service Agreement. The Base Hospital shall execute a written contract with an agency which employs emergency medical technicians in a prehospital setting. The contract shall:~~

- ~~1. Require the base hospital to provide both administrative and on-line medical direction to the prehospital emergency medical technicians who are employed by the agency.~~
- ~~2. Be reviewed and updated yearly. The base hospital shall maintain written verification that the yearly review and update was performed.~~
- ~~3. Contain an addendum or exhibit that lists the name of each emergency medical technician assigned to the base hospital.~~
- ~~4. Require the agency to verify that only emergency medical technicians with current certification are assigned to the base hospital.~~
- ~~5. Require the agency to notify the base hospital in writing within 30 days of any termination or transfer of an emergency medical technician, or of any addition of an emergency medical technician to the base hospital for medical direction. The notification shall include the name, certification expiration date of the emergency medical technician, and the effective date of employment, transfer, or termination.~~
- ~~6. Establish a procedure to replace disposable, medical, and pharmaceutical supplies for the contracted provider agency after patient care has been terminated by the agency.~~
- ~~7. Contain a provision that assures the disposal of contaminated waste meets federal and state requirements.~~
- ~~8. Contain a provision that adopts a conflict resolution procedure specific to the agency that:~~
  - ~~a. Investigates and resolves patient, physician, prehospital manager, and nurse intermediary complaints about the agency, its procedures, and agency personnel; and,~~
  - ~~b. Investigates and resolves agency complaints about the base hospital, its procedures, the medical director, emergency physicians, nurse intermediaries, prehospital manager, or other base hospital personnel.~~
- ~~9. Require the agency to have working communication equipment that allows base hospital medical direction communication with emergency medical technicians in the field.~~
- ~~10. Contain a provision that establishes:~~
  - ~~a. Written procedures to withdraw or suspend medical direction;~~
  - ~~b. Written medical direction requirements for the emergency medical technicians; and~~

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- e. ~~Written procedure for notifying the employing agency and the emergency medical technician of the withdrawal or suspension of medical direction.~~
- D.** ~~The base hospital and the agency shall jointly develop and implement:~~
  - 1. ~~Written policies and procedures that all emergency medical technicians must follow. These policies and procedures shall include:~~
    - a. ~~The form and content of required documentation for each emergency medical service incident;~~
    - b. ~~The procedures that each category of emergency medical technician must follow in patient assessment;~~
    - e. ~~Communication procedures for requesting, providing, and receiving medical direction;~~
    - d. ~~A plan to provide patient outcome data to the agency with a supporting service agreement that protects confidentiality and considers budget constraints; and~~
    - e. ~~A requirement for all prehospital medical personnel, operating under predetermined medical control and off-line medical control, to notify the receiving health care institution before arrival.~~
  - 2. ~~A written quality improvement plan that shall include:~~
    - a. ~~At least one continuing quality improvement committee representative from each agency. One representative shall be from each level of certified emergency medical technicians for which the base hospital provides medical direction. The committee shall meet at least semi-annually, keep regular meeting minutes, evaluate complaints, develop continuing education courses, cooperatively work on quality management issues, and provide updates on prehospital issues which affect the base hospital or agencies with supporting service agreements with the base hospital.~~
    - b. ~~A yearly requirement that the medical director, prehospital manager, physicians, nurses, all base hospital staff, and prehospital personnel complete a documented review of all new, modified, and deleted base hospital protocols or procedures.~~
    - e. ~~Documented review by all medical direction authorities and prehospital personnel of all protocols and procedures which shall be done every two years in conjunction with the base hospital certification.~~
    - d. ~~A system to review the following categories of prehospital patient encounters to assure that both prehospital and base hospital personnel followed established protocols and base hospital procedures:~~
      - i. ~~Monthly random reviews of 5% of refusals to treat, to a maximum of 100 reviews per month;~~
      - ii. ~~All code arrests;~~
      - iii. ~~All "do not resuscitate" cases; and~~
      - iv. ~~Monthly random reviews of 5% of advanced life support encounters, to a maximum of 1,000 reviews per year, with a minimum of 30 encounters reviewed per quarter.~~
    - e. ~~A process and documentation procedure to develop a corrective action plan when review of cases indicates a lapse in following protocol or procedure.~~
  - 3. ~~A process for EMTs assigned to the base hospital to follow for submission of recertification applications to the base hospital prior to filing with the Department.~~
  - 4. ~~A written process for evaluating the prehospital activities of each EMT to assess the EMT's competency. The process shall require this evaluation to be completed prior to signing the application supporting recertification. The process shall also permit the base hospital medical director to elect to have the EMT-P or EMT-I pass an examination approved by the Department as a prerequisite to recertification if the medical director makes the request in writing submitted with the application. The process shall require the base hospital medical director to specify if the EMT-P or EMT-I recertification examination shall contain a written component, practical component, or both components.~~
- E.** ~~The base hospital shall establish an orientation program for the medical director, prehospital manager, nurse intermediaries, and base hospital physicians, that includes:~~
  - 1. ~~Review of emergency medical service treatment and triage guidelines, policies, and procedures;~~
  - 2. ~~Review of communication equipment available at the base hospital;~~
  - 3. ~~Review of prehospital personnel levels of certification and treatment and patient care capabilities;~~
  - 4. ~~Review of prehospital continuing quality improvement policies;~~
  - 5. ~~Review of prehospital policy if concerns are identified or complaints are received about the base hospital;~~
  - 6. ~~Review of Department rules, protocols governing prehospital treatment, and the drug box list;~~
  - 7. ~~Review of the state and regional emergency medical service system; and,~~
  - 8. ~~Review of the base hospital continuing education requirements for nurse intermediaries and base hospital physicians employed at or assigned to the base hospital.~~
- F.** ~~The base hospital shall:~~
  - 1. ~~Assure that all emergency physicians who provide on-line medical direction to prehospital personnel meet the requirements established in R9-25-209;~~
  - 2. ~~Assure that all newly appointed medical direction authorities complete the orientation program within 30 days of their appointment; and~~
  - 3. ~~Assure that all medical direction authorities document and review all updated or modified protocols on a yearly basis.~~
- G.** ~~The base hospital shall provide the necessary communications equipment.~~

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1. The radio equipment shall be operational and compatible with the Department of Public Safety EMSCOM communications system or a local EMS communication system with a frequency and list of channels approved by the Department of Public Safety. The base hospital shall have communications equipment approved by the Department of Public Safety and be compatible with that of the prehospital emergency medical service agency.
  2. The equipment shall be operational at all times and be located in the emergency department permitting direct communication with emergency medical service personnel.
  3. The base hospital shall provide a dedicated telephone line to enable emergency prehospital care personnel to contact the base hospital directly.
  4. All telephone and radio communication between the base hospital and prehospital emergency medical service personnel for the purpose of medical direction shall be recorded. The recording shall be kept for a minimum of three months. Should the medical director or prehospital manager identify a potential problem with the prehospital provider's reporting or if a review is required according to the Continuing Quality Improvement Plan, the base hospital shall keep the tape a minimum of 24 months from the date of the potential problem or required review. The tape may be destroyed if the base hospital makes a written report of the event. The base hospital shall maintain the written report for a minimum of 24 months from the date of the potential problem or required review.
  5. Requirements for the use of biotelemetry equipment may be established by the advanced life support base hospital medical director in the medical control plan for the base hospital.
- H.** The base hospital shall establish the following communication procedures:
1. Provisions to notify a receiving health care institution of an incoming patient if notification has been made to the base hospital rather than the receiving health care institution.
  2. A written plan for alternative communications with field personnel in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction.
- I.** The base hospital shall provide education and training:
1. The base hospital shall provide 24 clock hours of continuing education per year that may be offered over a nine to 12 month period.
  2. The courses shall follow the Department's requirements for continuing education for each level of EMT as described in Articles 5 and 6.
  3. The base hospital shall provide training for any new Department approved required treatment, protocol, or drug within 90 days of receiving notification from the Department that the training has been adopted in rule.
  4. The base hospital shall provide facilities, equipment, and audio-visual aids for the continuing education required by this rule.
  5. The base hospital shall include prehospital case reviews in the 24 clock hours of continuing education per year. Prehospital case reviews may be incorporated into didactic or clinical skills. The base hospital shall require the review to be prepared under the direction of the prehospital manager and medical director.
  6. The ALS Base Hospital may:
    - a. Provide advanced training that meets the following curriculum standards approved pursuant to A.R.S. § 36-2205 and published by the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments:
      - i. Transcutaneous External Pacer (TEP) Procedure Training Curriculum, dated October 5, 1992; and
      - ii. Administration of Rectal Valium Procedure Training Curriculum, dated October 5, 1992; and
      - iii. Automatic Transport Ventilators Treatment Protocol and Training Curriculum, dated May 13, 1993; and
      - iv. Intraosseous Infusion (I.O.) Procedure Training Curriculum, dated July 1, 1992; and
      - v. Prehospital Blood Glucose Testing Procedure Training Curriculum, dated March 3, 1993.
    - b. Provide ALS refresher training that meets the requirements of the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The ALS Base Hospital shall comply with all of R9-25-403, R9-25-404(B), R9-25-406(A), R9-25-407(C),(E),(K), and (L), and R9-25-410.
    - e. Provide BLS refresher training that meets the requirements of the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 East Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The ALS Base Hospital shall comply with all of R9-25-303, R9-25-304(B), R9-25-305, R9-25-307(B), (D), (H), (I), and (J), and R9-25-310.
- J.** Drug Control. The base hospital shall:
1. Establish a written drug box security plan and documentation system; and
  2. Develop a written narcotic wastage plan.

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- A.** An ALS base hospital certificate holder shall:
  - 1. Provide both administrative medical direction and on-line medical direction;
  - 2. Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;
  - 3. Ensure that personnel are available to provide:
    - a. Administrative medical direction as required in R9-25-204, and
    - b. On-line medical direction as required in R9-25-205; and
  - 4. Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written agreement that meets the requirements of A.R.S. § 36-2201(2).
- B.** An ALS base hospital certificate holder shall:
  - 1. No later than 24 hours after ceasing to meet the requirement in R9-25-207(C)(2) or R9-25-207(C)(3), notify the Department in writing; and
  - 2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-207(C)(3), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement that meets the requirements of R9-25-207(C)(3).
- C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
  - 1. Is eligible for training program certification pursuant to R9-25-301(C); and
  - 2. Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318.

**~~R9-25-211. Required Records, Reports, and Notifications (Authorized by A.R.S. §§ 36-2202 (A)(3) and (4), and 36-2204 (5) and (6))~~**

The base hospital shall:

- 1. ~~Maintain written verification of the base hospital's annual review of the supporting service agreements.~~
- 2. ~~Notify the Department in writing within 30 days of executing or terminating a supporting service agreement.~~
- 3. ~~Notify the Department in writing within 30 days of any termination, withdrawal, or suspension of medical direction from an emergency medical technician. The base hospital shall provide concurrent copies of these notifications to the affected EMT and the employing agency.~~
- 4. ~~Verify and maintain on file documentation that the medical director, prehospital manager, base hospital physicians, and nurse intermediaries attend the base hospital orientation program required by R9-25-206(E).~~
- 5. ~~Provide the Department with a copy of recorded prehospital communications required by R9-25-206(G) and any documentation or verification required by this Chapter if requested in writing by the Department.~~
- 6. ~~Maintain a file documenting satisfaction of the medical director and prehospital manager qualifications listed in R9-25-207(A) and R9-25-208(A).~~
- 7. ~~Maintain written verifications of the requirements listed in R9-25-207(A) and (B) and R9-25-208(A) and (B).~~

**~~R9-25-213. R9-25-211, Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6) and (7)) ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))~~**

- A.** ~~The Director may issue a letter of censure, place on probation, suspend, or revoke an advanced life support base hospital certification, in whole or in part, if any of its owners or operators, officers, agents, or employees:~~
  - 1. ~~Violate any of the rules in this Article;~~
  - 2. ~~Submit information required by this Article that they knew, or should have known, was false; or~~
  - 3. ~~Refuse Department personnel the right to inspect any facility, equipment, or document as provided in this Article.~~
- B.** ~~The Department may request an informal interview with the base hospital, if it determines that any of the events listed in subsection (A) may have occurred.~~
- C.** ~~The Director may take the following action against the base hospital certificate if an event listed in subsection (A) is substantiated:~~
  - 1. ~~Issue a letter of censure or an order of probation; or~~
  - 2. ~~Suspend or revoke a certificate after notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 6 and 9 A.A.C. 1, Article 1.~~
- A.** The Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
  - 1. Does not meet the certification requirements in R9-25-207(C)(2) or R9-25-207(C)(3);
  - 2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
  - 3. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against an ALS base hospital certificate holder:
  - 1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure.
  - 2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation.
  - 3. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or

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4. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.

**R9-25-212. Department Oversight (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6)) Repealed**

- A:** Issuance of the certificate granting base hospital status authorizes the Department to review, at any time, the required documents, verifications, policies and procedures, personnel qualifications, equipment, and operation of the base hospital.  
**B:** The Department may attend, without prior notification, any continuing education session offered by the base hospital.

**R9-25-213. Renumbered**

**ARTICLE 3. BASIC LIFE SUPPORT TRAINING PROGRAM CERTIFICATION TRAINING PROGRAMS**

**R9-25-301. BLS Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Definitions: Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

**A. General Requirements**

1. A BLS Training Program shall obtain a certificate from the Department prior to initiating any EMT-Basic, EMT-Basic refresher, or EMT-Basic special skills training.
2. Each certificate shall contain the name of the BLS Training Program, the name of the program medical director, the mailing address of the program's administrative office, the certificate number, and the certificate expiration date.
3. The certificate shall be conspicuously posted in the program's administrative office.
4. The program shall not transfer the certificate.
5. The certificate issued to the training program shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation.
6. A certificate is valid for a period of two years provided that the program complies with the conditions of this Article throughout the certification period.
7. A BLS Training Program shall not conduct training without a medical director who meets the qualifications of R9-25-303. The Department shall amend and reissue a certificate upon notification of a change of training program medical director.
8. The certificate shall name only one agency and one medical director.
9. The BLS Training Program shall maintain a current certificate for the duration of all courses and for six months after the course completion date for all courses to which R9-25-307(I) apply.

**B. Initial Certification Application**

1. A BLS Training Program applying for initial certification shall submit the following documents to the Department at least 45 days prior to the projected commencement date of a course:
  - a. An application for certification on a form provided by the Department as shown in Exhibit C, which shall be signed by an individual with authority to act on behalf of and legally bind the named agency as applicant.
  - b. A copy of all agreements with institutions for use of facilities, use of equipment, and for training. All agreements shall be in writing and signed by the authorized agent for the BLS Training Program and the institution or service.
  - c. A copy of all agreements with ambulance or rescue services for vehicular training when the training program offers special skills training.
  - d. A curriculum vitae for the training program medical director and training program director.
  - e. A list of all instructors to include the following: name, contact telephone number, and instructor number issued by the Department.
  - f. A copy of disclosure documents required by R9-25-309.
  - g. A list of medical equipment owned or leased by the BLS Training Program that meets the quantity specified in the BLS Training Program Equipment List, as shown in Exhibit D.
  - h. An inventory of medical supplies identified in the BLS Training Program Equipment List, as shown in Exhibit D, in sufficient quantities to enable each student to successfully accomplish the lesson objectives. The BLS Training Program shall assure that each student has adequate personal protection to meet OSHA and CDC standards for Body Substance Isolation, described in Bloodborne Pathogens 29 C.F.R. § 1910.1030, amended July 1, 1995, and §§ II and IV of "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers," published by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, February 1989. Both documents are incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.
  - i. A certificate of insurance from a company licensed to do business in the state or proof of self insurance for \$500,000 malpractice and \$500,000 liability protecting students, instructors, and training facilities. The BLS Training Program shall maintain this insurance or proof of self insurance during the term of its training program certificate.



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- F.** A training program certificate holder shall:
  - 1. Maintain with an insurance company authorized to transact business in this state:
    - a. A minimum single claim professional liability insurance coverage of \$500,000; and
    - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
  - 2. Be self-insured for the amounts in subsection (F)(1).
- G.** A training program certificate holder shall:
  - 1. Conspicuously post the original or a copy of the training program certificate in the training program administrative office;
  - 2. Return the training program certificate to the Department upon decertification by the Department pursuant to R9-25-317 or upon voluntarily ceasing to act as a training program; and
  - 3. Not transfer the training program certificate to another person.
- H.** Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, a training program to determine ongoing compliance with the requirements of this Article.
- I.** The Department may inspect, pursuant to A.R.S. § 41-1009, a training program:
  - 1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
  - 2. As necessary to determine compliance with the requirements of this Article.
- J.** The Department shall approve or deny an application under this Article pursuant to Article 12 of this Chapter.

**R9-25-302. ~~Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~**

Scope: ~~A BLS Training Program may conduct EMT-Basic, EMT-Basic refresher, and EMT-Basic special skills courses.~~

- 1. ~~A BLS Training Program shall make all notifications and maintain all documentation required by R9-25-307 or R9-25-304(B)(5) separately for each course.~~
- 2. ~~The BLS Training Program shall not allow students to transfer between courses of different levels.~~
- 3. ~~The BLS Training Program may allow students to attend didactic presentations in another course running concurrently as long as the total number of students attending the didactic presentation is in compliance with R9-25-307(B)(2)(a).~~
- 4. ~~Clinical and vehicular rotations shall be conducted utilizing institutions, agencies, and preceptors that are currently licensed or certified in the state.~~

An applicant for training program certification shall submit to the Department an application including:

- 1. An application form provided by the Department containing:
  - a. The applicant's name, address, and telephone number;
  - b. The name and telephone number of the applicant's chief administrative officer;
  - c. The name of each course the applicant will provide;
  - d. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
  - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
  - f. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
- 2. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F);
- 3. For each training program medical director, documentation that the individual is qualified under R9-25-310;
- 4. For each training program director, documentation that the individual is qualified under R9-25-311;
- 5. For each lead instructor, documentation that the individual is qualified under R9-25-312;
- 6. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;
- 7. For each course to be provided, copies of policies and procedures required in R9-25-313;
- 8. For each course to be provided, copies of disclosure statements required in R9-25-314;
- 9. For each course to be provided, a completed form provided by the Department verifying that the applicant will develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, or a refresher challenge examination that meets the requirements established for the course; and
- 10. For each course to be provided, a completed form provided by the Department verifying that the applicant has:
  - a. Equipment that meets equipment requirements established for the course; and
  - b. Facilities that meet facility requirements established for the course.

Notices of Final Rulemaking

**R9-25-303. ~~Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** The medical director of a BLS Training Program shall have the following qualifications:
1. Be licensed as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17, in good standing, in the state and maintain licensure for the term of the training program certificate.
  2. Be board certified by the American College of Emergency Physicians or the American College of Osteopathic Emergency Physicians, or hold current status in advanced cardiac life support and have worked a minimum of 2,000 clinical hours in the emergency department of a licensed health care institution.
- B.** The medical director of a BLS Training Program shall be responsible for the following:
1. Review and approve, in writing, that the course outlines and lesson plans are consistent and do not exceed the scope of practice as contained in subsections (B)(1)(a) and (b):
    - a. Arizona Basic Life Support Curriculum, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.
    - b. Special Skills Curriculum, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.
  2. Complete and sign the BLS Training Program Course Completion Report as shown in Exhibit E, verifying course completion and skill competency for all students completing the course.
- A.** No later than 10 days after a change in the name or address listed on a training program certificate, the training program certificate holder shall submit to the Department an application form provided by the Department containing:
1. The new name or new address and the date of the name or address change;
  2. Attestation that the current insurance required in R9-25-301(F) is valid for the new name or new address;
  3. Attestation that all information submitted to the Department is true and correct; and
  4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** Before providing a course not listed by the Department on a training program certificate, a training program certificate holder shall:
1. Submit to the Department an application for the new course that includes the information in R9-25-302; and
  2. Gain approval of the new course from the Department.

**R9-25-304. ~~Basic Life Support Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** The BLS Training Program director shall have the following qualifications:
1. Be currently licensed or certified for a minimum of one year and in good standing in the state as a physician, registered nurse, or EMT at any level and maintain licensure or certification for the term of the training program certificate.
  2. Demonstrate and maintain at least 1,000 hours of clinical experience or 80 hours teaching experience as a physician, registered nurse, or EMT at any level, in prehospital care, emergency medicine, or critical care within the last two years.
- B.** The BLS Training Program director shall be responsible for the following:
1. Schedule classes, instructors, preceptors, facilities, clinical and vehicular rotations, and equipment for each class.
  2. Assure that classes and clinical and vehicular rotations are conducted as scheduled and adhere to the lesson plans and objectives and all requirements in R9-25-307.
  3. Assure that instructors and equipment are present at each class.
  4. Establish policy and procedures for all BLS Training Program courses which, at a minimum, shall include:
    - a. Attendance
      - i. Absences and tardiness shall not exceed 16 hours.
      - ii. The information and learning materials presented in the didactic portion of the program shall be made up under the direction of the instructor through individual instruction or documented self study projects. This shall not constitute exemption from the requirement of subsection (B)(4)(a)(i).
      - iii. Clinical and vehicular absences and tardiness shall be rescheduled either prior to the official course completion date or consistent with the time limits in R9-25-307(G). A student shall arrange to make up clinical and vehicular absences or tardiness through the program director. Rescheduling of clinical and vehicular absences under this requirement shall not apply to the requirement of subsection (B)(4)(a)(i).



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- A.** For each course provided, a training program certificate holder shall:
  - 1. Designate a training program medical director qualified under R9-25-310 and ensure that the training program medical director fulfills all responsibilities established in R9-25-310;
  - 2. Designate a training program director qualified under R9-25-311 and ensure that the training program director fulfills all responsibilities established in R9-25-311;
  - 3. Assign a lead instructor qualified under R9-25-312;
  - 4. Ensure that clinical training and field training are provided under the supervision of a preceptor qualified under R9-25-312;
  - 5. Meet all requirements that are established for the course as prescribed in this Article;
  - 6. For clinical training in the course, have a maximum ratio of four students to one preceptor or instructor;
  - 7. For field training in the course, have a maximum ratio of one student to one preceptor or instructor; and
  - 8. Not allow a student more than six months from the official course completion date to complete all course requirements.
- B.** For a course's clinical training or field training that is not provided directly by a training program, the training program shall have a written agreement between the training program and each health care institution, emergency medical services provider, or ambulance service providing the training that:
  - 1. Requires that all training be provided under the supervision of a preceptor qualified under R9-25-312; and
  - 2. Contains a termination clause that provides sufficient time for students to complete the training upon termination of the agreement.
- C.** A certified training program authorized to provide the Arizona EMT-B refresher may administer an Arizona EMT-B refresher challenge examination to an individual eligible for admission into the Arizona EMT-B refresher. The certified training program shall limit the individual to one attempt to pass the Arizona EMT-B refresher challenge examination.
- D.** A certified training program authorized to provide the Arizona ALS refresher may administer an Arizona ALS refresher challenge examination to an individual eligible for admission into the Arizona ALS refresher. The certified training program shall limit the individual to one attempt to pass the Arizona ALS refresher challenge examination.

**R9-25-305. Instructor (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** Each BLS course shall be taught by an instructor or team of two instructors who meet the following qualifications:
  - 1. Hold current licensure or certification in the state as a physician, registered nurse, or EMT at any level.
  - 2. Maintain current BCLS instructor status for EMT-Basic.
  - 3. Have successfully completed a course in advanced cardiac life support within the preceding 24 months and every 24 months thereafter.
  - 4. Have at least 500 hours of clinical experience or 40 hours teaching experience as a physician, registered nurse, or EMT at any level in prehospital care, emergency medicine, or critical care within the last two years.
  - 5. Complete an EMT instructional strategies program equivalent to the requirements of Instructional Strategies for EMS Instructors, as shown in Exhibit F.
  - 6. Have served as an instructor intern for one complete BLS training course at the level which they will instruct.
- B.** The Instructor shall be responsible for the following:
  - 1. Assure adherence to the lesson plans and objectives of the didactic portion of the course by attending all didactic and skills presentations.
  - 2. For special skills courses, meet with the department head of the institution and service which provides the clinical and vehicular rotations, prior to beginning the rotation, to provide and review the behavioral objectives and preceptor qualifications, and responsibilities for each rotation.
  - 3. Collect and forward documents required under R9-25-304(B)(5) to the training program director.
- A.** "Arizona EMT-B course" means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994):
  - 1. Incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
  - 2. Modified in subsection (B); and
  - 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B course is modified as follows:
  - 1. No more than 24 students shall be enrolled in the course;
  - 2. The following prerequisites are required:
    - a. Prerequisites identified in the course introductory materials under the heading "Prerequisites"; and

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- b. Prerequisites listed for lessons 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4;
3. The minimum course length is 110 contact hours;
4. Modules 1 through 7 are required;
5. Module 8 is deleted;
6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
7. Facility recommendations identified in the course introductory materials under the headings "Environment" and "Facilities" are requirements;
8. In addition to modules 1 through 7, the course shall also contain additional instruction and skills training in:
  - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
  - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump.
9. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts; and
10. A final comprehensive practical skills examination is required and shall:
  - a. Evaluate a student's technical proficiency in skills identified in Appendix H; and
  - b. Enable a student to meet NREMT-Basic registration requirements.

**EXHIBIT F Repealed**

**~~ARIZONA DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES~~**

~~Instructional Strategies for EMS Instructors~~

**Course Description:**

~~This course is designed to prepare and make eligible the participant to gain approval from the Office of EMS as a Basic EMT instructor.~~

~~This course will provide detailed information on requirements by the Office of EMS for conducting a Basic EMT course, instructing in a Basic EMT course, submission of paperwork, and certification of students. Also, this course offers a general overview of educational theories and principles. It is not possible, in a short course like this, to provide all the information one needs to be an instructor. Therefore, it is important that the participants have some requisite experience in conducting training and that they realize that this orientation program is the start of the journey, they will be responsible for expanding their knowledge and applying that knowledge in the classroom.~~

**Methodology:**

**Description –**

~~The course duration shall be a minimum of 124 hours.~~

~~It is designed to consist of 24 hour of didactic presentation, in which the participants will be provided with information via lectures, small group activities, individual activities and scenarios.~~

~~Additionally, each participant must complete a 100 hour internship in which they will assist an Approved Basic EMT instructor in an actual Basic EMT class, and under supervision prepare lesson plans, teach both a lecture session and skills session and perform the administrative functions associated with an EMT course.~~

**Coordination/Instruction**

~~Coordination: This course shall be coordinated by, or in conjunction with, a certified Basic EMT training program.~~

~~Instruction: The instructors for the course must currently be or have been within the last three years, Basic EMT instructors approved by the Office of EMS and should have considerable knowledge and experience in the field of education.~~

**Competencies:**

- ~~1. List the components required in Basic Emergency Medical Technology (EMT) courses according to standards set by the United States Department of Transportation (US DOT) and the Arizona Department of Health Services Office of Emergency Medical Services (ADHS – OEMS).~~
- ~~2. Define and describe the concepts of adult learning as they relate to students in EMT.~~
- ~~3. Apply teaching principles in the design of course syllabi, and lesson plans.~~
- ~~4. Design a lecture outline to include identification of time, AV aides, and any student study guides.~~
- ~~5. Use effectively all AV and EMT equipment.~~
- ~~6. Design teaching methods for skills to include airway management, administering oxygen, immobilization techniques, and application of pneumatic antishock garment (PASG).~~
- ~~7. Develop a student evaluation.~~
- ~~8. Prepare appropriate documentation for the American Heart Association (AHA), the ADHS – OEMS, and NREMT.~~
- ~~9. Successfully complete a multiple-choice examination on EMT-Basic knowledge and skills with 80% accuracy.~~
- ~~10. Successfully demonstrate application of all EMT-Basic skills according to the NREMT skills evaluation guidelines.~~
- ~~11. Complete 100 hours supervised classroom experience with a satisfactory evaluation.~~

~~OEMS – EDUCATIONAL DEVELOPMENT  
REV – January 3, 1995~~

**Course Content:**

- I. Orientation to US DOT, ADHS – OEMS, and NREMT Standards and Guidelines
  - A. Course content
  - B. Required skills
- II. Principles of Adult Learning
  - A. General learning theory
  - B. Characteristics of learners
  - C. The Domains
- III. Teaching Principles
  - A. Objectives for lectures and skills
  - B. Syllabus and lesson plans
  - C. Course calendar
  - D. Student study guides
- IV. Classroom Skills
  - A. Components of successful lecture
  - B. Components for effective teaching of skills
  - C. Classroom control
  - D. Discipline and counseling
  - E. Discrimination
  - F. Selection of text
  - G. Protection of self and others
- V. Audiovisual Aides
  - A. Preparation and development
  - B. Resources for purchase
  - C. Safe use of AV equipment
  - D. Safe use of monitoring and defibrillation equipment
- VI. Evaluation
  - A. Test Construction
    - 1. Multiple choice
    - 2. Matching
    - 3. Essay
    - 4. Completion
  - B. Grading
    - 1. Distribution
    - 2. Evaluation of the course
- VII. Preparation for Certification Examinations
- VIII. Multiple choice examination on EMT Basic knowledge and skills
- IX. ~~EMT Basic skills testing according to the NREMT skills evaluation guidelines.~~
- X. ~~100 hours of supervised classroom experience which shall be the duration of one entire EMT class, shall be completed within 12 months, and shall include preparing lesson plans, teaching both didactic and practical skills, as well as performing all administrative functions associated with an EMT course. The participant of the instructional strategies course shall obtain a satisfactory written evaluation signed by an approved instructor and co-signed by the BLS Training Program director.~~

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**R9-25-306. ~~Preceptor Qualifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~**

- A.** Clinical and vehicular preceptors shall be a registered nurse, physician, EMT-Basic trained under the July 22, 1994, curriculum, an intermediate with defibrillation status, or paramedic, licensed or certified by the state. At least two years field experience is required for all EMTs functioning as preceptors:
- B.** For special skills courses, vehicular preceptors shall be:
1. An intermediate with defibrillation status or paramedic, with current Arizona state certification and at least two years of field experience within the last five years.
  2. A physician with two years of prehospital, emergency medicine, or critical care experience within the last five years.
  3. A registered nurse who has:
    - a. Either:
      - i. Received instruction from the medical director in advanced airway management and has demonstrated competency in endotracheal intubation utilizing the standards of The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11), as verified by the medical director; or
      - ii. Performs endotracheal intubation as a part of their current nursing practice;
    - b. And either:
      - i. 2,080 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last two years; or
      - ii. 200 hours experience as an instructor in a BLS Training Program with continuing vehicular preceptor experience within the last two years.
- A.** “Arizona EMT-B refresher” means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide, (1996);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
  2. As modified in subsection (B); and
  3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B refresher is modified as follows:
1. No more than 32 students shall be enrolled in the course;
  2. The minimum admission requirements are:
    - a. One of the following:
      - i. Current EMT-B or higher level certification in this state or certification, recertification, or licensure at the basic emergency medical technician level or higher level in any other state or jurisdiction;
      - ii. Current NREMT-Basic or higher level registration; or
      - iii. For an individual with lapsed NREMT-Basic or higher-level registration, eligibility to have NREMT registration reinstated upon completion of the Arizona EMT-B refresher; and
    - b. Proficiency in cardiopulmonary resuscitation;
  3. The minimum course length is 24 contact hours;
  4. Modules 1 through 6 are required;
  5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
  6. Facility recommendations identified for the Arizona EMT-B course are requirements;
  7. For a student who has not completed the Arizona EMT-B course, the course shall contain additional instruction and skills training in:
    - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
    - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump;
  8. A final written course examination is required and shall:
    - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
    - b. Cover the learning objectives of the course with representation from each of the course modules; and
    - c. Require a passing score of 75% or better in no more than three attempts; and

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9. A final comprehensive practical skills examination is required and shall:
  - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 6; and
  - b. Enable a student to meet NREMT-Basic registration or reregistration requirements.
- C. "Arizona EMT-B refresher challenge examination" means competency testing prescribed in the Arizona EMT-B refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D. The Arizona EMT-B refresher challenge examination shall consist of:
  1. The EMT-B refresher final written course examination, required in subsection (B)(8); and
  2. The EMT-B refresher final comprehensive practical skills examination, required in subsection (B)(9).

**R9-25-307. ~~Basic Life Support Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~**

**A. Department Notifications**

1. ~~The BLS Training Program shall include its certificate number on all correspondence with the Department.~~
2. ~~At least 45 days prior to commencing each course, the BLS Training Program shall submit to the Department:~~
  - a. ~~A course approval application as shown in Exhibit C.~~
  - b. ~~For special skills courses, a prospective course roster listing all students to be screened for the course on the form as shown in Exhibit G.~~
  - e. ~~A course schedule that satisfies the minimum hourly requirements listed in subsection (C) to include: the date of each class, the module of Arizona Basic Life Support Curriculum to be covered in each class, the topic, class duration, class location, and the identity of the instructor for each lecture. The Department shall notify the BLS Training Program in writing within 30 days after it receives notice of the course schedule whether the schedule satisfies the curriculum requirements or has deficiencies. The Department shall reject a schedule that does not satisfy the requirements in subsection (C) and shall notify the BLS Training Program of the deficiencies in writing. The BLS Training Program shall submit an amended schedule within 14 days after receiving the notification. The BLS Training Program shall not commence training until it submits a course schedule that complies with subsection (C) and is approved by the Department in writing.~~
3. ~~The BLS Training Program shall notify the Department of any changes in the training program director or instructor within 10 working days of the change.~~

**B. Class Structure**

1. ~~Facility Requirements: The BLS Training Program shall ensure that each didactic session be held in a facility that provides:-~~
  - a. ~~Restrooms within the building or campus, accessible or key available in the classroom during class hours.~~
  - b. ~~A minimum of one chair and desk or table space per student.~~
  - e. ~~A temperature range between 65° F and 85° F.~~
  - d. ~~Lighting that evenly illuminates the room to allow the student to function within the classroom setting.~~
  - e. ~~An environment that is reasonably free of visual and auditory distractions.~~
2. ~~Class size:~~
  - a. ~~Didactic: Each BLS Training Program course shall be limited to 24 students. In the lecture format, the BLS Training Program may combine two EMT-Basic courses for a maximum of 48 students. This combined group of two courses shall not exceed 20 hours of the total didactic curriculum. The training program shall not allow students enrolled in a refresher course to attend EMT-Basic courses.~~
  - b. ~~Skills: Skills instruction and evaluation shall be limited to a maximum ratio of eight students to one instructor. The BLS Training Program shall not combine courses for skills instruction or evaluation.~~
3. ~~Classroom management: The BLS Training Program shall prohibit students not enrolled in a course from attending didactic or skills instruction or evaluation.~~

**C. Curriculum Requirements**

1. ~~Each course conducted by the BLS Training Program shall adhere to the requirements of the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a).~~
2. ~~Training for additional or subsequent protocols adopted pursuant to A.R.S. § 36-2205 shall not be implemented until the written training is adopted or amended in rule pursuant to the Arizona Administrative Procedure Act.~~
3. ~~The BLS Training Program shall assure total completion of the course by offering make-up sessions for all classes required for certification that are cancelled during a course.~~
4. ~~The BLS Training Program shall utilize the Basic Level Practical Examination forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).~~

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**~~D.~~ Body Substance Isolation-**

~~The BLS Training Program shall comply with, and assure that its contracts with institutions and services require compliance with, the procedures described in Bloodborne Pathogens, 29 CFR § 1910.1030, amended July 1, 1995, previously incorporated by reference at R9-25-301(B)(1)(h), and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers published by the U.S. Department of Health and Human Services, February 1989, previously incorporated by reference at R9-25-301(B)(1)(h).~~

**~~E.~~ Clinical Rotation Requirements for EMT-Basic**

- ~~1. The BLS Training Program shall assure that each student receives the required hours in each clinical area described in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a), for the training course in which the student is enrolled.~~
- ~~2. After completion of specific didactic and skills modules, all EMT-Basic students shall complete four sets of vital signs and the following skills during clinical rotation or supervised vehicular training, if the opportunity presents itself and under the direct supervision of a preceptor:
 
  - ~~a. Bag-Valve-Mask ventilation.~~
  - ~~b. One and two person cardiopulmonary resuscitation.~~
  - ~~e. One and two person pediatric resuscitation.~~
  - ~~d. Infant resuscitation.~~
  - ~~e. Adult, pediatric, and infant foreign body airway obstruction techniques.~~
  - ~~f. Pneumatic anti-shock garment removal under the direction and supervision of a physician.~~
  - ~~g. Initial patient assessment.~~
  - ~~h. Assist with monitoring intravenous lines.~~
  - ~~i. Facilitation of patient medication.~~
  - ~~j. Application of automatic or semiautomatic defibrillation.~~~~
- ~~3. The EMT-Basic student shall not perform patient care documentation on the hospital or institution record unless authorized by and performed under the direct supervision of the clinical preceptor.~~
- ~~4. The BLS Training Program shall require within their clinical site contracts that clinical preceptors be present and directly observe all student related patient care.~~
- ~~5. The BLS Training Program shall require that the clinical preceptors sign the student's clinical attendance and evaluation forms verifying completion of the rotation.~~
- ~~6. The BLS Training Program shall assure that treatments, procedures and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.~~

**~~F.~~ Examinations for EMT-Basic courses**

- ~~1. The BLS Training Program may develop and shall keep on file course examinations, in addition to the final examination, given at the discretion of the training program director or medical director.~~
- ~~2. Prior to the completion of the course the BLS Training Program shall develop and administer final comprehensive written and practical examinations to all students. The examinations shall meet the following standards:~~

~~a. Written Examination~~

- ~~i. EMT-Basic: The final exam shall consist of 150 multiple choice questions utilizing one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above." The examination shall cover the learning objectives of the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a), in the following proportions:~~

<del>Medicolegal, Patient Handling, and Transportation</del>	<del>10 questions</del>
<del>Anatomy and Physiology and Patient Assessment</del>	<del>10 questions</del>
<del>Breathing, Resuscitation, and Cardio-Pulmonary Resuscitation</del>	<del>25 questions</del>
<del>Wounds, Bleeding, Shock, Pneumatic Anti-shock Garments</del>	<del>10 questions</del>
<del>Medical Emergencies</del>	<del>10 questions</del>
<del>Injuries to the Head, Neck, Spine, Abdomen, and Genitalia</del>	<del>15 questions</del>
<del>Fractures and Dislocations</del>	<del>10 questions</del>

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- Environmental Emergencies and Hazardous Materials 10 questions
  - Emergency Childbirth 10 questions
  - Psychological Aspects 10 questions
  - Medication Administration 10 questions
  - I.V. Monitoring 10 questions
  - Automatic/Semiautomatic Defibrillation 10 questions
- ii. The minimum passing grade on the final written comprehensive examination shall be no less than 75%.
  - iii. The BLS Training Program may allow a student a maximum of three attempts to pass the final written comprehensive examination. If the student does not attain the minimum passing grade on the written comprehensive examination on the third attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.
- b. Practical Examination
    - i. The BLS Training Program shall administer a final comprehensive practical skills examination and shall utilize the Basic Level Practical Examination forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).
    - ii. The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station, regardless of the total of points accumulated.
    - iii. The BLS Training Program may allow a student a maximum of three attempts to pass each skill of the final comprehensive practical examination. If the student does not attain the minimum passing grade on the practical examination, for each skill, on the third attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.
- G. Course Completion Requirements: The BLS Training Program may allow students who have failed to complete clinical requirements no more than six months from the official course completion date to complete the requirements. The BLS Training Program shall fail students who do not complete all requirements within six months. If the student does not complete all requirements within six months, the student shall be considered ineligible to complete the course. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.
- H. Refresher courses: The BLS Training Program may offer refresher courses that meet the requirements of the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(1)(6)(c).
- I. Special Skills Courses
    - 1. The BLS Training Program may offer special skills courses for individuals certified as EMT-Basic in good standing. The special skills courses shall be separate from all other BLS Training Courses.
    - 2. Student qualifications: Prospective students shall be currently certified in the state as an EMT-Basic and in good standing.
    - 3. Special skills curriculum:
      - a. The BLS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
      - b. The BLS Training Program shall assure that each special skills course adheres to the didactic and vehicular requirements contained in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b).
      - c. The BLS Training Program shall permit special skills students to begin the vehicular rotation only after all skills and didactic components of the course are successfully completed.
    - 4. Vehicular Rotation Requirements
      - a. The BLS Training Program shall assure that each student receives the required vehicular objectives and hours of vehicular training described in the Basic EMT – Special Skills Vehicular Rotation Requirements, as shown in Exhibit H.
      - b. The BLS Training Program offering the EMT-Basic special skills course shall assure that a ratio of one preceptor to one student is maintained for all vehicular rotations.
      - c. The BLS Training Program shall require that the preceptor be present and observe all student-related patient care and co-sign the field incident report form.

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- d. ~~The BLS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.~~
5. Special skills courses examinations: The BLS Training Program shall administer final written and practical examinations, that meet the following standards, to all students prior to completion of the course:
- a. ~~Written examination:~~
- i. ~~The final exam shall consist of 50 multiple choice questions utilizing one absolutely correct answer, one incorrect answer and two distractors neither of which is "all of the above" or "none of the above." The examination shall cover the learning objectives of the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b), in the following proportions:~~
- |   |                         |
|---|-------------------------|
| <del>Medical-Legal, Patient Handling, and Transportation</del>                  | <del>10 questions</del> |
| <del>Anatomy and Physiology and Patient Assessment</del>                        | <del>10 questions</del> |
| <del>Airway, Breathing, Resuscitation, and Cardio Pulmonary Resuscitation</del> | <del>5 questions</del>  |
| <del>Trauma</del>   | <del>10 questions</del> |
| <del>Airway Adjuncts</del>  | <del>5 questions</del>  |
| <del>Intubation</del>   | <del>10 questions</del> |
- ii. ~~The minimum passing grade on the final written comprehensive exam shall be no less than 75%.~~
- iii. ~~The BLS Training Program may allow a student a maximum of three attempts to pass the final written comprehensive examination. If the student does not attain the minimum passing grade on the written comprehensive examination on the third attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply, be accepted by, and successfully complete the training program.~~
- b. ~~Practical Examination:~~
- i. ~~Following completion of the didactic component of the course, the BLS Training Program shall administer a final comprehensive practical skills examination utilizing the forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).~~
- ii. ~~The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station.~~
- iii. ~~The BLS Training Program may allow a student a maximum of three attempts to pass each skill of the final comprehensive practical examination. If the student does not attain the minimum passing grade, for each skill, on the third attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply, be accepted by, and successfully complete the training program.~~
- J. ~~Records Maintenance: The BLS Training Program shall retain all student records from all BLS courses for two years from the date of course commencement. These records shall include the student's name, attendance record, grades, practical skills evaluations including vehicular and clinical records, course schedules, and master copies of all examinations.~~
- A. "Arizona EMT-I course" means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
  2. As modified in subsection (B); and
  3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona EMT-I course is modified as follows:
1. No more than 24 students shall be enrolled in the course;
  2. Prerequisites identified in the course introductory materials under the headings "The EMT-Intermediate: National Standard Curriculum" and "Prerequisites" are required;
  3. The minimum course length is 400 contact hours, including:
    - a. A minimum of 280 contact hours of didactic instruction and practical laboratory, and

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- b. A minimum of 120 contact hours of clinical training and field training:
- 4. Modules 1 through 7 are required;
- 5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
- 6. Facility recommendations identified in the course introductory materials under the headings "EMT-Intermediate Education," "Program Evaluation," and "Facilities" are requirements;
- 7. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts; and
- 8. A final comprehensive practical skills examination is required and shall:
  - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 7; and
  - b. Enable a student to meet NREMT-Intermediate registration requirements.

**EXHIBIT H Repealed**

Arizona Department of Health Services  
Emergency Medical Services

Basic EMT—Special Skills  
Vehicular Rotation Requirements

Each student must meet each objective contained on this sheet. To accomplish this a student may have to remain in the vehicular rotation for a period of time ~~beyond~~ the 8 hour minimum requirement.

Note: Preceptors must meet the minimum qualification as described in the *Arizona Administrative Code* R9-25-306(B).

**Minimum Objectives**

Upon completion of the vehicular rotation, with documentation supported by a skills check-off sheet (signed by the preceptor) and an EMS encounter form (which shall be signed by the student and co-signed by the preceptor), each student shall have:

- 1. ~~Demonstrated the ability to perform a patient assessment on three patients in respiratory distress.~~
- 2. ~~Demonstrated the ability to provide basic airway care and intervention on three patients.~~
- 3. ~~Attempted a minimum of three endotracheal intubations in the prehospital setting.~~
- 4. ~~Performed a minimum of one successful endotracheal intubation in the prehospital setting.~~

**R9-25-308. ~~Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~**

- ~~A. Each applicant shall be at least 18 years of age prior to applying to the BLS Training Program.~~
- ~~B. Each applicant shall have a current Cardio-Pulmonary Resuscitation card, prior to applying to the BLS Training Program.~~
- ~~C. Each applicant shall demonstrate proficiency in reading at the 9th grade level. Prospective students shall demonstrate reading proficiency by scoring at the 9th grade level or higher on the Nelson-Denney Examination or ABEL Examination or by attaining a minimum score of 41 on the Assessment of Skills for Successful Entry and Transfer (ASSET) Examination.~~
- ~~D. Each applicant shall provide proof of:~~
  - 1. ~~TB testing or chest x-ray with a negative result within six months prior to application.~~
  - 2. ~~Immunity to Rubella (German Measles) determined as follows:~~
    - a. ~~Persons born before January 1, 1942, are considered immune to Rubella (German Measles).~~
    - b. ~~Persons born on or after January 1, 1942, are considered immune to Rubella if:~~
      - i. ~~The person has a documented record of having received one dose of live Rubella vaccine since June 1, 1969, on or after their first birthday, or~~
      - ii. ~~The person has documented laboratory confirmation of immunity to Rubella. Physician diagnosis is not acceptable.~~
  - 3. ~~Immunity to Rubeola (Measles) determined as follows:~~
    - a. ~~Persons born before January 1, 1957, are considered immune to Rubeola and Mumps.~~
    - b. ~~Persons born on or after January 1, 1957, are considered immune to Rubeola if:~~

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- i. ~~The person has a documented record of having received two doses of live measles vaccine since January 1, 1968, on or after their first birthday; or~~
- ii. ~~The person has documented laboratory confirmation of immunity to Rubeola. Physician diagnosis is not acceptable.~~

**A.** “Arizona EMT-P course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998);

- 1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>.
- 2. As modified in subsection (B); and
- 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

**B.** The Arizona EMT-P course is modified as follows:

- 1. No more than 24 students shall be enrolled in the course;
- 2. The following course prerequisites are required:
  - a. Prerequisites identified in the course introductory materials under the heading “The EMT-Paramedic: National Standard Curriculum, Prerequisites”; and
  - b. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association’s, NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level; incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-747 and from the Department’s Bureau of Emergency Medical Services;
- 3. The minimum course length is 1000 contact hours, including:
  - a. A minimum of 500 contact hours of didactic instruction and practical laboratory, and
  - b. A minimum of 500 contact hours of clinical training and field training.
- 4. Modules 1 through 8 are required;
- 5. Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
- 6. Facility recommendations on page 32 of the introductory material are requirements;
- 7. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts; and
- 8. A final comprehensive practical skills examination is required and shall:
  - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 8; and
  - b. Enable a student to meet NREMT-Paramedic registration requirements.

**R9-25-309.** ~~Disclosure Documents (Authorized by A.R.S. § 36-2202(A)(4))~~ **Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

The BLS Training Program shall provide all trainee applicants with the following information in writing:

- 1. ~~A description of the BLS Training Program curriculum and graduation requirements;~~
- 2. ~~A list of books, equipment, and supplies that the student shall purchase;~~
- 3. ~~A notification that the ability to perform certain physical activities is a mandatory requirement for both graduation and state certification and that the inability to perform these activities may disqualify the applicant from both graduation from the BLS Training Program and state certification;~~
- 4. ~~A notification that it is the responsibility of the applicant to complete the BLS Training Program course, including final testing, within six months of the official course completion date in order to be eligible for graduation;~~
- 5. ~~A copy of BLS Training Program policies and procedures that govern student conduct;~~
- 6. ~~Notification that an EMT Basic applicant shall successfully complete all written and practical examinations and all clinical rotations to be eligible for state certification;~~
- 7. ~~Notification that the requirements for EMT Basic, and special skills certification are located in 9 A.A.C. 25, Article 5, and can be found in public libraries;~~
- 8. ~~Notification that the Department does not regulate or insure the financial viability of the BLS Training Program;~~
- 9. ~~Notification that for special skills courses, the student shall maintain current Arizona EMT Basic certification throughout the special skills course or be expelled from the course;~~

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10. Notification of required proof of immunity or immunization and negative TB test as defined in R9-25-308(D);
11. Notification that a student shall provide evidence of annual TB testing while enrolled in the program;
12. Notification that a student who contracts Tuberculosis, Rubella, Rubeola, Mumps, Varicella, or Hepatitis during the course, shall comply with the attendance policies of the course and shall not be allowed to participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious;
13. Notification of requirements that are specific to each clinical or vehicular rotation that a student must meet before beginning the rotation, which may include a physical examination or drug screening, or both.

**A.** “Arizona ALS refresher” means the means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001);

1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>.
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

**B.** The Arizona ALS refresher is modified as follows:

1. No more than 32 students shall be enrolled in the course;
2. The minimum admission requirements are:
  - a. One of the following:
    - i. Current EMT-I or EMT-P certification in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;
    - ii. Current NREMT-Intermediate or NREMT-Paramedic registration; or
    - iii. For an individual with lapsed NREMT-Intermediate or NREMT-Paramedic registration, eligibility to have NREMT registration reinstated upon completion of the Arizona ALS refresher; and
  - b. Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
3. The minimum course length is 48 contact hours;
4. Modules 1 through 6 are required;
5. For a student at the intermediate emergency medical technician level, lessons, tasks, and objectives shall not exceed the intermediate emergency medical technician skill level;
6. Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
7. Facility recommendations identified for the Arizona EMT-P course are requirements;
8. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts; and
9. A final comprehensive practical skills examination is required and shall:
  - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1, 2, 4, 5, and 6; and
  - b. Enable a student to meet NREMT-Intermediate or NREMT-Paramedic registration or reregistration requirements.

**C.** “Arizona ALS refresher challenge examination” means competency testing prescribed in the Arizona ALS refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

**D.** The Arizona ALS refresher challenge examination shall consist of:

1. The ALS refresher final written course examination, required in subsection (B)(8); and
2. The ALS refresher final comprehensive practical skills examination, required in subsection (B)(9).

**R9-25-310.** ~~**Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204(1), (3), (4), and (40))**~~ **Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** ~~Application by the BLS Training Program for certification or recertification shall constitute agreement for participation in the quality management program.~~
- B.** ~~During the term of certification, the Department’s representatives may evaluate the quality of the training program pursuant to the rules established in this Article.~~
- C.** ~~Evaluation may consist, in whole or in part, of the following components:~~
  1. ~~Site visits may be conducted as follows:~~

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- a. ~~Each site visit may consist of the Department's representative attending a scheduled class to observe the training scheduled to occur, review the required records, interview students, and inspect equipment, supplies, and the physical location. The Department shall notify the training program director of the site visit at least 24 hours prior to the visit.~~
  - b. ~~During the visit, the training program director or assigned faculty shall make available to the Department's representative all requested records pertaining to the course.~~
  - e. ~~During the site visit the Department's representative may evaluate:~~
    - i. ~~Records Management—The accuracy and currency of all records and paperwork required by this Article.~~
    - ii. ~~Classroom Structure—The physical conditions in the classroom as required in R9-25-307(B).~~
    - iii. ~~Equipment and supplies as required in Exhibit D.~~
    - iv. ~~For each class the faculty shall be in compliance with the learning objectives of the Arizona Basic Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a).~~
    - v. ~~At the conclusion of each site visit, the Department's representative may meet with the assigned faculty and verbally review the evaluation, including feedback and recommendations of the Department's representative. The Department shall prepare and provide a written report of the site visit to the training program director within 10 working days after completion of the site visit. If the written report contains a request for a corrective action plan, the report shall refer to the applicable Sections of the rules for guidance.~~
2. The Department may conduct customer service surveys of students, faculties, preceptors, and agencies contracted with the training program to provide clinical and vehicular rotations:
- a. The surveys shall contain:
    - i. The BLS Training Program's name,
    - ii. The training program director's name,
    - iii. The training program medical director's name, and
    - iv. Questions relevant to the respondent's interaction with the training program to determine the training program's compliance with this Article.
  - b. The survey question design shall elicit a "yes" or "no" response with space for comments.
  - e. The Department shall maintain the results of each survey for the duration of the training programs current certificate and shall forward a copy to the BLS Training Program director.
  - d. Any survey that is returned with a "no" response shall be audited by the Department in the context of other responses to determine whether a rule violation has occurred. If a violation occurred, the Department shall notify the BLS Training Program which shall develop a corrective action plan as described in this rule.
- D.** If corrective action is necessary, the BLS Training Program shall develop a corrective action plan within 20 working days of notification by the Department. The BLS Training Program shall submit the corrective action plan to the Department for approval. A corrective action plan shall include:
- 1. The specific program deficiency, including the rules violated, as determined by the Department.
  - 2. The plan for correction of the deficiency, which shall include:
    - a. A step by step procedure that the training program shall follow to correct the deficiency, and
    - b. A time line for implementation that corrects the deficiency without delay.
- E.** If the training program fails to develop a corrective action plan, develops a corrective action plan that does not comply with this rule, or is unable to meet the terms of the plan, the Department may initiate administrative proceedings against the training program's certificate. These proceedings may result in a letter of censure, probation, suspension, or revocation of the training program's certificate.
- A.** A training program certificate holder shall ensure that a training program medical director:
- 1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3); and
  - 2. Meets one of the following:
    - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
    - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
    - c. Is practicing emergency medicine and has:
      - i. Proficiency in advanced emergency cardiac life support,
      - ii. Proficiency in advanced trauma life support, and
      - iii. Proficiency in pediatric emergency care.
- B.** A training program medical director designated for a course shall:
- 1. Before the start date of the course, ensure that the course has a course content outline and final examinations that are consistent with:
    - a. Requirements established in the course; and
    - b. The scope of practice of the EMT level to which the course corresponds; and
  - 2. During the course, ensure that the course content outline is followed and that the final examinations are given.

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**R9-25-311. ~~Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. § 36-2202(A)(4)) Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~**

- A.** The director may issue a letter of censure, place on probation, suspend, or revoke a BLS Training Program certificate, in whole or in part, if any of its owners or operators, officers, agents, or employees:
1. Violate any of the rules in this Chapter.
  2. Knowingly commit, aid, permit, or abet the commission of any crime involving medical or health-related services.
  3. Submit to the Department information required by this Article that any of its owners or operators, officers, agents, or employees knew, or should have known, was false.
  4. Refuse Department personnel access to inspect facilities, equipment, or documents.
- B.** The Department may request an informal interview with the BLS Training Program, if it determines that an event listed in subsection (A) may have occurred.
- C.** The director may take the following action against the certificate if the occurrence of an event listed in subsection (A) is substantiated:
1. Issue a letter of censure or an order of probation;
  2. Suspend or revoke a certificate after notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.
- D.** The Department may suspend or revoke the certificate of a BLS Training Program during an active training course for failure to conform to this Article. In the event that the BLS Training Program's certificate is suspended or revoked during an active training course, the Department may refuse to certify graduates of that training program if it determines that the graduates did not satisfy all course requirements. If such a determination is made all students and graduates, who have not been previously certified, shall be so notified in writing by the Department.
- A.** A training program certificate holder shall ensure that a training program director is:
1. A physician with at least two years emergency medical services experience as a physician;
  2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience as a doctor of allopathic medicine or osteopathic medicine;
  3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a registered nurse;
  4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a physician's assistant;
  5. An EMT-P with at least two years experience as an EMT-P;
  6. An EMT-I with at least two years experience as an EMT-I, only if acting as a training program director for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
  7. An EMT-B with at least two years experience as an EMT-B, only if acting as a training program director for the Arizona EMT-B course or Arizona EMT-B refresher.
- B.** A training program director designated for a course shall:
1. Supervise the day-to-day operation of a course;
  2. Supervise and evaluate the course lead instructor and all preceptors providing clinical training or field training;
  3. Ensure that policies and procedures established for a course pursuant to R9-25-313 are followed;
  4. Ensure that true and accurate records for each student enrolled in a course are kept pursuant to R9-25-315;
  5. Ensure that an Arizona EMT-B refresher challenge examination or an Arizona ALS refresher challenge examination is administered and graded pursuant to the requirements established in the Arizona EMT-B refresher or the Arizona ALS refresher;
  6. Ensure that a student is assisted in making reservations to take NREMT written examinations required for NREMT registration;
  7. Ensure that a student is assisted in completing application forms required for NREMT registration;
  8. Ensure that a student is assisted in completing application forms required for certification in this state;
  9. Ensure that forms required pursuant to R9-25-316(B) or (C) are completed and submitted to the Department;
  10. For a student who completes a course, issue a certificate of completion containing:
    - a. Identification of the training program;
    - b. The name of the course completed;
    - c. The name of the student who completed the course;
    - d. The date the student completed all course requirements;
    - e. Attestation that the student has met all course requirements; and
    - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
  11. For an EMT who passes the Arizona EMT-B refresher challenge examination or the Arizona ALS refresher challenge examination, issue a certificate of completion containing:
    - a. Identification of the training program;

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- b. The name of the refresher challenge examination administered;
- c. The name of the EMT who passed the refresher challenge examination;
- d. The dates the EMT took the refresher challenge examination;
- e. Attestation that the EMT has passed the refresher challenge examination; and
- f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

**EXHIBIT D Repealed**

BLS EMS TRAINING PROGRAM EQUIPMENT/SUPPLIES LIST

Quantity	Equipment
1	Moulage Kits or Casualty Simulator Kits.
2	Pair of old pants and shirts.
2	Blankets (cotton or cotton/blend).
10 rolls each size	Adhesive cloth/silk type tape – 1/2 inch, 1 inch, 2 inch, and 3 inch.
10 rolls each size	Adhesive paper/plastic type tape – 1/2 inch, 1 inch, 2 inch, and 3 inch.
24	Trauma Dressings.
1 per student	Pen Lights.
1 per student	Scissors.
3	Stethoscopes.
3	Dual head training stethoscopes.
3	Blood pressure cuffs – adult sizes.
3	Blood pressure cuffs – child size.
3	Bag valve mask devices – adult size.
3	Bag valve mask devices – pediatric size.
2	Oxygen tank with regulator and key. (Must be operational and maintain a minimum of 500 psi.)
6	Oxygen masks non-rebreather – adult.
6	Oxygen masks non-rebreather – child.
6	Nasal cannulas.
2 boxes	Alcohol preps.
1 case of each size	Gloves – (small, medium, large, and extra large).
1 case	2x2 sponges.
1 case	4x4 sponges.
1 case	5x9 sponges.
2 cases	Roller gauze.

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1 box	Vaseline gauze or occlusive dressings.
2	Traction splint devices.
2	Vest type immobilization devices.
2	Long spine boards with three (3) 9 foot straps per board.
3 of each size	Cervical collars (small, regular, medium, large, and extra large). <b>NOTE:</b> (Soft collars and foam types are not acceptable.)
2	Head immobilization materials/devices.
2	Pneumatic Anti-Shock Garments – adult.
2	Pneumatic Anti-Shock Garments – child.
1 set	Mobile or portable transmitter/receivers or hand held walkie talkies with fully charged batteries.
1	Ambulance stretcher.
1	Bottle of activated charcoal.
1	Oral glucose tube.
2	Portable suction device.
3	Rigid suction catheters.
3	Flexible suction catheters.
2 of each size	Oropharyngeal airways.
2 of each size	Nasopharyngeal airways.
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch.)
2	Burn sheets.
2	OB kits.
8 bottles	Sterile water.
2	CPR Mannikins – adult.
2	CPR Mannikins – child.
2	CPR Mannikins – infant.
4 per mannikin	Replacement lungs.
1 case	CPR face shields.
1	Semi-Automatic Defibrillator or AED training device.

NOTE: A box, roll, or case must be unused to be counted toward the minimum requirements. Sets and units must be complete to be counted toward the minimum requirement.

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**EXHIBIT C Repealed**

EMERGENCY MEDICAL SERVICES

~~BASIC LIFE SUPPORT TRAINING PROGRAM APPLICATION  
FOR CERTIFICATION / RECERTIFICATION / COURSE APPROVAL~~

(Mark one)

\_\_\_\_\_ New Certificate

\_\_\_\_\_ Recertification (certificate number) \_\_\_\_\_

\_\_\_\_\_ Approval of a course to be conducted under certificate number \_\_\_\_\_

Indicate the level of the course:

\_\_\_\_\_ First Responder

\_\_\_\_\_ Basic EMT Refresher

\_\_\_\_\_ First Responder Refresher

\_\_\_\_\_ Basic EMT Special Skills

\_\_\_\_\_ Basic EMT

Name of Applicant (Training Institution):-	Location of Classroom:
List the names of all owners, corporate officers (attach additional sheet(s) if needed):	List all BLS training program certificates currently or previously held by the training program or its owners/corporate officers:
Mailing address:	Course Dates: Start: _____ End: _____ Day(s) of week: Times:
Medical Director:-	Medical Director's phone number:-
Program Director:-	Program Director's phone number:-
Course Manager:-	Course Manager's phone number:-

I hereby certify that the information provided in this application is correct. I verify that I have the authority to act on behalf of, and legally bind, the named agency as applicant.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

EXHIBIT E Repealed

ARIZONA DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES

~~BASIC LIFE SUPPORT TRAINING PROGRAM  
COURSE COMPLETION REPORT~~

This report shall be submitted with an Official Class Roster (form OEMS-005).

Program name \_\_\_\_\_ Certificate number \_\_\_\_\_

Program Director's name (print) \_\_\_\_\_

Medical Director's name (print) \_\_\_\_\_

Date of completion \_\_\_\_\_ Course type \_\_\_\_\_

*I, as Medical Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-303.*

*I, as Program Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-304.*

***We verify that each student on the attached official class roster has:***

- 1. Achieved competency of every stated objective for didactic, clinical, and vehicular (for Basic EMT special skills) components of the curriculum.*
- 2. Met the minimum contact hour requirements for didactic, clinical, and vehicular (for Basic EMT special skills) components as stated in the curriculum.*
- 3. Demonstrated proficiency in all skills encompassed in the curriculum by successfully performing the procedure on live patients, cadavers, mannikins, or a combination of these.*

By affixing our signatures to this form we verify that each student listed on the Official Class Roster has successfully completed all requirements of the Arizona Basic Life Support Curriculum. We verify that records required by Arizona Administrative Code, Title 9, Chapter 25, Article 3, are available for inspection on request.

Medical Director \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

**R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** A training program certificate holder shall ensure that a lead instructor is:
1. A physician with at least two years emergency medical services experience;
  2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience;
  3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
  4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
  5. An EMT-P with at least two years experience as an EMT-P;
  6. An EMT-I with at least two years experience as an EMT-I, only if acting as a lead instructor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
  7. An EMT-B with at least two years experience as an EMT-B, only if acting as a lead instructor for the Arizona EMT-B course or Arizona EMT-B refresher.
- B.** A lead instructor shall have completed 24 hours of training related to instructional methodology including:
1. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
  2. Preparing and administering tests and practical examinations;
  3. Using equipment and supplies;
  4. Measuring student performance;
  5. Evaluating student performance;

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6. Providing corrective feedback; and
7. Evaluating course effectiveness.

**C.** A lead instructor assigned to a course shall:

1. Be present or have a substitute lead instructor present during all course hours established for the course; and
2. Ensure that course instruction is provided and is consistent with the course content outline and final examinations established for the course.

**D.** A training program certificate holder shall ensure that a preceptor is:

1. A physician or a doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction;
2. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction;
3. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction;
4. An EMT-P with at least two years experience as an EMT-P;
5. An EMT-I with at least two years experience as an EMT-I, only if acting as a preceptor for the Arizona EMT-I course, the EMT-I Arizona ALS refresher, the Arizona EMT-B course, or the Arizona EMT-B refresher; or
6. An EMT-B with at least two years experience as an EMT-B, only if acting as a preceptor for the Arizona EMT-B course or Arizona EMT-B refresher.

**E.** A preceptor shall provide training consistent with the clinical training or field training established in a course and, if applicable, a written agreement required in R9-25-304(B).

**R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

A training program certificate holder shall establish, implement, and annually review policies and procedures for:

1. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
2. Student attendance, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
3. Grading, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
4. Administration of final examinations;
5. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct; and
6. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security.

**R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

A training program certificate holder shall provide all course applicants with the following documentation before the start date of a course:

1. A description of requirements for admission, course content, course hours, course fees, and course completion;
2. A list of books, equipment, and supplies that a student is required to purchase for the course;
3. Notification of requirements for a student to begin any part of the course, including physical examinations, immunizations, tuberculin skin tests, drug screening, and the ability to perform certain physical activities;
4. A copy of training program policies and procedures required under R9-25-313;
5. A copy of Article 4 of this Chapter; and
6. A copy of NREMT policies and requirements governing:
  - a. NREMT practical and written examinations, and
  - b. NREMT registration.

**R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

**A.** A training program certificate holder shall keep the following records for each student enrolled in a course:

1. The student's name;
2. A copy of the student's enrollment agreement or contract;
3. The name of the course in which the student is enrolled;
4. The student's attendance records;
5. The student's clinical training records;
6. The student's field training records;
7. The student's grades;
8. Documentation of scores for each final written examination attempted or completed by the student; and
9. Documentation of each final practical examination attempted or completed by the student, including all forms used as part of the final practical examination.

**B.** A training program certificate holder shall retain student records required under subsection (A) for three years from the start date of a student's course.

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- C.** A training program certificate holder shall keep records for each EMT to whom a refresher challenge examination is administered, including:
1. The EMT's name;
  2. The challenge examination taken;
  3. The challenge examination date;
  4. The final written examination attempted or completed by the student and the written examination numeric grade; and
  5. Documentation of each practical examination attempted or completed by the student, including all forms used as part of the practical examination.
- D.** A training program certificate holder shall retain records required under subsection (C) for three years from the date a refresher challenge examination is administered.

**R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** At least 10 days before the start date of a course, a training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the training program.
  2. The course name.
  3. The name of the course training program medical director and attestation that the course training program medical director is qualified under R9-25-310.
  4. The name of the course training program director and attestation that the course training program director is qualified under R9-25-311.
  5. The name of the course lead instructor and attestation that the lead instructor is qualified under R9-25-312.
  6. The course start date and end date, and
  7. The main location at which the course will be taught.
- B.** No later than 10 days after the date a student completes all course requirements, a training program certificate holder shall submit to the Department, the following information on a completed form provided by the Department:
1. Name, start date, and end date of the course completed;
  2. Name, social security number, and mailing address of the student who has completed the course;
  3. Date the student completed all course requirements; and
  4. Signed and dated attestation of the training program director designated for a course that the student has met all course requirements.
- C.** No later than 10 days after the date a certified training program administers a refresher challenge examination, the training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the refresher challenge examination administered;
  2. Name, social security number, and address of the EMT who passed the refresher challenge examination;
  3. Refresher challenge examination date; and
  4. Signed and dated attestation of the training program director designated for a course that the EMT has passed the refresher challenge examination.
- D.** A training program certificate holder shall maintain for Department review and inspection all documents and records as required under this Article.

**R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** The Department may take an action listed in subsection (B) against a training program certificate holder who:
1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
  2. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against a training program certificate holder:
1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure;
  2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation;
  3. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the training program certificate; or
  4. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the training program.

**R9-25-318. Arizona EMT-I Transition Course Definition: Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A.** In addition to the definitions of "course" in R9-25-301(A), course also means the Arizona EMT- Intermediate Transition Course:
1. Prescribed in Exhibit B; and
  2. Provided by a training program certified under this Article 3 or by an ALS base hospital authorized under R9-25-210(C).

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- B.** Under R9-25-309(B):
1. “Intermediate emergency medical technician level or higher level” means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1); and
  2. “EMT-Intermediate registration” means EMT-Intermediate/99 registration granted by NREMT.
- C.** Under R9-25-309(B), R9-25-311(A)(6), and R9-25-312(A)(6), “EMT-I” means an EMT-I who has completed training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- D.** Under R9-25-311(A)(6) and R9-25-312(A)(6), an EMT-I may also act as a training program director or lead instructor for the Arizona EMT-Intermediate Transition Course, prescribed in Exhibit B.
- E.** In this Article “NREMT-Intermediate Practical Examination” means the NREMT-Intermediate Practical Examination required for EMT-Intermediate/99 registration granted by NREMT.
- F.** This Section expires December 31, 2007.

**Exhibit A. EMT-I Course, EMT-P Course, ALS Refresher Equipment Minimum Standards**

<u>Quantity</u>	<u>Equipment</u>
<u>1</u>	<u>Moulage or Casualty Simulation Equipment</u>
<u>12</u>	<u>Trauma Dressings</u>
<u>1 per student</u>	<u>Pen Lights (or provided by the student)</u>
<u>1 per student</u>	<u>Scissors (or provided by the student)</u>
<u>4</u>	<u>Stethoscopes (or provided by the student)</u>
<u>4</u>	<u>Blood pressure cuffs - adult sizes</u>
<u>4</u>	<u>Blood pressure cuffs - child size</u>
<u>4</u>	<u>Bag-valve-mask devices - adult size</u>
<u>4</u>	<u>Bag-valve-mask devices - pediatric size</u>
<u>2</u>	<u>Oxygen tank with regulator and key (Must be operational and maintain a minimum of 500psi.)</u>
<u>6</u>	<u>Oxygen masks non-rebreather - adult</u>
<u>6</u>	<u>Oxygen masks non-rebreather - child</u>
<u>6</u>	<u>Nasal cannulas</u>
<u>2 boxes</u>	<u>Alcohol preps</u>
<u>One box per student</u>	<u>Gloves - (small, medium, large, and extra large) (each student has one box of an appropriate size available during the course)</u>
<u>6 packages</u>	<u>4x4 sponges (non sterile)</u>
<u>10 boxes</u>	<u>5x9 sponges (non sterile)</u>
<u>36 rolls</u>	<u>Rolled gauze (non sterile)</u>
<u>1 box</u>	<u>Vaseline gauze or occlusive dressings</u>
<u>2</u>	<u>Traction splint devices</u>
<u>2</u>	<u>Vest type immobilization devices</u>
<u>2</u>	<u>Long spine boards with securing devices</u>
<u>3 of each size</u>	<u>Cervical collars (small, regular, medium, large, and extra large) NOTE: may substitute 6 adjustable devices NOTE: Soft collars and foam types are not acceptable</u>
<u>2</u>	<u>Head immobilization materials/devices</u>
<u>1</u>	<u>Ambulance stretcher</u>
<u>1</u>	<u>Bottle of activated charcoal</u>

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<u>1</u>	<u>Oral glucose tube</u>
<u>2</u>	<u>Blood glucose monitoring devices</u>
<u>2</u>	<u>IV solution, tubing: macro and microdrip, blood tubing</u>
<u>2</u>	<u>Portable suction devices</u>
<u>3</u>	<u>Rigid suction catheters</u>
<u>3</u>	<u>Flexible suction catheters</u>
<u>2 of each size</u>	<u>Oropharyngeal airways</u>
<u>2 of each size</u>	<u>Nasopharyngeal airways</u>
<u>2 of each size</u>	<u>Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)</u>
<u>2</u>	<u>Burn sheets</u>
<u>2</u>	<u>OB kits</u>
<u>8 bottles</u>	<u>Sterile water</u>
<u>2</u>	<u>CPR Manikins - adult</u>
<u>2</u>	<u>CPR Manikins - child</u>
<u>2</u>	<u>CPR Manikins - infant</u>
<u>1 per student</u>	<u>CPR face shields or similar barrier device (or provided by the student)</u>
<u>1 per student</u>	<u>Pocket mask (or provided by the student)</u>
<u>1</u>	<u>Semi-Automatic Defibrillator or AED training device</u>
<u>1 box</u>	<u>IV Catheter - Butterfly</u>
<u>1 box</u>	<u>IV Catheter - 24 Gauge</u>
<u>1 box</u>	<u>IV Catheter - 22 Gauge</u>
<u>1 box</u>	<u>IV Catheter - 20 Gauge</u>
<u>1 box</u>	<u>IV Catheter - 18 Gauge</u>
<u>1 box</u>	<u>IV Catheter - 16 Gauge</u>
<u>1 box</u>	<u>IV Catheters central line catheter or intra-cath</u>
<u>1 unit</u>	<u>Monitor/Defibrillator</u>
<u>1 unit</u>	<u>Arrhythmia Simulator</u>
<u>1 box</u>	<u>Electrodes</u>
<u>2 unit</u>	<u>Intubation Manikin-adult</u>
<u>2 unit</u>	<u>Intubation Manikin - pediatrics</u>
<u>2 sets</u>	<u>Laryngoscope Handle and Blades - one complete set MAC or Miller</u>
<u>1 set</u>	<u>Endotracheal Tubes - 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, and 8.5</u>
<u>1</u>	<u>Dual Lumen Airway</u>
<u>2 each</u>	<u>Stylet - adult and pediatric</u>
<u>1 box</u>	<u>1 cc Syringes</u>
<u>1 box</u>	<u>3 cc Syringes</u>
<u>1 box</u>	<u>5 cc Syringes</u>
<u>1 box</u>	<u>10-12 cc Syringes</u>
<u>1 box</u>	<u>20 cc Syringes</u>
<u>2</u>	<u>IV Infusion Arm</u>
<u>10 bags</u>	<u>IV Fluids: 50cc, 100cc, 250cc, 500cc, 1000cc</u>
<u>10 sets each</u>	<u>IV Tubing - 10/15gtt, 60gtt</u>

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<u>10 sets each</u>	<u>Blood tubing</u>
<u>2</u>	<u>Sharps containers</u>
<u>1</u>	<u>Invasive Skills Manikin - cricothyrotomy, central Lines and intraosseous and sternal IO training devices</u>
<u>1</u>	<u>Magill forceps</u>
<u>1</u>	<u>Hemostat</u>
<u>3</u>	<u>IV tourniquets</u>
<u>3</u>	<u>Scalpels</u>
<u>1</u>	<u>Simulated Drug Box</u>

**Exhibit B. Arizona EMT-Intermediate Transition Course**

Admission Requirements:

1. EMT-I certification in Arizona during the two years before the course start date, and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:

The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:

Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:

1. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts.
2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:

1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the drugs included in the current Arizona Department of Health Services, Bureau of Emergency Medical Services approved drug box.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:

- I. Advanced Emergency Medical Technician
  - A. Roles and responsibilities
  - B. Rules, regulations, and EMS systems
- II. Human Systems and Patient Assessment
  - A. Scene management and body substance isolation
  - B. Human systems in health and disease
  - C. Initial, focused, and ongoing processes of assessment
    1. Vital signs
    2. History taking, interviewing, and communications
    3. Terminology
  - D. Documentation
- III. Hypoperfusion States
  - A. Shock/Disorders of hydration
  - B. Devices and techniques
  - C. Trauma

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- D. Thermal injuries
- E. Communications and documentation
- IV. Pharmacology
  - A. Basic and advanced pharmacokinetics
  - B. Updated drug information
  - C. Action of drugs
  - D. Techniques of administration
    - 1. Oral
    - 2. Rectal
    - 3. Parenteral
    - 4. Intraosseous
    - 5. Intralingual
  - E. Drug box
- V. Illness, Injury, and the Body's Systems
  - A. Respiratory
    - 1. LMA
    - 2. Combitube
    - 3. Endotracheal and nasal tracheal intubation
    - 4. Surgical cricothyrotomy
    - 5. Needle thoracostomy
  - B. Cardiovascular
    - 1. Ecg rhythm identification
    - 2. Pacemaker rhythm identification
    - 3. 12-lead ecg application and analysis
    - 4. Defibrillation and cardioversion procedures
  - C. Central nervous system
  - D. Endocrine
  - E. Musculoskeletal emergencies
  - F. Soft tissue emergencies
  - G. Acute abdominal emergencies
  - H. Genito-urinary emergencies
  - I. Gynecological emergencies
  - J. Anaphylactic reactions
  - K. Toxicology, alcoholism, and substance abuse
  - L. Poisoning and overdose
  - M. Submersion incidents
  - N. Emergencies in the geriatric patient
  - O. Techniques of management
  - P. Communications and documentation
- VI. Obstetrical Emergencies
  - A. Maternal assessment
  - B. Delivery techniques
  - C. Care of the newborn
  - D. Ectopic pregnancy
  - E. Infectious diseases
  - F. Rape and abuse
  - G. Communications and documentation
- VII. Neonatal and Pediatric Emergencies
  - A. Approach to the pediatric patient
  - B. Related pathologies
  - C. Techniques of management
  - D. Communications and documentation
- VIII. Behavioral Emergencies
  - A. Behavioral disorders
  - B. Hostile environments
  - C. Therapeutic communications
  - D. Restraint
- IX. Trauma and Disaster
  - A. START Triage
  - B. Incident command
  - C. Age considerations
    - 1. Infant
    - 2. Pediatric
    - 3. Adult
    - 4. Geriatric

- X. Evaluation
  - A. Written
  - B. Skills

This Exhibit expires December 31, 2007.

**ARTICLE 4. ~~ADVANCED LIFE SUPPORT TRAINING PROGRAM CERTIFICATION EMT INTERMEDIATE AND EMT-PARAMEDIC~~ EMT CERTIFICATION**

**R9-25-401. ~~ALS Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))~~**

**A. General Requirements**

1. An ALS Training Program shall provide training only after obtaining a certificate from the Department.
2. Each certificate shall contain the name of the ALS Training Program, the name of the program medical director, the mailing address of the program's administrative office, the certificate number, and the certificate expiration date.
3. The certificate shall be conspicuously posted in the program's administrative office.
4. The program shall not transfer the certificate.
5. The certificate issued to the training program shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation.
6. A certificate is valid for a period of two years provided that the program complies with the conditions of this Article throughout the certification period.
7. An ALS Training Program shall not conduct training without a medical director who meets the qualifications of R9-25-403. The Department shall amend and reissue a certificate upon notification of a change of training program medical director.
8. The certificate shall name only one agency and one medical director.
9. The ALS Training Program shall maintain a current certificate for the duration of all courses and for six months after the course completion date for all courses to which the provisions in R9-25-407(1) apply.

**B. Initial Certification Application**

1. An ALS Training Program applying for initial certification shall submit the following documents to the Department at least 45 days prior to the projected commencement date of a course:
  - a. An application for certification on a form provided by the Department as shown in Exhibit I, which shall be signed by an individual with authority to act on behalf of and legally bind the named agency as applicant.
  - b. A copy of all agreements with institutions, and ambulance or rescue services for use of facilities, use of equipment, and for training. All agreements shall be in writing and signed by the authorized agent for the ALS Training Program and the institution or service.
  - c. A curriculum vitae for the training program medical director and training program director.
  - d. A copy of disclosure documents required by R9-25-409.
  - e. A list of medical equipment owned or leased by the ALS Training Program that meets the quantity specified in the ALS EMS Training Program Equipment/Supplies List, as shown in Exhibit J.
  - f. An inventory of medical supplies identified in the ALS EMS Training Program Equipment/Supplies List, as shown in Exhibit J, in sufficient quantities to enable each student to successfully accomplish the lesson objectives. The ALS Training Program shall assure that each student has adequate personal protection to meet OSHA and CDC standards for Body Substance Isolation, described in Bloodborne Pathogens 29 C.F.R. § 1910.1030, amended July 1, 1995, and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers published by the U.S. Department of Health and Human Services, February 1989, both previously incorporated by reference at R9-25-301(B)(1)(h).
  - g. A certificate of insurance from a company licensed to do business in the state or proof of self insurance for \$500,000 malpractice and \$500,000 liability protecting students, instructors, and training facilities. The ALS Training Program shall maintain this insurance or proof of self insurance during the term of its training program certificate.
  - h. Copies of behavioral objectives for clinical and vehicular rotations that comply with the curriculum requirements in R9-25-407(F) and (G).
2. The Department shall not accept an incomplete application and shall return the incomplete application to the applicant for completion and resubmission.
3. The ALS Training Program shall not begin training students until the certificate is issued.

**C. Amendment of Certificate**

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1. The ALS Training Program shall notify the Department within five working days if its medical director resigns, is terminated, or is otherwise unable to perform the duties required under R9-25-403(B).
2. The ALS Training Program shall file a written request with the Department to have its certificate amended upon the change of the training program medical director.
3. The request shall include:
  - a. The name of the new medical director;
  - b. A copy of the new medical director's curriculum vitae.
4. The ALS Training Program shall cease training until a new medical director is appointed who meets the qualifications of R9-25-403 and receives written approval by the Department. The Department shall then issue an amended certificate.

**D. Renewal of Certificate**

1. An applicant for a ALS Training Program shall submit an application for recertification to the Department at least 45 days prior to the expiration of its current certificate, on a form provided by the Department as shown in Exhibit I.
2. The application shall contain the documents identified in R9-25-401(B)(1) that were amended, revised, or added since initial certification; or, a written verification that revised documents are not submitted because the information submitted with the initial application is unchanged.
3. An applicant for ALS Training Program recertification shall have conducted at least one intermediate, paramedic, intermediate to paramedic, or refresher course during the previous certification period.
4. An ALS Training Program which instituted a corrective action plan or is on probation may apply for renewal of its certificate. The director may issue a renewal certificate and order that the ALS Training Program complete the terms of the corrective action plan or probation as a condition of the issuance of the renewal certificate.

**E. Denial of Application**

1. The Department shall deny an application that does not meet the requirements for initial certification or renewal.
2. The Director may deny an initial or renewal application for an ALS Training Program certificate if any of its owners or operators have held a previous certificate and any of them or any of their officers, agents, or employees:
  - a. Intentionally violated any of the rules in this Article.
  - b. Knowingly committed, aided, permitted, or abetted the commission of any crime involving medical or health related services.
  - c. Submitted to the Department information required by this Article that they knew, or should have known, was false.
  - d. Refused Department personnel access to inspect facilities, equipment, or required documents.

**A.** An individual shall not act as an EMT-B, EMT-I, or EMT-P unless the individual has current certification or recertification from the Department.

**B.** The Department shall approve or deny an application required by this Article pursuant to Article 12 of this Chapter.

**C.** If the Department denies an application for certification or recertification, the applicant may request a hearing pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**D.** The Department shall certify or recertify an EMT for two years:

1. Except as provided in R9-25-405; or
2. Unless revoked by the Department pursuant to A.R.S. § 36-2211.

**E.** An individual whose EMT certificate is expired shall not apply for recertification, unless the individual has been granted an extension to file an application for EMT recertification under R9-25-407.

**F.** An individual whose EMT certificate is expired or denied by the Department may apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.

**G.** The Department shall keep confidential all criminal justice information received from the Department of Public Safety or any local, state, tribal, or federal law enforcement agency and shall not make this information available for public record review.

**R9-25-402. Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A) (3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))**

**A.** Scope: An ALS Training Program may conduct paramedic, intermediate, intermediate to paramedic, intermediate and paramedic refresher, and challenge courses.

1. The ALS Training Program shall make all notifications and maintain all documentation required by R9-25-407 or R9-25-404(B)(4) separately for each course.
2. The ALS Training Program shall not allow students to transfer between courses of different levels.
3. The ALS Training Program may allow students to attend didactic presentations in another course running concurrently as long as the total number of students attending the didactic presentation is in compliance with R9-25-407(C)(2)(a).

**B.** Concurrent Courses: The ALS Training Program may conduct a maximum of three concurrent ALS courses in any combination of the following: paramedic, intermediate, intermediate to paramedic. An ALS Training Program that wishes to

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~~conduct more than three concurrent courses shall request written authorization from the Department. Requests may be approved if the following conditions are met:~~

- ~~1. The training program is not currently operating under a corrective action plan.~~
- ~~2. The training program has not violated any provision of this Article within the previous 12 months.~~
- ~~3. Submit written statements from the program medical director, the program director, and the course manager who will be responsible for the additional course, or courses, documenting specific details and demonstrating how each has sufficient time and resources to allocate to the proposed course, or courses, in addition to their responsibilities for current courses.~~

**A.** The Department shall not certify an EMT if the applicant:

1. Is currently:
  - a. Incarcerated for a criminal conviction.
  - b. On parole for a criminal conviction.
  - c. On supervised release for a criminal conviction, or
  - d. On probation for a criminal conviction.
2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
  - a. 1st or 2nd degree murder;
  - b. Attempted 1st or 2nd degree murder;
  - c. Sexual assault;
  - d. Attempted sexual assault;
  - e. Sexual abuse of a minor;
  - f. Attempted sexual abuse of a minor;
  - g. Sexual exploitation of a minor;
  - h. Attempted sexual exploitation of a minor;
  - i. Commercial sexual exploitation of a minor;
  - j. Attempted commercial sexual exploitation of a minor;
  - k. Molestation of a child;
  - l. Attempted molestation of a child; or
  - m. A dangerous crime against children as defined in A.R.S. § 13-604.01;
3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
4. Within five years before the date of filing an application for certification required by this Article, has had EMT certification or recertification revoked in this state or EMT certification, recertification, or licensure revoked in any other state or jurisdiction; or
5. Knowingly provides false information in connection with an application required by this Article.

**B.** The Department shall not recertify an EMT, if:

1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
2. The applicant knowingly provides false information in connection with an application required by this Article.

**C.** The Department shall certify or recertify an EMT who:

1. Is at least 18 years of age;
2. Is not ineligible for:
  - a. Certification pursuant to subsection (A), or
  - b. Recertification pursuant to subsection (B); and
3. Meets the applicable requirements in R9-25-404, R9-25-405, or R9-25-406.

**R9-25-403. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))**

**A.** The medical director of an ALS Training Program shall have the following qualifications:

1. Be licensed as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17, in good standing, in the state and maintain licensure for the term of the training program certificate.
2. Be board certified by the American College of Emergency Physicians, or the American College of Osteopathic Emergency Physicians, or hold current status in advanced cardiac life support and have worked a minimum of 2,000 clinical hours in the emergency department of a licensed health care institution.

**B.** The medical director of an ALS Training Program shall be responsible for the following:

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1. Review and approve in writing all course outlines and each lesson plan to assure they are consistent with the Arizona Advanced Life Support Curricula, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 East Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The course outlines and lesson plans shall not exceed the scope of practice established pursuant to A.R.S. § 36-2205.
  2. Approve the selection of lecturers in writing to assure they meet the qualifications for each lesson they teach, as contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
  3. Review performance evaluations for each student. Review performance evaluations for each lecturer who teaches over 10 hours.
  4. Complete and sign the Advanced Life Support Training Program Course Completion Report as shown in Exhibit K, verifying course completion and skill competency for all students completing the course.
- A.** The Department shall make probation a condition of certification under R9-25-404 or temporary certification under R9-25-405, if within two years before the date of filing an application for certification required by this Article, an applicant who is not ineligible for certification under R9-25-402 has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated; or
  2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated.
- B.** The Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
  2. Remediate and educate the applicant.
- R9-25-404.** ~~**ALS Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))**~~ **Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))**
- A.** ~~The ALS Training Program director shall have the following qualifications:~~
1. ~~Be currently licensed or certified for a minimum of one year, and in good standing, in the state as a physician, registered nurse, or paramedic and maintain licensure or certification for the term of the training program certificate.~~
  2. ~~Maintain current ACLS instructor status.~~
  3. ~~Demonstrate and maintain at least 4,160 hours of clinical experience or 180 hours of teaching experience as a physician, registered nurse, or paramedic, in prehospital care, emergency medicine, or critical care within the last five years.~~
- B.** ~~The ALS Training Program director shall be responsible for the following:~~
1. ~~Schedule classes and faculty, preceptors, facilities, clinical and vehicular rotations, and equipment for each class.~~
  2. ~~Assure that classes and clinical and vehicular rotations are conducted as scheduled and adhere to the lesson plans and objectives.~~
  3. ~~Assure that faculty and equipment are present at each class.~~
  4. ~~Establish policy and procedures for all ALS Training Program courses which, at a minimum, shall include:~~
    - a. ~~Attendance~~
      - i. ~~Absences and tardiness shall not exceed 16 hours.~~
      - ii. ~~The information and learning materials presented in the didactic portion of the program shall be made up under the direction of the instructor through individual instruction or documented self study projects. This shall not constitute exemption from the requirement of subsection (B)(4)(a)(i).~~
      - iii. ~~Clinical and vehicular absences and tardiness shall be rescheduled either prior to the official course completion date or consistent with the time limits in R9-25-307(G). A student shall arrange to make up clinical and vehicular absences or tardiness through the program director. Rescheduling of clinical and vehicular absences under this requirement shall not apply to the requirement of subsection (B)(4)(a)(i).~~
      - iv. ~~Students who contract a contagious disease identified in R9-25-409(13) during the course shall not participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious. If all absences, without regard to reason, exceed 16 didactic hours, the student shall not be eligible to complete the course.~~
    - b. ~~Grading—The program shall establish a grading policy that requires a minimum score of no less than 75% proficiency in didactic and 80% proficiency in practical skills testing.~~
  5. ~~Require and maintain the following records that contain the certificate number of the ALS Training Program and the names of the medical director and training program director:~~
    - a. ~~Attendance logs that include the class title, location, date, length of lecture, and the name of each student who attended the lecture.~~

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- b. ~~A gradebook for each course that includes each student's grades for all exams, projects, and evaluations. The gradebook shall indicate if a student dropped, withdrew, or was issued an incomplete.~~
- e. ~~Clinical rotation logs for each student rotation that include the student's name, clinical area, and a description of skills completed by the student as observed by the preceptor. The logs shall be signed and dated by the preceptor responsible for the rotation.~~
- d. ~~Vehicular logs for each student rotation that include the student's name, agency's name, unit number, field incident number, a listing of the following advanced skills completed by the student: endotracheal intubation, establishing intravenous therapy, cricothyrotomy, thoracostomy, administration of any drug in the drug box, insertion of a gastric tube, cardiac electrical therapy, and communication with a base hospital as established by either the preceptor or student. The logs shall be signed and dated by the preceptor responsible for the rotation.~~
- e. ~~All examinations taken and graded in each class.~~
- f. ~~A course schedule that includes the location, date, time, division, section, topic, duration, and instructor for each class.~~
- g. ~~Skills evaluation sheets required by R9-25-407(D)(4).~~
- h. ~~Performance evaluations for each student completed and signed by the training program director and the student. These evaluations shall be conducted at least once during the course and shall include: the student's name, date of evaluation, attendance record, grades, areas of proficiencies and deficiencies, and a plan for improvement if deficiencies are noted.~~
- i. ~~Assigned written projects.~~
- j. ~~Instructor evaluation forms completed by students for each course faculty member teaching over 10 hours.~~
- k. ~~Lesson plans that cover the objectives in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).~~
- 6. ~~Complete the Advanced Life Support Training Program Course Completion Report as shown in Exhibit K, verifying course completion and skill competency for all students completing the course.~~
- 7. ~~Within 10 working days after completion of each course, submit to the Department an official course roster and a course completion report on forms provided by the Department as shown in Exhibits L and R. The course roster shall contain only the names of students that complete all didactic, clinical, and vehicular requirements outlined in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). The ALS Training Program may submit addendum rosters after the official course completion date for students who complete all requirements within six months after that date.~~
- 8. ~~Assist each student in completing the paperwork necessary for the state and National Registry certification examinations.~~
- 9. ~~Coordinate with the Department for administration of all state required testing.~~
- 10. ~~Coordinate and schedule the National Registry Examination in compliance with The National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, published April 1992, by The National Registry of Emergency Medical Technicians, 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229. The entire Coordinator's Manual is incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.~~
- 11. ~~Analysis of certification examination results: The ALS Training Program shall maintain a cumulative pass ratio of 70% of all students taking the certification examination.~~
- C. ~~The program director may assume the responsibilities of course manager or appoint a course manager to conduct the activities described in R9-25-405(B).~~
- A. An applicant for initial EMT certification shall submit to the Department an application including:
  - 1. An application form provided by the Department containing:
    - a. The applicant's name, address, telephone number, date of birth, and social security number;
    - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A);
    - c. Attestation that all information required as part of the application has been submitted and is true and accurate;  
and
    - d. The applicant's signature and date of signature;
  - 2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A) or R9-25-403(A), a detailed explanation and supporting documentation; and
  - 3. If applicable, a copy of EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction.
- B. In addition to the application, the following are required:
  - 1. For EMT-B certification, both:
    - a. A certificate of course completion signed by the training program director designated for the course for either the:
      - i. Arizona EMT-B course, or

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- ii. Arizona EMT-B refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
- b. Evidence of current NREMT-Basic registration;
- 2. For EMT-I certification, both:
  - a. A certificate of course completion signed by the training program director designated for the course for either the:
    - i. Arizona EMT-I course, or
    - ii. Arizona ALS refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the intermediate emergency medical technician level or higher level; and
  - b. Evidence of current NREMT-Intermediate registration; or
- 3. For EMT-P certification, both:
  - a. A certificate of course completion signed by the training program director designated for the course for either the:
    - i. Arizona EMT-P course, or
    - ii. Arizona ALS refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; and
  - b. Evidence of current NREMT-Paramedic registration.

**R9-25-405. Course Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))**

- A.** ~~The course manager of an ALS Training Program shall have the following qualifications:~~
  - 1. ~~Hold current licensure or certification in good standing in the state as a physician, pursuant to A.R.S. Title 32, Chapter 13 or 17; registered nurse, pursuant to A.R.S. Title 32, Chapter 15; or paramedic, pursuant to A.R.S. Title 36, Chapter 21.1.~~
  - 2. ~~Maintain current ACLS instructor status for all paramedic level courses; maintain current ACLS provider status for all intermediate courses.~~
  - 3. ~~Demonstrate and maintain at least 500 hours of clinical or 40 hours teaching experience in prehospital care, emergency medicine, or critical care within the last two years.~~
- B.** ~~The course manager shall be responsible for the following:~~
  - 1. ~~Assure adherence to the lesson plans and objectives of the didactic portion of the course by attending at least a portion of each didactic presentation.~~
  - 2. ~~Assure adherence with the behavioral objectives of the rotations by meeting with the department head of the institution and service which provide the clinical and vehicular rotations: to,~~
    - i. ~~Provide and review the behavioral objectives, and preceptor qualifications, and~~
    - ii. ~~Responsibilities for each rotation.~~
  - 3. ~~Collect and forward documents required under R9-25-404(B)(4) to the training program director.~~
- A.** An individual who holds current NREMT-Basic registration, but does not meet requirements in R9-25-404(B)(1)(a), may apply for one temporary six-month EMT-B certification.
- B.** An individual who holds current NREMT-Paramedic registration, but does not meet application requirements in R9-25-404(B)(3)(a), may apply for one temporary six-month EMT-P certification.
- C.** An applicant for temporary certification shall submit to the Department a copy of current NREMT registration and an application required in R9-25-404(A).
- D.** The Department shall certify an applicant who meets certification requirements under this Section for six months.
- E.** The Department shall automatically certify an EMT who holds a six month certificate for an additional 18 months, if the EMT:
  - 1. Continues to hold current NREMT-Basic registration or current NREMT-Paramedic registration; and
  - 2. Before the expiration of the six month certificate, meets the applicable application requirements in R9-25-404(B).
- F.** The Department shall issue an EMT who complies with subsection (E) a new certificate that expires 24 months from the date the six month certificate is issued.
- G.** An EMT who is not certified under subsection (E):
  - 1. Shall not act as an EMT after the expiration date of the six month certificate.
  - 2. Is not eligible to apply for another six month certificate under this Section.
  - 3. Shall not apply for recertification, and
  - 4. May apply for certification pursuant to R9-25-404.

**R9-25-406. ~~Faculty and Preceptor Qualifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))~~ Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))**

- A.** ~~The ALS Training Program shall utilize faculty and preceptors currently licensed or certified in the state that meet the qualifications for the topic being taught contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).~~
- B.** ~~Clinical preceptors shall be employed by a health care institution licensed by the state or an EMS provider operating in the state.~~
- C.** ~~Vehicular Preceptors for paramedic and intermediate to paramedic students shall be:~~
- ~~1. A paramedic with current Arizona state certification, in good standing, which has been valid for a minimum of two years as a paramedic; or~~
  - ~~2. A physician with 4,160 hours of prehospital, emergency medicine, or critical care experience within the last five years; or~~
  - ~~3. A registered nurse who has:
    - ~~a. Either:
      - ~~i. Documented proficiency in advanced airway management, central intravenous access, intraosseous access, and needle thoracostomy according to the standards for these skills contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), and verified by the medical director; or~~
      - ~~ii. Performs the skills identified in subsection (C)(3)(a)(i) as a part of their current nursing practice; and,~~~~
    - ~~b. Either:
      - ~~i. Demonstrate and maintain 4,160 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last two years; or~~
      - ~~ii. Demonstrate and maintain 200 hours experience as an instructor in an ALS Training Program with vehicular preceptor experience within the last two years.~~~~~~
- D.** ~~Vehicular Preceptors for intermediate students shall be:~~
- ~~1. An intermediate or paramedic with current Arizona state certification, in good standing, which has been valid for a minimum of two years as an intermediate or paramedic; or~~
  - ~~2. A physician who demonstrates and maintains 4,160 hours of prehospital, emergency medicine, or critical care experience within the last five years; or~~
  - ~~3. A registered nurse who has:
    - ~~a. Either:
      - ~~i. Documented proficiency in advanced airway management, central intravenous access, intraosseous access, and needle thoracostomy according to the standards for these skills contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), and verified by the medical director; or~~
      - ~~ii. Performs the skills identified in subsection (D)(3)(a)(i) as a part of their current nursing practice; and,~~~~
    - ~~b. Either:
      - ~~i. Demonstrate and maintain 2,080 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last two years; or~~
      - ~~ii. Demonstrate and maintain 200 hours experience as an instructor in an ALS Training Program with vehicular preceptor experience within the last two years.~~~~~~
- A.** Before the expiration of the applicant's current certificate, an applicant for EMT recertification shall submit to the Department an application including:
1. An application form provided by the Department containing:
    - a. The applicant's name, address, telephone number, date of birth, and social security number;
    - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A);
    - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - d. The applicant's signature and date of signature;
  2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A), a detailed explanation and supporting documentation; and
  3. If applicable, a copy of each EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction that the applicant holds.

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- B.** In addition to the application, the following are required:
1. For EMT-B recertification, either:
    - a. A certificate of course completion signed by the training program director designated for the course showing that within two years before the expiration date of an applicant's current EMT-B certificate, the applicant completed either the:
      - i. Arizona EMT-B refresher, or
      - ii. Arizona EMT-B refresher challenge examination; or
    - b. Evidence of current NREMT-Basic registration;
  2. For EMT-I recertification, either:
    - a. Attestation that the applicant:
      - i. Has completed continuing education required under subsection (C), and
      - ii. Has and will maintain for Department review documentation verifying completion of continuing education required under subsection (C); or
    - b. Evidence of current NREMT-Intermediate registration; or
  3. For EMT-P recertification, either:
    - a. Attestation that the applicant:
      - i. Has completed continuing education required under subsection (C), and
      - ii. Has and will maintain for Department review documentation verifying completion of continuing education required under subsection (C); or
    - b. Evidence of current NREMT-Paramedic registration.
- C.** An EMT-I or EMT-P required to complete continuing education requirements under subsections (B)(2)(a) or (B)(3)(a) shall complete 60 clock hours of continuing education, as follows:
1. Seven clock hours through proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
  2. No more than 48 clock hours for completion of the Arizona ALS refresher;
  3. No more than 12 clock hours for passing the Arizona ALS refresher challenge examination;
  4. No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
  5. No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
  6. No more than 20 clock hours of training related to skills, procedures, or treatments authorized under Article 8 of this Chapter;
  7. No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under Article 8 of this Chapter;
  8. No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
  9. No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
  10. No more than 16 clock hours of training in advanced trauma life support; and
  11. No more than 16 clock hours of training in pediatric emergency care.

**R9-25-407.** ~~**ALS Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))**~~ **Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))**

**A.** Department Notifications

1. The ALS Training Program shall include its certificate number on all correspondence with the Department.
2. At least 45 days prior to commencing each course, the ALS Training Program shall submit to the Department:
  - a. A course approval application as shown in Exhibit I.
  - b. A prospective course roster listing all students to be screened for the course on the form as shown in Exhibit G.
  - c. A course schedule that satisfies the curricula requirements listed in subsection (D) to include: the date of each class, the division and section of Arizona Advanced Life Support Curriculum to be covered in each class, the topic, class duration, class location, and the identity of the faculty for each lecture. The Department shall notify the ALS Training Program in writing within 30 days after it receives notice of the course schedule whether the schedule satisfies the curriculum requirements or has deficiencies. The Department shall reject a schedule that does not satisfy the requirements in subsection (D) and shall notify the ALS Training Program of the deficiencies in writing. The ALS Training Program shall submit an amended schedule within 14 days after receiving the notification. The ALS Training Program shall not commence training until it submits a course schedule that complies with this Section and is approved by the Department in writing.

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3. The ALS Training Program shall submit to the Department the active course roster as shown in Exhibit G within 15 days of course commencement.
4. The ALS Training Program shall notify the Department of any changes in the training program director or faculty within 10 working days of the change.

**B. Student Selection Requirements**

1. Each ALS Training Program shall develop a written entrance examination with a minimum of 100 questions utilizing one absolutely correct answer, one incorrect answer, and two distractors neither of which is “all of the above” or “none of the above”, that covers the following:
  - a. ~~Medicolegal, Patient Handling, and Transportation~~ -6 questions
  - b. ~~Anatomy and Physiology and Patient Assessment~~ -6 questions
  - e. ~~Breathing, Resuscitation, and Cardio Pulmonary Resuscitation~~ 25 questions
  - d. ~~Wounds, Bleeding, Shock, and Pneumatic Anti-Shock Garments~~ 14 questions
  - e. ~~Medical Emergencies~~ 14 questions
  - f. ~~Injuries to the Head, Neck, Spine, Abdomen, and Genitalia~~ 11 questions
  - g. ~~Fractures and Dislocations~~ -6 questions
  - h. ~~Environmental Emergencies and Hazardous Materials~~ -6 questions
  - i. ~~Emergency Childbirth~~ -6 questions
  - j. ~~Psychological Aspects~~ -6 questions
2. Each applicant shall have one attempt to complete the written entrance examination with a minimum score of 75% to be eligible to continue the screening process.
3. Each applicant shall have one attempt to demonstrate proficiency in patient trauma assessment and one random skill, utilizing the Basic Level Practical Examination Forms contained within The National Registry of Emergency Medical Technicians EMT Basic Practical Examination Users Guide, previously incorporated by reference at R9 25-304(B)(11), in order to be eligible to continue the screening process.
4. The ALS Training Program shall convene an oral interview board for the purpose of selecting and ranking applicants. The oral interview board shall consist of a maximum of five members, which shall include:
  - a. The training program medical director; and
  - b. The training program director; and
  - e. At least one licensed or certified individual who either teaches or works in prehospital care.
5. The training program oral interview process shall be designed to exclude bias.
6. The training program oral interview board shall:
  - a. Develop written oral interview questions and benchmarks that assess an applicant’s motivation, critical thinking, reasoning, judgment skills, and medical knowledge.
  - b. Disclose to each applicant prior to beginning the interview the number of questions to be asked and that no interview shall exceed 60 minutes.
  - e. Prior to the oral interview process, each board member shall receive a list of applicant names. A board member shall not have a personal relationship with any applicant or receive any direct or indirect financial remuneration from any applicant on the selection list. If a board member has a personal relationship or receives any direct or indirect financial remuneration from an applicant, the board member shall not participate in the selection process for that applicant.
  - d. Assure that all applicants are screened with all board members present for each entire interview.
  - e. Assure that identical questions are read to each applicant in the same manner.

**C. Class Structure**

1. Facility Requirements. The ALS Training Program shall ensure that each didactic session be held in a facility that provides:
  - a. Restrooms within the building or campus, accessible or key available in the classroom during class hours.
  - b. A minimum of one chair and desk or table space per student.
  - e. A temperature range between 65° F and 85° F.
  - d. Lighting that evenly illuminates the room to allow the student to function within the classroom setting.
  - e. An environment that is reasonably free of visual and auditory distractions.
2. Class size:
  - a. Didactic: Each ALS Training Program course shall be limited to 24 students. In the lecture format, the ALS Training Program may combine two paramedic, intermediate, or intermediate to paramedic courses for a maxi-

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num of 48 students. This combined group of two courses shall not exceed 60 hours of the total didactic curriculum. The training program shall not allow students enrolled in a refresher or challenge course to attend a paramedic, intermediate, or intermediate to paramedic course.

- b. Skills: Skills instruction and evaluation shall be limited to a maximum ratio of eight students to one instructor. The ALS Training Program shall not combine courses for skills instruction or evaluation.

**D. Curriculum Requirements**

1. Each course conducted by the ALS Training Program shall adhere to the requirements of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
2. Training for a protocol adopted pursuant to A.R.S. § 36-2205 subsequent to the effective date of this rule, shall not be implemented until the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), is amended to cover the protocol.
3. The ALS Training Program shall assure total completion of the course by offering make-up sessions for all classes required for certification that are canceled during a course.
4. For skills evaluation, the ALS Training Program shall utilize the Advanced Level and Paramedic Practical Examination forms, contained within The National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, previously incorporated by reference at R9-25-404(B)(10).

**E. Body Substance Isolation.** The ALS Training Program shall comply with, and assure that its contracts with institutions and services require compliance with, the procedures described in Bloodborne Pathogens, 29 CFR § 1910.1030, amended July 1, 1995, previously incorporated by reference at R9-25-301(B)(1)(h), and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers published by the U.S. Department of Health and Human Services, February 1989, previously incorporated by reference at R9-25-301(B)(1)(h).

**F. Clinical Rotation Requirements:**

1. The ALS Training Program shall assure that each student receives the required hours in each clinical area described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), for the training course in which the student is enrolled.
2. The ALS Training Program shall require that clinical preceptors be present and directly observe all student related patient care.
3. The ALS Training Program shall require that the clinical preceptors sign the student's clinical log to verify skills and the completion of the rotation.
4. The ALS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
5. The ALS Training Program shall not permit an intermediate or paramedic student to begin clinical rotations until the student has successfully completed the following lessons from the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1):
  - a. Division 2, Section 2 Assessment, four hours;
  - b. Division 2, Section 3 Airway, eight hours;
  - c. Division 2, Section 4 Shock, four hours; and
  - d. Division 2, Section 5 Pharmacology, eight hours.

**G. Vehicular Rotation Requirements:**

1. The ALS Training Program shall assure that each student receives the required hours of vehicular training described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
2. The ALS Training Program shall not permit an intermediate student to begin vehicular rotations until the student successfully completes the lesson objectives described in subsection (F)(5).
3. The ALS Training Program shall not permit a paramedic or intermediate to paramedic student to begin vehicular rotations until the student successfully completes the lesson objectives described in subsection (F)(5) and an advanced cardiac life support course.
4. The ALS Training Program shall assure that a ratio of one preceptor to one student is maintained for all vehicular rotations.
5. The ALS Training Program shall require that the preceptor be present and observe all student related patient care and co-sign the field incident report form.
6. The ALS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.

**H. Examinations:**

1. The ALS Training Program may develop and shall keep on file course examinations, in addition to the final examination, given at the discretion of the training program director or medical director.
2. Prior to the completion of the course, the ALS Training Program shall develop and administer final comprehensive written and practical examinations to all students.

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3. ~~The written examination shall consist of 150 multiple choice questions utilizing one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above," covering the learning objectives of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), utilizing the following blueprints:~~

~~Intermediate:~~

<del>Division 1—Prehospital</del>	<del>20 questions</del>
<del>Division 2—Preparatory</del>	<del>20 questions</del>
<del>Division 3—Trauma</del>	<del>40 questions</del>
<del>Division 4—Medical</del>	<del>40 questions</del>
<del>Division 5—Obstetrics, Gynecology, Neonatal</del>	<del>15 questions</del>
<del>Division 6—Psychology</del>	<del>15 questions</del>

~~Paramedic and Intermediate to Paramedic:~~

<del>Division 1—Prehospital</del>	<del>20 questions</del>
<del>Division 2—Preparatory</del>	<del>25 questions</del>
<del>Division 3—Trauma</del>	<del>20 questions</del>
<del>Division 4—Medical</del>	<del>40 questions</del>
<del>Division 4—Cardiology</del>	<del>30 questions</del>
<del>Division 5—Obstetrics, Gynecology, Neonatal</del>	<del>10 questions</del>
<del>Division 6—Psychology</del>	<del>5 questions</del>

4. ~~The minimum passing grade on the final written comprehensive examination shall be no less than 75%.~~
5. ~~The ALS Training Program may allow a student a maximum of three attempts to pass the final written comprehensive examination. If a student does not attain a minimum passing grade on the third attempt, that student shall be considered ineligible to complete the program. To be eligible for certification, the student shall reapply to, be accepted by, and successfully complete an entire training program.~~
6. ~~The ALS Training Program shall administer a final comprehensive practical skills examination utilizing the forms required in subsection (D)(4) following completion of the didactic, clinical, and vehicular components of the course.~~
7. ~~The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station, regardless of the total of points accumulated.~~
8. ~~The ALS Training Program may allow a student a maximum of three attempts to pass each skill of the final comprehensive practical examination. If a student does not attain a minimum passing grade, for each skill, on the third attempt that student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.~~
- I.** ~~The ALS Training Program shall allow students who have failed to complete clinical or vehicular requirements no more than six months from the official course completion date to complete the requirements. The ALS Training Program shall fail students who do not complete all requirements within six months. If the student does not complete all requirements within six months, the student shall be considered ineligible to complete the course. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.~~
- J.** ~~The ALS Training Program may offer ALS Challenge Courses that shall be separate from all other ALS training courses:~~
1. ~~An ALS Training Program may accept a student into a Challenge Course who holds current EMT-Basic certification in Arizona and meets one of the following standards:~~
- a. ~~Was certified as an Arizona paramedic or intermediate, whose certification has lapsed, or~~
  - b. ~~Is currently certified as a paramedic in another state or is registered as a paramedic with the National Registry of Emergency Medical Technicians, or~~
  - e. ~~Has successfully completed an Arizona certified paramedic or intermediate training course but was not successful in completing the testing process for state certification.~~
2. ~~An ALS Training Program which accepts a challenge applicant shall evaluate the applicant's current level of competency in paramedic or intermediate skills required by Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b).~~
3. ~~Upon completion of the course, the ALS Training Program shall administer the same written and practical final examinations utilizing the same grading criteria as described in subsections (H)(4) and (7).~~
4. ~~The ALS Training Program shall provide a certificate of course completion to an applicant who successfully completes course requirements and attains a minimum passing grade on the written and practical final examinations. The certificate shall be signed by the medical director and training program director verifying that the applicant meets all training requirements to apply for certification.~~

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5. ~~The ALS Training Program may allow a student a maximum of three attempts to attain a minimum passing grade on the written and practical final examinations. If the student does not attain the minimum passing grade on the final attempt, the student shall be considered ineligible to complete the program. The student shall reapply to, be accepted by and complete a new challenge course to be eligible to apply for certification.~~
- ~~K.~~ The ALS Training Program may offer paramedic and intermediate refresher courses which meet the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b).
- ~~L.~~ The ALS Training Program shall retain all student records from all ALS courses for two years from the date of course commencement. These records shall include the student's name, attendance record, grades, practical skills evaluations including clinical and vehicular records, course schedules, and master copies of all examinations.
- A. Before the expiration of a current certificate, an EMT who is unable to meet the recertification requirements in R9-25-406 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for one extension of time to file for recertification.
- B. The Department may grant one extension of time to file for recertification:
1. For personal or family illness, for no more than 180 days; or
  2. For military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.
- C. An individual applying for or granted an extension of time to file for recertification remains certified pursuant to the conditions of A.R.S. § 41-1092.11.
- D. An EMT who does not meet the recertification requirements in R9-25-406 within the extension period or has the application for recertification denied by the Department:
1. Is not eligible to apply for recertification; and
  2. May apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.
- R9-25-408. Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)) Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))**
- A. Each applicant shall be certified in Arizona as an EMT-Basic or EMT-Intermediate prior to applying to the ALS Training Program.
- B. Each applicant shall be employed by, or volunteer with, an agency providing patient care for emergency medical patients for a minimum of one year prior to the starting date of the course.
- C. Each applicant shall be at least 18 years of age prior to applying to the ALS Training Program.
- D. Each applicant shall provide proof of:
1. TB testing or chest x-ray with a negative result within six months prior to application.
  2. Immunity to Rubella (German Measles) determined as follows:
    - a. Persons born before January 1, 1942, are considered immune to Rubella (German Measles);
    - b. Persons born on or after January 1, 1942, are considered immune to Rubella if:
      - i. The person has a documented record of having received one dose of live Rubella vaccine since June 1, 1969, on or after their first birthday; or
      - ii. The person has documented laboratory confirmation of immunity to Rubella. Physician diagnosis is not acceptable.
  3. Immunity to Rubeola (Measles) determined as follows:
    - a. Persons born before January 1, 1957, are considered immune to Rubeola and Mumps.
    - b. Persons born on or after January 1, 1957, are considered immune to Rubeola if:
      - i. The person has a documented record of having received two doses of live Measles vaccine since January 1, 1968, on or after their first birthday; or
      - ii. The person has documented laboratory confirmation of immunity to Rubeola. Physician diagnosis is not acceptable.
- A. A certified EMT-I or EMT-P who is not under investigation pursuant to A.R.S. § 36-2211 may apply for continued certification at a lower EMT level for the remainder of the certification period by submitting to the Department:
1. A written request containing:
    - a. The EMT's name, address, telephone number, date of birth, and social security number;
    - b. The lower EMT-level requested;
    - c. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
    - d. Attestation that all information submitted is true and accurate; and
    - e. The applicant's signature and date of signature; and
  2. Either:
    - a. A written statement from the EMT-I's or EMT-P's administrative medical director attesting that the EMT is able to perform at the lower level of certification; or

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- b. For an EMT-I or EMT-P applying for continued certification as an EMT-B, an Arizona EMT-B refresher certificate of completion or an EMT-B refresher challenge examination certificate of completion signed by the training program director assigned to the Arizona EMT-B refresher.

**B.** A certified EMT-I or EMT-P who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.

**R9-25-409. ~~Disclosure Documents (Authorized by A.R.S. §§ 36-2202(A)(4)) Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)~~**

The ALS Training Program shall provide all trainee applicants with the following information, in writing:

1. ~~A description of the ALS Training Program curriculum and graduation requirements.~~
2. ~~A list of books, equipment, and supplies that the applicant shall purchase.~~
3. ~~A notification that the ability to perform certain physical activities is a mandatory requirement for both graduation and state certification and that the inability to perform these activities may disqualify the applicant from both graduation from the ALS Training Program and state certification.~~
4. ~~A notification that it is the responsibility of the applicant to complete the ALS Training Program course, including final testing, within six months of the official course completion date to be eligible for graduation.~~
5. ~~A copy of ALS Training Program policies and procedures that govern student conduct.~~
6. ~~Notification that a paramedic, intermediate to paramedic, or intermediate applicant shall successfully complete all written and practical examinations and all clinical rotations to be eligible for state certification.~~
7. ~~Notification that the requirements for paramedic and intermediate certification are located in 9 A.A.C. 25, Article 6, and can be found in public libraries.~~
8. ~~Notification that the Department does not regulate or insure the financial viability of the ALS Training Program.~~
9. ~~Notification that the student is required to maintain current Arizona EMT-Basic or EMT-Intermediate certification throughout the training course, or be expelled from the course.~~
10. ~~Notification that a student enrolled in a paramedic course who is not able to meet the minimum requirements to graduate from the course as a paramedic shall not qualify to graduate as an intermediate.~~
11. ~~Notification of required proof of immunity or immunization and negative TB test as required in R9-25-408(D).~~
12. ~~Notification that a student shall provide evidence of annual TB testing while enrolled in the program.~~
13. ~~Notification that a student who contracts Tuberculosis, Rubella, Rubeola, Mumps, Varicella, or Hepatitis during the course, shall comply with the attendance policies of the course, and shall not be allowed participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious.~~
14. ~~Notification of requirements that are specific to each clinical or vehicular rotation that a student must meet before beginning the rotation, which may include a physical examination or drug screening, or both.~~

**A.** No later than 30 days after the date an EMT's name legally changes, the EMT shall submit to the Department:

1. A completed form provided by the Department containing:
  - a. The name under which the EMT is currently certified by the Department;
  - b. The EMT's address, telephone number, and social security number; and
  - c. The EMT's new name; and
2. Documentation showing that the name has been legally changed.

**B.** No later than 30 days after the date an EMT's address changes, the EMT shall submit to the Department a completed form provided by the Department containing:

1. The EMT's name, telephone number, and social security number; and
2. The EMT's new address.

**C.** An EMT shall notify the Department in writing no later than 10 days after the date the EMT:

1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
2. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
3. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
4. Has registration revoked or suspended by NREMT; or
5. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

**R9-25-410. ~~Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204(1), (3), (4), and (40)) EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)~~**

**A.** ~~Application by the ALS Training Program for certification or recertification shall constitute agreement for participation in the quality management program.~~

**B.** ~~During the term of certification, the Department's representatives may evaluate the quality of the training program pursuant to the rules established in this Article.~~

**C.** ~~Evaluation may consist, in whole or in part, of the following components:~~

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1. Site visits may be conducted as follows:
    - a. Each site visit may consist of the Department's representative attending a scheduled class to observe the training scheduled to occur, review the required records, interview students, and inspect equipment, supplies, and the physical location. The Department shall notify the training program director of the site visit at least 24 hours prior to the visit.
    - b. During the visit, the training program director or assigned faculty shall make available to the Department's representative all requested records pertaining to the course.
    - c. During the site visit the Department's representative may evaluate:
      - i. Records Management—The accuracy and currency of all records and paperwork required by this Article.
      - ii. Classroom Structure—The physical conditions in the classroom as required in R9-25-407(C).
      - iii. Equipment and supplies as required in Exhibit J or as part of the ALS Training Program's Initial Certification application required in R9-25-401(B)(1)(f) and (g).
      - iv. Faculty compliance with the learning objectives of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), for each class.
      - v. At the conclusion of each site visit, the Department's representative may meet with the assigned faculty and verbally review the evaluation, including feedback and recommendations of the Department's representative. The Department shall prepare and provide a written report of the site visit to the training program director within 10 working days after completion of the site visit. If the written report contains a request for a corrective action plan, the report shall refer to the applicable Sections of the rules for guidance.
  2. The Department may conduct customer service surveys of students, faculties, preceptors, and agencies contracted with the training program to provide clinical and vehicular rotations:
    - a. The surveys shall contain:
      - i. The ALS Training Program's name,
      - ii. The training program director's name,
      - iii. The training program medical director's name, and
      - iv. Questions relevant to the respondent's interaction with the training program to determine the training program's compliance with this Article.
    - b. The survey question design shall elicit a "yes" or "no" response with space for comments.
    - c. The Department shall maintain the results of each survey for the duration of the training program's current certificate and shall forward a copy to the ALS training program director.
    - d. Any survey that is returned with a "no" response shall be audited by the Department in the context of other responses to determine whether a rule violation has occurred. If a violation occurred, the Department shall notify the ALS Training Program which shall develop a corrective action plan as described in this rule.
- D.** If corrective action is necessary, the ALS Training Program shall develop a corrective action plan within 20 working days of notification by the Department. The ALS Training Program shall submit the corrective action plan to the Department for approval. A corrective action plan shall include:
1. The specific program deficiency, including the rules violated, as determined by the Department.
  2. The plan for correction of the deficiency, which shall include:
    - a. A step by step procedure that the training program shall follow to correct the deficiency, and
    - b. A time-line for implementation that corrects the deficiency without delay.
- E.** If the training program fails to develop a corrective action plan, develops a corrective action plan that does not comply with this rule, or the training program is unable to meet the terms of the plan, the Department may initiate administrative proceedings against the training program's certificate. These proceedings may result in a letter of censure, probation, suspension, or revocation of the training program's certificate.

An EMT shall act as an EMT only:

1. As authorized under the EMT's scope of practice as identified under Article 8 of this Chapter; and
2. For an EMT required to have medical direction pursuant to A.R.S. Title 36, Chapter 21.1 and R9-25-201, as authorized under:
  - a. Treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
  - b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.

**R9-25-411. ~~Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. §§ 36-2202(A)(4) Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)~~**

- A:** The may issue a letter of censure, place on probation, suspend, or revoke an ALS Training Program certificate, in whole or in part, if any of its owners or operators, officers, agents, or employees:
1. ~~Violate any of the rules in this Chapter.~~
  2. ~~Knowingly commit, aid, permit, or abet the commission of any crime involving medical or health related services.~~

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- ~~3. Submit to the Department information required by this Article that any of its owners or operators, officers, agents, or employees knew, or should have known, was false.~~
- ~~4. Refuse Department personnel access to inspect facilities, equipment, or documents.~~
- ~~B. The Department may request an informal interview with the ALS Training Program, if it determines that an event listed in subsection (A) may have occurred.~~
- ~~C. The may take the following action against the certificate if the occurrence of an event listed in subsection (A) is substantiated:~~
  - ~~1. Issue a letter of censure or an order of probation.~~
  - ~~2. Suspend or revoke a certificate after notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.~~
- ~~D. The Department may suspend or revoke the certificate of an ALS Training Program during an active training course for failure to conform to this Article. In the event that the ALS Training Program's certificate is suspended or revoked during an active training course, the Department may refuse to certify graduates of that training program if it determines that the graduates did not satisfy all course requirements. If such a determination is made all students and graduates, who have not been previously certified, shall be so notified in writing by the Department.~~
- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMT that is contrary to the recognized standards or ethics of the EMT profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including but not limited to:
  1. Impersonation of an EMT of a higher level of certification or impersonation of a health professional as defined in A.R.S. § 32-3201;
  2. Permitting or allowing another individual to use the EMT certification for any purpose;
  3. Aiding or abetting an individual who is not certified pursuant to this Chapter in acting as an EMT or in representing that the individual is certified as an EMT;
  4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMT;
  5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMT;
  6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
  7. Failing or refusing to maintain adequate records on a patient;
  8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
  9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMT certification or EMT recertification contained in this Article, including the requirements established for:
    - a. Completing and passing a course provided by a training program; and
    - b. The NREMT examination process and NREMT registration process;
  10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
  11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
  12. Being convicted of a misdemeanor identified in R9-25-403(A), which has not been absolutely discharged, expunged, or vacated;
  13. Having NREMT registration revoked or suspended by NREMT for material noncompliance with NREMT rules or standards; and
  14. Having EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.
- B. Under A.R.S. § 36-2211, physical or mental incompetence of an EMT is the EMT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C. Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.



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**EXHIBIT J Repealed**

**ALS-EMS TRAINING PROGRAM EQUIPMENT/SUPPLIES LIST**

<b>Quantity</b>	<b>Equipment</b>
1	Moulage Kits or Casualty Simulator Kits.
2	Pair of old pants and shirts.
2	Blankets (cotton or cotton/blend).
10 rolls each size	Adhesive cloth/silk type tape – 1/2 inch, 1 inch, 2 inch, and 3 inch.
10 rolls each size	Adhesive paper/plastic type tape – 1/2 inch, 1 inch, 2 inch, and 3 inch.
24	Trauma Dressings.
1 per student	Pen Lights.
1 per student	Scissors.
3	Stethoscopes
3	Dual head training stethoscopes.
3	Blood pressure cuffs – adult sizes.
3	Blood pressure cuffs – child size.
3	Bag-valve-mask devices – adult size.
3	Bag-valve-mask devices – pediatric size.
2	Oxygen tank with regulator and key. (Must be operational and maintain a minimum of 500psi.)
6	Oxygen masks non-rebreather – adult.
6	Oxygen masks non-rebreather – child.
6	Nasal cannulas.
2 boxes	Alcohol preps.
1 case of each size	Gloves – (small, medium, large, and extra large).
1 case	2x2 sponges.
1 case	4x4 sponges.
1 case	5x9 sponges.
2 cases	Roller gauze.
1 box	Vaseline gauze or occlusive dressings.
2	Traction splint devices.
2	Vest type immobilization devices.
2	Long spine boards with three (3) 9-foot straps per board.
3 of each size	Cervical collars (small, regular, medium, large, and extra large). <b>NOTE:</b> (Soft collars and foam types are not acceptable.)
2	Head immobilization materials/devices.
2	Pneumatic Anti-Shock Garments – adult.
2	Pneumatic Anti-Shock Garments – child.
1 set	Mobile or portable transmitter/receivers or hand-held walkie-talkies with fully charged batteries.
1	Ambulance stretcher.
1	Bottle of activated charcoal.
1	Oral glucose tube.
2	Portable suction device.
3	Rigid suction catheters.
3	Flexible suction catheters.
2 of each size	Oropharyngeal airways.
2 of each size	Nasopharyngeal airways.
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch).
2	Burn sheets.
2	OB kits.
8 Bottles	Sterile water.

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2	CPR Mannikins – adult.
2	CPR Mannikins – child.
2	CPR Mannikins – infant.
4 per mannikin	Replacement lungs.
1 case	CPR face shields.
1 box	IV Catheter – Butterfly.
1 box	IV Catheter – 24 Gauge.
1 box	IV Catheter – 22 Gauge.
1 box	IV Catheter – 20 Gauge.
1 box	IV Catheter – 18 Gauge.
1 box	IV Catheter – 16 Gauge.
1 box	IV Catheter – 14 Gauge.
1 box	IV Catheters central line catheter or intra-cath.
1 unit	Monitor/Defibrillator.
1 unit	Arrhythmia Simulator.
1 box	Electrodes.
1 unit	Arrhythmia Annie.
1 unit	Intubation Mannikin – adult.
1 unit	Intubation Mannikin – pediatrics.
1 set	Laryngoscope Handle and Blades – 1 complete set MAC or Miller.
1 set	Endotracheal Tubes – 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, and 8.5.
1	Stylet.
1 box	1 cc Syringes.
1 box	3 cc Syringes.
1 box	5 cc Syringes.
1 box	10 cc Syringes.
1 box	30 cc Syringes.
1 unit	IV Infusion Arm With Flashback.
10 Bags	IV Fluids – D5W.
10 Bags	IV Fluids – Normal Saline or lactated ringers.
10 Sets	IV Tubing – Mini.
10 Sets	IV Tubing – Standard.
10 Sets	IV Tubing – Blood.
1	Box for Sharps.
1	IV Stand.
1	Invasive Skills Mannikin – Crico, Central Lines.
1	Magill Forceps.
1	Hemostat.
3	IV Tourniquets.
3	Scalpels.
1	Simulated Drug Boxes.

NOTE: A box, roll, or case must be unused to be counted toward the minimum requirements. Sets and units must be complete to be counted toward the minimum requirement.

EXHIBIT K Repealed

ARIZONA DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES

**ADVANCED LIFE SUPPORT TRAINING PROGRAM  
COURSE COMPLETION REPORT**

This report must be submitted with an Official Class Roster (form OEMS-005).

Program name \_\_\_\_\_ Certificate number \_\_\_\_\_

Program Director's name (print) \_\_\_\_\_

Medical Director's name (print) \_\_\_\_\_

Date of completion \_\_\_\_\_ Course type \_\_\_\_\_

*I, as Medical Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-403.*

*I, as Program Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-404.*

***We verify that each student on the attached official class roster has:***

1. *Achieved competency of every stated objective for didactic, clinical, and vehicular components of the Arizona Advanced Life Support Curriculum.*
2. *Met the minimum contact hour requirements for didactic, clinical, and vehicular components as stated in the Arizona Advanced Life Support Curriculum.*
3. *Demonstrated proficiency in all skills encompassed in the Arizona Advanced Life Support Curriculum by successfully performing the procedure on live patients, cadavers, mannikins or a combination of these.*

By affixing our signatures to this form we verify that each student listed on the Official Class Roster has successfully completed all requirements of the Arizona Advanced Life Support Curriculum. We verify that records required by Arizona Administrative Code, Title 9, Chapter 25, Article 4, are available for inspection on request.

\_\_\_\_\_  
Medical Director \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Program Director \_\_\_\_\_ Date \_\_\_\_\_

**R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))**

- A.** Under R9-25-404(B)(2)(a)(ii), "intermediate emergency medical technician level" means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- B.** In this Article, "NREMT-Intermediate registration" means EMT-Intermediate/99 registration granted by NREMT.
- C.** For EMT-I recertification under R9-25-406, an applicant who does not hold current NREMT-Intermediate registration and who has not completed the Arizona EMT-I course or Arizona EMT-Intermediate Transition Course defined in Article 3 of this Chapter, shall satisfy the continuing education requirement in R9-25-406(C) by completing the Arizona EMT Intermediate Transition Course.
- D.** This Section expires December 31, 2007.

**ARTICLE 5. ~~BASIC LIFE SUPPORT CERTIFICATION~~ REPEALED**

**R9-25-501. ~~Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed~~**

- A.** Applicant Prerequisites: An applicant for certification as an EMT-Basic shall satisfy the following requirements:
1. General Requirements. An applicant shall:
    - a. Be at least 18 years of age.
    - b. Submit a completed application for certification to the Department on a form as shown in Exhibit L.
    - c. Verify that within the last six months, the applicant has not used:
      - i. Illegal drugs or substances; or
      - ii. Controlled drugs not prescribed for the applicant.
    - d. Verify that he or she is not addicted to the use of alcohol and within the last six months has not consumed alcohol at work or while attending class at school.
  2. EMT-Basic applicant requirements. An applicant shall provide evidence of successful completion of an EMT-Basic Training Program course certified by the Department, completed in accordance with the requirements described in R9-25-307(C).
- B.** Physical Requirements. Each applicant shall submit a signed statement on a form provided by the Department as shown in Exhibit M verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Basic as listed on the form.
- C.** Good Character Requirements. An applicant shall certify on a form provided by the Department as shown in Exhibit N that the applicant has not been convicted of, or admitted committing, any of the following crimes:
1. Sexual abuse of a minor;
  2. Driving under the influence within the last two years;
  3. First or second degree murder;
  4. Kidnapping;
  5. Arson;
  6. Sexual assault;
  7. Sexual exploitation of a minor;
  8. Contributing to the delinquency of a minor;
  9. Commercial sexual exploitation of a minor;
  10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs;
  11. Burglary;
  12. Robbery;
  13. Theft;
  14. A dangerous crime against children as defined in A.R.S. § 13-604.01;
  15. Child or adult abuse;
  16. Sexual conduct with a minor;
  17. Molestation of a child;
  18. Manslaughter;
  19. Aggravated assault;
  20. Flight to avoid prosecution; or
  21. A felony or misdemeanor involving moral turpitude.

**R9-25-502. ~~Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6)) Repealed~~**

- A.** Any applicant, who has been convicted of, or admitted committing, any of the crimes listed in R9-25-501(C)(1) through (21) shall be denied certification unless the applicant has been granted an exception for good cause pursuant to the requirements of subsection (B).
- B.** An applicant who would otherwise be ineligible for certification because of prior criminal acts may apply to the Director in accordance with the requirements and procedures in this Section for an exception for good cause permitting certification. The applicant shall submit, or cause to be submitted, under penalty of perjury, to the Director, the following information:
1. A copy of the record of conviction, if applicable; and
  2. A copy of reports relevant to the criminal offense, such as probation, presentence reports, or parole or community supervision termination reports.
  3. Other evidence of the applicant's moral fitness, including letters of recommendation from law enforcement, prosecution, or correctional officers.
  4. Documentation substantiating the applicant's record of employment, record of support of dependents, and record of good conduct, and whether the applicant has paid all outstanding court costs, supervision fees, fines, and restitution as may have been ordered by a court of law.

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5. A signed statement providing the following:
    - a. A description of the nature and seriousness of the criminal offense;
    - b. The nature and extent of the applicant's conviction;
    - c. The applicant's age at the time the applicant committed the criminal offense; and
    - d. The amount of time that has elapsed since the applicant's last criminal offense, release from incarceration, probation, parole, community supervision, or supervised release.
  6. Supporting documentation providing the following:
    - a. Evidence of rehabilitative effort and lack of recidivism; and
    - b. A description of the applicant's conduct and work activity before and after the criminal offense.
  7. Information relating to the potential job including responsibilities, plans for supervision, and hours and days of employment.
- ~~C.~~ The documents provided to the Director in accordance with subsection (B) shall be accompanied by the following statement signed by the applicant: "I affirm under the penalty of perjury that the information contained herein is true and correct".
- ~~D.~~ The Director shall consider whether to allow an exception for good cause unless the individual has been convicted of, or admitted committing, any of the following offenses, or any similar offenses in any state or jurisdiction:
1. Sexual abuse of a minor;
  2. First or second degree murder;
  3. Sexual assault;
  4. Sexual exploitation of a minor;
  5. Commercial sexual exploitation of a minor;
  6. A dangerous crime against children as defined in A.R.S. § 13-604.01;
  7. Child or adult abuse;
  8. Sexual conduct with a minor;
  9. Molestation of a child; or
  10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs.
- ~~E.~~ The Director shall review the documentation and any additional relevant information and grant a good cause exception if the Director determines that there is a reasonable likelihood that the applicant:
1. Is rehabilitated and has assumed a role as a responsible, law-abiding citizen; and
  2. Possesses unique or exceptional skills, education, training, or experience relating to providing EMT-Basic services; and
  3. Does not present a risk to the health, welfare, or safety of patients.
- ~~F.~~ The Director shall notify the applicant of the decision approving or denying the exception.
- ~~G.~~ Any misrepresentation or concealment of fact by an applicant shall be grounds for denial or revocation of a good cause exception by the Director.
- ~~H.~~ Any denial of certification or exception request pursuant to R9-25-502 shall be in the form of a written order signed by the Director or the Director's designated representative.
- ~~I.~~ All criminal justice information received from the Department of Public Safety shall be confidential and shall not be available for public record review.
- ~~J.~~ If an application for certification or exception is denied, the applicant may request a hearing within 15 days of the date of receipt of the notice of denial. A hearing on the denial shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.

**R9-25-503. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))  
Repealed**

The Department shall deny an application for certification as a EMT-Basic from an applicant who is on parole, probation, supervised release, or is presently incarcerated for any criminal conviction.

**R9-25-504. Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))  
Repealed**

- ~~A.~~ Applicants shall pass written and practical examinations for EMT-Basic certification administered in accordance with the standards of The National Registry of Emergency Medical Technicians Policy and Procedures Manual, published 1992, by The National Registry of Emergency Medical Technicians, 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. However, when the contents of the manual are inconsistent with this Chapter, this Chapter shall take precedence. These examinations shall not be required for an applicant with a current and valid National Registry certification who is in good standing.
- ~~B.~~ Applicants shall be given three opportunities to attain a passing score on all examinations, which shall be taken within one year after the official completion date of the training program.

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~~C.~~ An applicant who has failed to pass the written or any of the practical examinations after the third attempt shall repeat an entire certified EMT-Basic Training Program prior to reapplication.

**R9-25-505. Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6)) Repealed**

EMT-Basic certification shall be valid for a period of two years.

**R9-25-506. Out-of-state Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6)) Repealed**

~~A.~~ An applicant who holds current and valid certification as an EMT-Basic in good standing issued by another state or jurisdiction shall be certified in Arizona after meeting the following requirements:

- ~~1.~~ Compliance with all requirements described in R9-25-501 and R9-25-502.
- ~~2.~~ Submission of a completed application on a form provided by the Department as set forth in Exhibit L.
- ~~3.~~ Submission of evidence of a current and valid certification issued by the National Registry of Emergency Medical Technicians, or a state, or a political subdivision.
- ~~4.~~ After December 31, 1998, submission of written verification from a certified training program or ALS-base hospital of having successfully completed training that meets the requirements of the Arizona BLS Curriculum in the following:
  - ~~a.~~ Semi-automatic defibrillator;
  - ~~b.~~ Patient-assisted medications;
  - ~~c.~~ Blood-glucose monitoring;
  - ~~d.~~ Patient assessment;
  - ~~e.~~ SIDS (Sudden Infant Death Syndrome); and
  - ~~f.~~ IV monitoring.

~~B.~~ If an out-of-state applicant does not hold a current and valid certification issued by the National Registry of Emergency Medical Technicians, the applicant shall apply for and successfully complete the written and practical examinations for EMT-Basic certification administered or approved by the Department in accordance with the requirements of the National Registry of Emergency Medical Technicians.

~~C.~~ Certification issued to an applicant meeting the requirements under this Section shall be valid for two years.

**R9-25-507. Applicants With Disabilities (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6)) Repealed**

~~A.~~ Special examination accommodations may be made for individuals with diagnosed learning disabilities in the areas of reading decoding or reading comprehension, or some form of documented disability or cognitive processing deficit which would negatively affect an applicant's performance on the written examination.

~~B.~~ No special accommodations shall be made for the practical examination.

~~C.~~ Applicants requesting special accommodations for the written examination shall submit the request to the medical director at least 30 days prior to the date of the written examination together with evidence that documents the diagnosis of a learning disability in the area of reading decoding or reading comprehension based upon the results of a standardized psychoeducational assessment including a standardized measure of intelligence and a standardized measure of achievement in reading decoding or reading comprehension.

~~D.~~ The medical director shall grant accommodations for 150% of the normally allotted time to complete the written examination to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule.

**R9-25-508. Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205) Repealed**

~~A.~~ Individuals certified as an EMT-Basic shall be authorized to provide medical treatments, procedures, medications, and techniques:

- ~~1.~~ As outlined in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a); or
- ~~2.~~ Having first completed an approved protocol training module, may perform those skills, permitted by protocol pursuant to A.R.S. § 36-2205.

~~B.~~ Individuals certified as an EMT-Basic shall be authorized to provide medical treatments, procedures, medications, and techniques described in subsection (A) only under the administrative medical control of a BLS medical director or ALS Base Hospital.

~~C.~~ A certified EMT-Basic shall be authorized to monitor peripheral intravenous lines after having successfully completed IV monitoring training, by a certified BLS Training Program or ALS Base Hospital, that meets the requirements described in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a).

**R9-25-509. ~~Special Skills Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1))~~  
Repealed**

A certified EMT-Basic shall be authorized to perform endotracheal intubation skills upon meeting the following qualifications:

- ~~1. Be employed by an EMS provider which is providing such services and has a written and signed provider agreement with an ALS Base Hospital to provide medical direction and continuing education.~~
- ~~2. Possess a certificate of training issued by a certified BLS Training Program or certified ALS Base Hospital documenting successful completion of endotracheal intubation training as shown in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b).~~
- ~~3. Successfully complete a written examination administered or approved by the Department with a score of 75% or greater within one year of the completion date of the advanced airway training. The EMT-Basic shall have three opportunities to attain a passing score. An EMT-Basic who has failed to pass the written examination after the third attempt shall repeat an advanced airway training course.~~

**R9-25-510. ~~Recertification Requirements for EMT-Basic (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))~~  
Repealed**

~~A. An applicant for EMT-Basic recertification shall have been in compliance with all requirements of this Article during the current certification period and shall submit to the Department:~~

- ~~1. A completed application on a form provided by the Department, as shown in Exhibit O.~~
- ~~2. Evidence of reregistration with the National Registry of Emergency Medical Technicians or, evidence of successful completion of an EMT-Basic refresher training course that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(1)(6)(c), conducted by a certified BLS Training Program or ALS Base Hospital.~~
- ~~3. A signed statement on a form provided by the Department, as shown in Exhibit M, verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Basic as listed on the form.~~
- ~~4. A written form accompanying the application for recertification from the BLS medical director responsible for the applicant's administrative medical control for the current certification period, as shown in Exhibit P.~~

~~B. An applicant for recertification shall submit evidence of successful completion of the requirements listed in subsection (A) not less than 30 days prior to the expiration of the applicant's current certificate.~~

~~C. An applicant who applies for recertification shall not function as an EMT-Basic, after expiration of the current certification, until recertified by the Department.~~

~~D. Each EMT-Basic shall pass an examination administered or approved by the Department every four years as a condition for recertification. An applicant for recertification shall attain a passing grade of 75% on the examination. An applicant shall have three attempts to attain a passing grade on the examination. An applicant who fails the examination on all three attempts shall complete an entire EMT-Basic Training Program prior to reapplying.~~

~~E. All applicants applying for recertification after December 31, 1998, shall have successfully completed training that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(1)(6)(c), to include, at a minimum, the following:~~

- ~~1. Semi-automatic defibrillator;~~
- ~~2. Patient-assisted medications;~~
- ~~3. Blood glucose monitoring;~~
- ~~4. Patient assessment;~~
- ~~5. SIDS (Sudden Infant Death Syndrome); and~~
- ~~6. IV monitoring.~~

~~F. An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the two-year period following that expiration date, may regain certification by successfully completing the examinations required in R9-25-504, after meeting the requirements set forth in subsections (A)(1) through (4).~~

~~G. An applicant whose certificate has been expired for over two years shall meet all of the requirements for initial certification as set forth in these rules.~~

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EXHIBIT P Repealed

Arizona Department of Health Services  
Emergency Medical Services

RECOMMENDATION FOR BLS RECERTIFICATION

Applicant's Name

Social Security Number

Certification Number

Expiration Date

Applicant's Address

This is to verify that the applicant identified above has been under my administrative medical direction for a minimum of six months, has no performance related patient care issues that are unresolved, and is recommended for recertification pursuant to *Arizona Administrative Code R9-25-510*.

BLS Medical Director's Signature — AZ License #

Date

Applicant's Signature

Date

**R9-25-511. Recertification for EMT-Basic Special Skills (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (4), and (6)) Repealed**

- A.** The EMT-Basic certified to perform endotracheal intubation shall submit to the Department:
  1. A completed application on a form provided by the Department, as shown in Exhibit O.
  2. Evidence of reregistration with the National Registry of Emergency Medical Technicians, or evidence of successful completion of a Basic EMT refresher training course that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(e), conducted by a certified BLS Training Program.
  3. Evidence of successful completion of an endotracheal intubation skills workshop during the certification period covering the objectives as shown in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b).
  4. A letter recommending the applicant for recertification, signed by the ALS Base Hospital medical director and ALS Base Hospital program manager who have been responsible for administrative medical direction of the EMT-Basic during the previous 90 days.
- B.** An applicant for recertification shall submit evidence of successful completion of the requirements listed in subsection (A) not less than 30 days prior to the expiration of the applicant's current certificate.
- C.** An applicant who applies for recertification for EMT-Basic Special Skills shall not function as an EMT-Basic Special Skills, after expiration of the current certification, until recertified by the Department.
- D.** Each EMT-Basic shall pass an examination administered or approved by the Department every four years as a condition for recertification. An applicant for recertification shall attain a passing grade of 75% on the examination. An applicant shall have three attempts to attain a passing grade on the examination. An applicant who fails the examination on all three attempts shall complete an entire EMT-Basic Training Program prior to reapplying.
- E.** All applicants applying for recertification after December 31, 1998, shall have successfully completed training that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(e), to include, at a minimum, the following:
  1. Semi-automatic defibrillator;
  2. Patient-assisted medications;
  3. Blood glucose monitoring;
  4. Patient assessment;
  5. SIDS (Sudden Infant Death Syndrome); and
  6. IV monitoring.

**R9-25-512. ~~Extension of Recertification Application Requirements (Authorized by A.R.S. §§ 36-2202 (A)(2), (3), and (4) and 36-2204(1), (2), and (3)) Repealed~~**

- ~~A.~~ An EMT-Basic who has not met the requirements of R9-25-510(A) prior to the expiration of his or her current certificate may apply for one extension to file for recertification. The request for extension shall be made to the Director prior to the expiration date of the current certification.
- ~~B.~~ The applicant for extension shall not practice as an EMT-Basic after the expiration date of the current certification.
- ~~C.~~ An application for an extension shall be submitted to the Department, on an extension form provided by the Department as shown in Exhibit Q, which contains the following:
  - 1. Applicant's name, address, and phone number;
  - 2. EMS employers name, address, and phone number;
  - 3. Applicant's certification number and date of expiration;
  - 4. Statement signed by the applicant, under penalty of perjury, that the applicant was unable to complete the recertification requirements during the effective period of the certification and verified by an attached, signed statement as follows:
    - a. Physician licensed in Arizona who provides evidence of a mental or physical disability or health problem that has precluded the applicant from meeting the recertification requirements;
    - b. Applicant's superior officer who documents that the applicant has been involved in military duty that has precluded the applicant from meeting the recertification requirements; or
    - e. Third party who supports an undue hardship claim that has precluded the applicant from meeting the recertification requirements.
- ~~D.~~ The request for extension shall be granted for a term no greater than 180 days.
- ~~E.~~ An applicant who does not meet recertification requirements prior to the expiration of their certification shall complete an entire EMT-Basic Training Program and meet requirements of R9-25-501.

**R9-25-513. ~~Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(6)) Repealed~~**

- ~~A.~~ An applicant who is unable to meet the requirements of recertification due to a temporary medical condition may apply to be placed on an inactive status by the Director for a period of 24 months from the expiration date of the applicant's certification.
- ~~B.~~ An applicant shall submit to the Director:
  - 1. Written verification from a physician describing the applicant's temporary medical condition, the date of onset, a statement estimating the length of time that the condition will be present, a description of the applicant's physical limitations, and a statement that the applicant is unable to perform the job duties of an EMT-Basic; and
  - 2. A written request to place the applicant's certification on inactive status pending resolution of the medical condition.
- ~~C.~~ The Director shall inform the applicant in writing whether the application was granted based on input from the medical director as to the applicant's temporary medical condition. The applicant shall not perform the job duties of an EMT-Basic during the term of inactive status.
- ~~D.~~ Prior to the expiration of the inactive status, the applicant may apply for recertification, and shall submit documents required in R9-25-510(A).
- ~~E.~~ The applicant shall pass a written examination if required by A.R.S. § 36-2202(D).

**R9-25-514. ~~Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed~~**

An EMT-Basic affiliated with an agency shall ensure that:

- 1. A first care form documenting all patient care provided by the EMT Basic is completed for each patient encounter.
- 2. The form is signed by each EMT-Basic providing care.
- 3. The original or a legible copy of this report is provided to the receiving health care institution accepting transfer of patient care, and the person providing the EMT-Basic's administrative medical direction.

**R9-25-515. ~~Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (6), and (7)) Repealed~~**

- ~~A.~~ Under A.R.S. § 36-2211, the following factors shall be considered unprofessional conduct:
  - 1. Conduct as an EMT in another jurisdiction which resulted in denial, suspension, or revocation of the EMT's certificate or license.
  - 2. Intentionally or negligently causing physical injury to a patient under the EMT's care or treatment.
  - 3. Abandoning or neglecting a patient requiring emergency medical care without making arrangements to continue such care as the patient required.
  - 4. Performing treatment above the level of the EMT's current level of certification.
  - 5. Use of, or being under the influence of any, narcotic, dangerous drug, or an intoxicating beverage to the extent that the use or influence impairs the judgment of the EMT while providing service as an EMT or ambulance attendant.
  - 6. Obtaining, possessing, administering, or using any narcotic or controlled substance in violation of federal or state law.

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7. Willful destruction of, falsification of, or making a materially inaccurate statement on a record of patient treatment or care.
  8. Impersonation of an EMT of higher level of certification.
  9. Conviction of or admission to committing any of the crimes listed in R9-25-501(C).
- B.** Under A.R.S. § 36-2211 mental or physical incompetence shall be considered a lack of mental or physical ability to perform the duties or any duty of an EMT.
- C.** Under A.R.S. § 36-2211 gross incompetence or gross negligence shall be considered a willful act or omission in disregard of an individual's life, health, or safety which may cause death or injury.
- D.** Under A.R.S. § 36-2211 willful fraud or misrepresentation shall be considered a false statement or action taken by an individual with the intent to directly or indirectly benefit himself or herself or mislead another.

**ARTICLE 6. ADVANCED LIFE SUPPORT CERTIFICATION REPEALED**

**R9-25-601. Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed**

- A.** Applicant Prerequisites: An applicant for certification as a paramedic or intermediate shall satisfy the following requirements:
1. General Requirements. An applicant shall:
    - a. Be at least 18 years of age;
    - b. Submit a completed application for certification to the Department on a form as shown in Exhibit L;
    - c. Verify that within the last six months, the applicant has not used:
      - i. Illegal drugs or substances, or
      - ii. Controlled drugs not prescribed for the applicant.
    - d. Verify that he or she is not addicted to the use of alcohol and within the last six months has not consumed alcohol at work or while attending class at school.
    - e. Be currently certified as an EMT Basic or EMT Intermediate in the state.
  2. Paramedic applicant requirements. An applicant shall provide evidence of completion of a paramedic or intermediate to paramedic training program course certified by the Department or a challenge course completed in accordance with the requirements prescribed in R9-25-407.
  3. Intermediate applicant requirements. An applicant shall provide evidence of successful completion of an intermediate training program course certified by the Department or a challenge course completed in accordance with the requirements prescribed in R9-25-407.
- B.** Physical Requirements. Each applicant shall submit a signed statement on a form provided by the Department as shown in Exhibit M verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Intermediate or EMT-Paramedic as listed on the form.
- C.** Good Character Requirements. An applicant shall certify on a form provided by the Department as shown in Exhibit N that the applicant has not been convicted of, or admitted committing, any of the following crimes:
1. Sexual abuse of a minor;
  2. Driving under the influence within the last two years;
  3. First or second degree murder;
  4. Kidnapping;
  5. Arson;
  6. Sexual assault;
  7. Sexual exploitation of a minor;
  8. Contributing to the delinquency of a minor;
  9. Commercial sexual exploitation of a minor;
  10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs;
  11. Burglary;
  12. Robbery;
  13. Theft;
  14. A dangerous crime against children as defined in A.R.S. § 13-604.01;
  15. Child or adult abuse;
  16. Sexual conduct with a minor;
  17. Molestation of a child;
  18. Manslaughter;
  19. Aggravated assault;
  20. Flight to avoid prosecution; or
  21. A felony or misdemeanor involving moral turpitude.

**R9-25-602. Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6)) Repealed**

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- ~~A.~~ Any applicant who has been convicted of, or admitted committing, any of the crimes as listed in R9-25-601(C) shall be denied certification unless the applicant has been granted an exception for good cause pursuant to the requirements of subsection (B).
- ~~B.~~ An applicant who would otherwise be ineligible for certification because of prior criminal acts may apply to the Director in accordance with the requirements and procedures in this Section for an exception for good cause permitting certification. The applicant shall submit, or cause to be submitted, under penalty of perjury, to the Director, the following information:
  - 1. A copy of the record of conviction, if applicable;
  - 2. A copy of reports relevant to the criminal offense, such as probation, presentence reports, or parole or community supervision termination reports;
  - 3. Other evidence of the applicant's moral fitness, including letters of recommendation from law enforcement, prosecution, or correctional officers;
  - 4. Documentation substantiating the applicant's record of employment, record of support of dependents, and record of good conduct, and whether the applicant has paid all outstanding court costs, supervision fees, fines, and restitution as may have been ordered by a court of law.
  - 5. A signed statement providing the following:
    - a. A description of the nature and seriousness of the criminal offense;
    - b. The nature and extent of the applicant's conviction;
    - c. The applicant's age at the time the applicant committed the criminal offense; and
    - d. The amount of time that has elapsed since the applicant's last criminal offense, release from incarceration, probation, parole, or community supervision.
  - 6. Supporting documentation providing the following:
    - a. Evidence of rehabilitative effort and lack of recidivism; and
    - b. A description of the applicant's conduct and work activity before and after the criminal offense.
  - 7. Information relating to the potential job including responsibilities, plans for supervision, and hours and days of employment.
- ~~C.~~ The documents provided to the Director in accordance with subsection (B) shall be accompanied by the following statement signed by the applicant: "I affirm under the penalty of perjury that the information contained herein is true and correct".
- ~~D.~~ The Director shall consider whether to allow an exception for good cause unless the individual has been convicted of, or admitted committing, on any of the following offenses or any similar offenses in any state or jurisdiction:
  - 1. Sexual abuse of a minor;
  - 2. First or second degree murder;
  - 3. Sexual assault;
  - 4. Sexual exploitation of a minor;
  - 5. Commercial sexual exploitation of a minor;
  - 6. A dangerous crime against children as defined in A.R.S. § 13-604.01;
  - 7. Child or adult abuse;
  - 8. Sexual conduct with a minor;
  - 9. Molestation of a child; or
  - 10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs.
- ~~E.~~ The Director shall review the documentation and any additional relevant information and grant a good cause exception if the Director determines that there is a reasonable likelihood that the applicant:
  - 1. Is rehabilitated and has assumed a role as a responsible, law-abiding citizen; and
  - 2. Possesses unique or exceptional skills, education, training, or experience relating to providing EMT services; and
  - 3. Does not present a risk to the health, welfare, or safety of patients.
- ~~F.~~ The Director shall notify the applicant of the decision approving or denying the exception.
- ~~G.~~ Any misrepresentation or concealment of fact by an applicant shall be grounds for denial or revocation of a good cause exception by the Director.
- ~~H.~~ Any denial of certification or exception request pursuant to R9-25-602, shall be in the form of a written order signed by the Director or the Director's designated representative.
- ~~I.~~ All criminal justice information received from the Department of Public Safety shall be confidential and shall not be available for public record review.
- ~~J.~~ If an application for certification or exception is denied, the applicant may request a hearing within 15 days of the date of receipt of the notice of denial. A hearing on the denial shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.

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**R9-25-603. ~~Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))~~  
Repealed**

The Department shall deny an application for certification as an EMT Intermediate or EMT Paramedic from an applicant who is on parole, probation, supervised release, or is presently incarcerated for any criminal conviction.

**R9-25-604. ~~Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))~~  
Repealed**

- ~~A.~~ Applicants shall pass written and practical examinations for paramedic or intermediate certification administered or approved by the Department in accordance with the National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, previously incorporated by reference at R9-25-404(B)(10). However, when the contents of this manual are inconsistent with this Chapter, this Chapter shall take precedence. These examinations shall not be required for an applicant with a current and valid National Registry certification as a paramedic or intermediate in good standing.
- ~~B.~~ Applicants shall be given three opportunities to attain passing scores on all examinations, which shall be taken within one year after the official completion date of the training program.
- ~~C.~~ An applicant who has failed to pass the written or practical examination after the third attempt shall repeat a certified paramedic or intermediate training program or challenge course prior to reapplication.

**R9-25-605. ~~Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))~~  
Repealed**

Paramedic or intermediate certification shall be valid for a period of two years.

**R9-25-606. ~~Out-of-state Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3) and (4) and 36-2204(1), (2), and (6))~~  
Repealed**

- ~~A.~~ An applicant who holds current and valid certification as a paramedic in good standing issued by another state or jurisdiction shall be certified in Arizona after meeting the following requirements:
  1. Compliance with all requirements described in R9-25-601, R9-25-602, and R9-25-604(B);
  2. Submission of a completed application on a form provided by the Department as set forth in Exhibit L;
  3. Submission of evidence of a current and valid certification issued by the National Registry of Emergency Medical Technicians, or a state, or a political subdivision;
  4. Submission of evidence of successful completion of a challenge course as described in R9-25-407(J).
- ~~B.~~ If an out-of-state applicant does not hold a current and valid certification issued by the National Registry of Emergency Medical Technicians, the applicant shall apply for and successfully complete the written and practical examinations for EMT Paramedic certification administered or approved by the Department in accordance with the requirements of the National Registry of Emergency Medical Technicians.
- ~~C.~~ Certification issued to an applicant meeting the requirements under this Section shall be valid for two years.
- ~~D.~~ An out-of-state applicant who is certified as an intermediate in another state or jurisdiction shall complete an intermediate training program in the state of Arizona prior to applying for certification.

**R9-25-607. ~~Applicants With Disabilities (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6))~~  
Repealed**

- ~~A.~~ Special examination accommodations may be made for individuals with diagnosed learning disabilities in the areas of reading decoding or reading comprehension, or some form of documented disability or cognitive processing deficit which would negatively affect an applicant's performance on the written examination.
- ~~B.~~ No special accommodations shall be made for the practical examination.
- ~~C.~~ Applicants requesting special accommodations for the written examination shall submit the request to the medical director at least 30 days prior to the date of the written examination together with evidence that documents the diagnosis of a learning disability in the area of reading decoding or reading comprehension based upon the results of a standardized psychoeducational assessment including a standardized measure of intelligence and a standardized measure of achievement in reading decoding or reading comprehension.
- ~~D.~~ The medical director shall grant accommodations for 150% of the normally allotted time to complete the written examination to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this Section.

**R9-25-608. ~~Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205))~~  
Repealed**

- ~~A.~~ Individuals certified as a paramedic or intermediate shall be authorized to provide medical treatments, procedures, medications, and techniques:
  1. As outlined in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1); or
  2. Having first completed an approved protocol training module, may perform those skills, permitted by protocol, pursuant to A.R.S. § 36-2205.

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~~B. Individuals certified as a paramedic or intermediate shall be authorized to provide medical treatments, procedures, medications, and techniques described in subsection (A) only under the direction of an ALS Base Hospital certified pursuant to 9 A.A.C. 25, Article 2.~~

**R9-25-609. Extended Scope of Practice Training Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1)) Repealed**

~~Immunization Training Requirements. A paramedic or intermediate may administer immunizations according to the protocol established in R9-13-1501 upon successful completion of the following requirements:~~

- ~~1. Curriculum Requirements: Each immunization trainee shall complete all of the objectives of the ALS Prehospital Provider Immunization Training Curriculum, dated July 11, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The curriculum shall be approved by a medical director who is:
  - a. A physician licensed in the state and:
    - i. Is currently practicing in General Medicine, Family Practice, Internal Medicine, Pediatrics, or Emergency Medicine;
    - ii. Is accessible by phone, beeper, or in person during all phases of training;
    - iii. Signs the course completion certificate for each trainee who successfully completes the ALS Prehospital Provider Immunization Training Curriculum; and
    - iv. Provides to paramedics or intermediates trained to administer immunizations, immunization schedule changes and updates on immunobiologics as they become available.
  2. The curriculum shall be taught by the medical director or an instructor with the following qualifications:
    - a. Licensed registered nurse in the state with either a:
      - i. Bachelor of Science Degree, or
      - ii. 2 years experience administering immunizations in a pediatric or public health setting, or
    - b. Physician or physician's assistant licensed in the state currently practicing in General Practice, Family Practice, Internal Medicine, Pediatrics, or Emergency Medicine.
  3. Competency Requirements: Each immunization trainee shall demonstrate competency by obtaining a score of 80% or better on each of the following examinations:
    - a. The final written examination which shall consist of 100 multiple choice questions utilizing one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above," covering the learning objectives of the ALS Prehospital Provider Immunization Training Curriculum, dated July 11, 1994, previously incorporated by reference at R9-25-609(1), in the following proportions:

i. Epidemiology	15 questions
ii. Immunization Scheduling	15 questions
iii. Vaccine Screening	10 questions
iv. Vaccine Administration	20 questions
v. Adverse Reactions	10 questions
vi. Vaccine Management	15 questions
vii. Liability	5 questions
viii. Documentation	5 questions
ix. OSHA Requirements	5 questions
    - b. The final practical examination which shall assess each skill outlined on the check off sheets as shown in Exhibit R.
    - e. The trainee shall have a maximum of three attempts to pass the final written examination and the final practical examination. If the trainee does not attain the passing grade on either of the examinations by the third attempt, the trainee shall complete another immunization training program prior to being retested.
  4. Course Completion Certificate Requirements: The instructor and medical director who approved the training curriculum shall sign and issue a course completion certificate to a trainee who completes the course and passes the final examinations. The course completion certificate shall be valid for one year from the date on which the trainee successfully completes the final examinations:
    - a. Prior to administering immunizations, ALS personnel shall provide a copy of the course completion certificate to the medical director of an Immunization Clinic evidencing successful completion of immunization administration training as required by R9-13-1501.
    - b. ALS personnel shall be responsible to keep and safeguard the course completion certificate.
  5. Continuing Education and Renewal of Course Completion Certificate Requirements:
    - a. The ALS personnel shall complete yearly continuing education in immunization administration.
    - b. The continuing education shall cover the following topics from the ALS Prehospital Provider Immunization Training Curriculum:
      - i. Routine immunization scheduling;~~

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- ii. ~~Vaccine screening process;~~
- iii. ~~Vaccine administration;~~
- iv. ~~Management of adverse reactions;~~
- v. ~~Vaccine management; and~~
- vi. ~~Documentation.~~
- e. ~~The continuing education course shall utilize a medical director and instructor who meet the qualifications and satisfy the responsibilities identified in subsections (1) and (2):~~
  - i. ~~Upon completion of the continuing education course, the ALS personnel shall have three attempts to attain a passing score of 80% on the final written examination identified in subsection (3)(a) prior to receiving a course completion certificate. If the ALS personnel does not attain the passing grade on the final written examination by the third attempt, the ALS personnel shall complete another continuing education course prior to being retested.~~
  - ii. ~~The medical director and instructor shall sign and issue a new course completion certificate to the ALS personnel who completes the continuing education course and passes the final examination. The course completion certificate shall be valid for one year from the date on which the ALS personnel successfully completes the examination.~~

**EXHIBIT R Repealed**

**Immunization Training  
Practical Evaluation Form**

**Station #1**

**Record Assessment, Screening, and Consent**

Student Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Competency	Satisfactory	Unsatisfactory
Given an immunization record/history, determines the required vaccinations.		
Verifies client's identity as being that of person named on the immunization record.		
Verifies signature and relationship of consenting adult.		
Documents any vaccines deferred or refused.		
Appropriately answers questions regarding "Important Information"		
Screens for contraindications and possible risks.		
When presented with a "delayed" child, determines appropriate immunizations and scheduling.		
Thoroughly completes necessary consent forms and instructs parent appropriately.		

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**Immunization Training  
Practical Evaluation Form**

Station # \_\_\_\_\_ (2, 3, and 4)  
Immunobiologics Administration

Student Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Competency	Satisfactory	Unsatisfactory
Verifies client's identity as being that of person named on the immunization records.		
Proves consent form, making sure biologics to be administered are accurate.		
Confirms child or infant is in the proper holding position prior to administering the medication.		
Demonstrates proper biologic administration in each of the following sites and routes: A/L Thigh _____ IM _____ Deltoid _____ SQ _____ Post. Arm _____ IM _____		
Chooses appropriate needle gauge and length to administer biologic.		
Prepares appropriate dosage for a given biologic. (Write example of medication evaluated)  Biologic _____ Dose _____		
Demonstrates proper injection techniques when giving biologics.		
Disposes of needles/syringes in sharps container properly and according to OSHA regulations.		
Provides appropriate post immunization administration education to the client or consenting adult.		
Completes documentation immediately following vaccine administration.		
Uses universal infection control precautions when indicated.		

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~~Immunization Training  
Clinical Evaluation Form~~

Clinical site location: \_\_\_\_\_

Student Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Competency	Satisfactory	Unsatisfactory
Sets up clinic supplies, to include emergency drugs and standing protocols.		
Dress is appropriate with identification clearly visible.		
Given a specific age, identifies appropriate biologic(s).		
Verifies client identity as being that of person named.		
Verifies signature and relationship of consenting adult.		
Verifies holding position of child or infant prior to administration of medication and administers the medication without undue harm to self or client.		
Demonstrates proper vaccination administration in each of the following sites and routes: A/L Thigh _____ IM _____ Deltoid _____ SQ _____ Post. Arm _____ IM _____		
Documents any deferred or refused biologics.		
Disposes of needles/syringes in sharps container properly and according to OSHA regulations.		
Provides appropriate post immunization administration education to the client or consenting adult.		
Completes documentation immediately following biologic administration.		
Uses universal infection control precautions when indicated.		

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_

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**R9-25-610. ~~Paramedic Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6)) Repealed~~**

- A:** An applicant for paramedic recertification shall have been in compliance with all requirements of this Article, during the current certification period.
- B:** An applicant for paramedic recertification shall complete 60 hours of continuing medical education in the following categories:
1. ~~Category I (Mandatory). One hour of continuing education credit shall be given for one hour of instruction received:~~
    - a. ~~ACLS and BCLS provider course completion: a maximum of 24 hours.~~
    - b. ~~Prehospital case reviews: minimum of 12 hours.~~
    - e. ~~Base hospital lectures: minimum of 12 hours.~~
    - d. ~~Skills Workshops: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, intraosseous infusion, and central venous lines that meets the requirements and objectives described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). A minimum of four hours and a maximum of 20 hours.~~
  2. ~~Category II (Electives)~~
    - a. ~~An EMT-Paramedic refresher training program which meets the requirements and objectives of the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-206(I)(6)(b). A maximum of 48 hours.~~
    - b. ~~EMS health related college courses provided by an educational institution which is accredited by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or the Western Association of Schools and Colleges: three hours of continuing education hours per credit unit of courses to a maximum of 12 continuing education hours.~~
    - e. ~~Conference, Didactic, or Lecture sessions on subjects which meet one or more of the objectives as established in R9-25-407(K). Maximum of 30 hours.~~
    - d. ~~Clinical experience supervised by a preceptor who meets the qualification in R9-25-406. Maximum of 20 hours.~~
    - e. ~~Teaching: maximum of 20 hours of instruction in a certified EMT program, or Basic Cardiac Life Support, Advanced Cardiac Life Support, Prehospital Trauma Life Support, or Basic Trauma Life Support. Credit shall not be given for the same course taught more than once during the period of certification.~~
    - f. ~~Vehicle preceptor for a certified training program: maximum of 20 hours.~~
    - g. ~~EMS related multimedia instruction: maximum of 20 hours.~~
- C:** ~~The applicant shall submit to the Department the following documents at least 30 days prior to the expiration of the current certification period:~~
1. ~~An application on a form provided by the Department as shown in Exhibit O.~~
  2. ~~A written statement verifying that the applicant has met all the requirements for recertification on a form as shown in Exhibit S.~~
  3. ~~A signed statement on a form provided by the Department as shown in Exhibit M, verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Paramedic as listed on the form.~~
- D:** ~~Paramedics shall pass an examination administered or approved by the Department with a 75% or greater as a condition for recertification if required to do so by their base hospital medical director. Each applicant shall have three attempts to pass the examination. Applicants who fail the examination on all three attempts shall complete an entire EMT-Paramedic Training Program or challenge course prior to reapplying.~~
- E:** ~~An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the two year period following that expiration date, may regain certification by successfully completing a paramedic refresher course as described in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b), or a Paramedic Challenge course as described in R9-25-407(J), and successfully completing the examinations required in R9-25-604.~~
- F:** ~~An applicant whose certificate has been expired for over two years shall meet all of the requirements for initial certification.~~

**R9-25-611. ~~Intermediate Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6)) Repealed~~**

- A:** An applicant for intermediate recertification shall have been in compliance with all requirements of this Article during the current certification period.
- B:** An applicant for intermediate recertification shall complete 50 hours of continuing medical education in the following categories:
1. ~~Category I (Mandatory). An applicant for intermediate recertification shall complete the following:~~
    - a. ~~BCLS provider course completion: a maximum eight hours.~~
    - b. ~~Twelve hours of prehospital case reviews.~~

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- e. Twelve hours of base hospital lectures.
  - d. Skills workshops: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, and intraosseous infusion that meets the requirements and objectives described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). A minimum of four hours and a maximum of 20 hours.
2. Category II (Electives) An applicant for intermediate recertification shall complete 20 hours of continuing education in any combination of the following:
- a. An EMT-Intermediate Refresher Training Program which meets the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b). A maximum of 48 hours.
  - b. Prehospital case reviews in excess of those required in category I.
  - e. Base hospital lectures in excess of those required in category I.
  - d. A maximum of four hours of skills workshops in excess of those required in category I: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, and intraosseous infusion that meets the requirements and objectives described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
  - e. EMS health related college courses provided by an educational institution which is accredited by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or the Western Association of Schools and Colleges: three hours of continuing education hours per credit unit of courses to a maximum of 12 continuing education hours.
  - f. Paramedic training course hours.
  - g. Conference, Didactic, or Lecture sessions on subjects which meet one or more of the objectives as established in R9-25-206(I)(6)(b). Maximum of 30 hours.
  - h. Clinical experience supervised by a preceptor who meets the qualifications in R9-25-406. Maximum of 20 hours.
  - i. Teaching, a maximum of 20 hours of instruction in a certified EMT program, or Basic Cardiac Life Support, Prehospital Trauma Life Support, or Basic Trauma Life Support. Credit shall not be given for the same course taught more than once during the period of certification.
  - j. Vehicular preceptor for a certified training program: maximum of 20 hours.
  - k. EMS related multimedia instruction: maximum of 20 hours.
- C.** The applicant shall submit to the Department the following documents at least 30 days prior to the expiration of the current certification period:
- 1. An application on a form provided by the Department as shown in Exhibit O.
  - 2. A written statement verifying that the applicant has met all the requirements for recertification on a form as shown in Exhibit S.
  - 3. A signed statement on a form provided by the Department as shown in Exhibit M, verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Intermediate as listed on the form.
- D.** An applicant shall pass an examination administered or approved by the Department with a 75% or greater as a condition for recertification if required to do so by his or her base hospital medical director. Each applicant shall have three attempts to pass the examination. Applicants who fail the examination on all three attempts shall complete an entire EMT-Intermediate Training Program or challenge course prior to reapplying.
- E.** An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the two year period following that expiration date, may regain certification by successfully completing an EMT-Intermediate refresher course which meets the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206 (I)(6)(b), or an EMT-Intermediate challenge course as described in R9-25-407(J), and successfully completing the examinations required in R9-25-604.
- F.** An applicant whose certificate has been expired for over two years shall meet all of the requirements for initial certification.
- R9-25-612. Extension of Recertification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6)) Repealed**
- A.** An applicant who has not met the requirements in R9-25-610(B) and (C), or R9-25-611(B) and (C) prior to the expiration of his or her current certificate, may apply for one extension to file for recertification. The request for extension shall be made to the Director prior to the expiration date of the current certification.
  - B.** The applicant for extension shall not practice as a paramedic or an intermediate after the expiration date of the current certification.
  - C.** An application for an extension shall be submitted to the Department on an extension form provided by the Department as shown in Exhibit Q, which contains the following:

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1. Applicant's name, address, and phone number;
2. EMS employer's name, address, and phone number;
3. Applicant's certification number and date of expiration;
4. Statement signed by the applicant, under penalty of perjury, that the applicant was unable to complete the recertification requirements during the effective period of the certification and verified by an attached signed statement as follows:
  - a. Physician licensed in Arizona who provides evidence of a mental or physical disability or health problem that has precluded the applicant from meeting the recertification requirements;
  - b. Applicant's superior officer who documents that the applicant has been involved in military duty that has precluded the applicant from meeting the recertification requirements; or
  - c. Third party who supports an undue hardship claim that has precluded the applicant from meeting the recertification requirements.

~~D.~~ The request for extension may be granted for a term no greater than 180 days.

~~E.~~ An applicant who does not meet recertification requirements prior to the expiration of their extension, shall complete an entire EMT-Intermediate or paramedic training program and meet the requirements of R9-25-601.

**R9-25-613. ~~Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(6)) Repealed~~**

~~A.~~ An applicant who is unable to meet the requirements of recertification due to a temporary medical condition may apply to be placed on an inactive status by the Director for a period of 24 months from the expiration date of the applicant's certification.

~~B.~~ An applicant shall submit to the Director:

1. Written verification from a physician describing the applicant's temporary medical condition, the date of onset, a statement estimating the length of time that the condition will be present, a description of the applicant's physical limitations, and a statement that the applicant is unable to perform the job duties of an EMT-Intermediate or EMT-Paramedic; and
2. A written request to place the applicant's certification on inactive status pending resolution of the medical condition.

~~C.~~ The Director shall inform the applicant in writing whether the application was granted based on input from the medical director as to the applicant's temporary medical condition. The applicant shall not perform the job duties of an EMT-Intermediate or EMT-Paramedic during the term of inactive status.

~~D.~~ Prior to the expiration of the inactive status, the applicant may apply for recertification and shall submit:

1. Documents required in R9-25-610(C).
2. Evidence of successful completion of an intermediate or paramedic refresher course as described in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b), or the continuing education requirements of R9-25-610 or R9-25-611.

**R9-25-614. ~~Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed~~**

~~A.~~ A paramedic or intermediate who has current certification and who is in good standing may voluntarily elect to downgrade their level of certification for the remainder of their certification period. The applicant shall:

1. Meet all requirements in R9-25-601(A)(1) or R9-25-501(A)(1); and
2. Submit a written recommendation from the base hospital medical director verifying their ability to perform at the lower level of certification; and
3. Successfully complete the examination for recertification required for the lower level.

~~B.~~ A certified paramedic or intermediate in good standing may voluntarily elect to recertify at a lower level of certification. The applicant shall meet all requirements in R9-25-510 or R9-25-611.

~~C.~~ An application for downgrading of certification or recertification, at a lower level, shall not be approved if the applicant is under investigation pursuant to A.R.S. § 36-2211 or 9 A.A.C. 25, Article 5 or 6.

**R9-25-615. ~~Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6)) Repealed~~**

A paramedic or intermediate affiliated with an agency shall ensure that:

1. A first care form documenting all patient care provided by the paramedic or intermediate is completed for each patient encounter.
2. The form is signed by each paramedic or intermediate providing care.
3. The original or a legible copy of this report is provided to the receiving health care institution accepting transfer of patient care, and the person providing the paramedic or intermediate administrative medical direction.

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**R9-25-616. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (7))  
Repealed**

- A.** Under A.R.S. § 36-2211, the following factors shall be considered unprofessional conduct:
1. Conduct as an EMT in another jurisdiction which resulted in denial, suspension, or revocation of the EMT's certificate or license.
  2. Intentionally or negligently causing physical injury to a patient under the EMT's care or treatment.
  3. Abandoning or neglecting a patient requiring emergency medical care without making arrangements to continue such care as the patient required.
  4. Performing treatment above the level of the EMT's current level of certification.
  5. Use of, or being under the influence of, any narcotic, dangerous drug, or intoxicating beverage to the extent that the use or influence impairs the judgement of the EMT while providing service as an EMT or ambulance attendant.
  6. Obtaining, possessing, administering, or using any narcotic or controlled substance in violation of federal or state law.
  7. Willful destruction of, falsification of, or making a materially inaccurate statement on a record of patient treatment or care.
  8. Impersonation of an EMT of higher level of certification.
  9. Performing an advanced procedure without medical direction.
  10. Conviction of or admission to committing any of the crimes listed in R9-25-601(C).
- B.** Under A.R.S. § 36-2211, mental or physical incompetence shall be considered a lack of mental or physical ability to perform any duty of an EMT.
- C.** Under A.R.S. § 36-2211, gross incompetence or gross negligence shall be considered a willful act or omission in disregard of an individual's life, health, or safety which may cause death or injury.
- D.** Under A.R.S. § 36-2211, willful fraud or misrepresentation shall be considered a false statement or action taken by an individual with the intent to directly or indirectly benefit himself or herself or mislead another.

EXHIBIT S Repealed

~~Arizona Department of Health Services~~

~~Emergency Medical Services~~

~~VERIFICATION OF ALS RECERTIFICATION REQUIREMENTS~~

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Applicant's Address

This is to verify that the applicant identified above has completed all continuing education requirements according to *Arizona Administrative Code R9-25-611*.

Documentation of all continuing education credit hours will be made available to the Department upon request.

\_\_\_\_\_  
Base Hospital Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Base Hospital Medical Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**EXHIBIT G Repealed**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**CLASS ROSTER**

(Check one)  Prospective  Active  Official  Addendum

TOTAL NUMBER OF STUDENTS ON ROSTER: \_\_\_\_\_

PROGRAM CERTIFICATION OR ID NUMBER: \_\_\_\_\_

TYPE OF COURSE: \_\_\_\_\_ LOCATION OF COURSE: \_\_\_\_\_

DATE OF COURSE: \_\_\_\_\_  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ DIDACTIC: \_\_\_\_\_ CLINICAL: \_\_\_\_\_ VEHICULAR: \_\_\_\_\_

PROGRAM DIRECTOR: \_\_\_\_\_ COURSE MANAGER: \_\_\_\_\_

MEDICAL DIRECTOR: \_\_\_\_\_

NAME	HOME ADDRESS	SOCIAL SECURITY #
	EMPLOYER	CERT # & EXP DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**USE OTHER SIDE FOR ADDITIONAL NAMES**

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ADHS-OEMS-005

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NAME	HOME ADDRESS	SOCIAL SECURITY #
	EMPLOYER	CERT # & EXP DATE
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
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25.		



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12. HOME MAILING ADDRESS (DO NOT INCLUDE CITY OR STATE)																								
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A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
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J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
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P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
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X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
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13. ZIP CODE							
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7	7	7	7	7	7	7	7
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9	9	9	9	9	9	9	9

14. HOME TELEPHONE											
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6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

15. APPLICANT SIGNATURE	
MY SIGNATURE ATTESTS THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.	
SIGNATURE: _____	DATE: _____

DHS USE ONLY

EXHIBIT M ~~Repealed~~

Arizona Department of Health Services  
Emergency Medical Services

~~PHYSICAL VERIFICATION FORM~~

~~This document is a medical record and shall be kept confidential subject to Arizona Administrative Code R9-1-312.~~

~~To be completed by the applicant.~~

~~Applicant's Name: (PRINT) \_\_\_\_\_~~

~~Social Security or OEMS Certification ID # \_\_\_\_\_~~

~~CAUTION: Persons providing false information may be subject to prosecution for a class 5 felony under A.R.S. § 13-2311. Persons who gain certification based on false information may, under A.R.S. § 36-2211, be subject to suspension or revocation, and civil penalties up to \$2,500.00.~~

~~PLEASE READ: An applicant must be capable of performing a wide range of functions that require vision, hearing, speech, and physical capabilities. Each applicant should be free from any medical or psychological diseases or disorders that would impact the applicant's ability to perform the duties of an EMT or which may put the applicant or patients at risk.~~

~~If you have a medical or psychological disease or disorder that would prevent you from performing the duties of an EMT, a specific review of your case shall be conducted and the State Medical Director, ADHS EMS, will make a determination. If you require a review of your case, please contact the Certification Manager, ADHS EMS, prior to completing an application.~~

~~FUNCTIONS OF AN EMT:~~

~~The following paragraph details typical functions performed by an EMT:~~

~~Ability to communicate verbally via telephone and radio equipment; ability to lift, carry, and balance 125 pounds independently and 250 pounds with assistance; ability to interpret written, oral, and diagnostic form instructions; ability to use good judgement and remain calm in high stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift, at times up to 24 hours, without interruption; ability to read small print, such as on medication vials; ability to accurately discern street signs and address numbers in the sunlight and at night; ability to converse in English with co-workers and hospital staff as to the status of patients; good manual dexterity, with ability to perform all tasks related to the highest quality patient care; ability to bend, stoop, and crawl on uneven terrain; ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; ability to work in low light and confined spaces.~~

<p><del>Is there any reason why you would not be able to perform the functions of an EMT as described above?</del></p> <p><del>(If you responded "yes", please contact ADHS EMS).</del></p>	<p><del>Yes</del></p>	<p><del>No</del></p>
---	-----------------------	----------------------

~~Under penalty of perjury, I verify that the information contained on this form is true and accurate.~~

~~Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_~~

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**EXHIBIT N Repealed**

~~EMERGENCY MEDICAL SERVICES  
CRIMINAL HISTORY DISCLOSURE FOR  
EMERGENCY MEDICAL TECHNICIAN  
CERTIFICATION APPLICATION~~

~~**CAUTION:** PERSONS PROVIDING FALSE INFORMATION MAY BE SUBJECT TO PROSECUTION FOR A CLASS 5 FELONY UNDER A.R.S. § 13-2311. PERSONS WHO GAIN CERTIFICATION BASED ON FALSE INFORMATION MAY, UNDER A.R.S. § 36-2211, BE SUBJECT TO SUSPENSION OR REVOCATION, AND CIVIL PENALTIES UP TO \$2,500.00.~~

Print your name: \_\_\_\_\_

Check the correct response (YES) (NO) to each of the following questions:

- 1) Are you presently on parole, probation, supervised release, or incarcerated for any criminal conviction?  
\_\_\_\_\_(YES)\_\_\_\_\_(NO)
- 2) Are you awaiting trial on any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? \_\_\_\_\_(YES)\_\_\_\_\_(NO)
- 3) Have you ever been convicted of any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? \_\_\_\_\_(YES)\_\_\_\_\_(NO)
- 4) Have you ever admitted in open court to committing any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? \_\_\_\_\_(YES)\_\_\_\_\_(NO)
- 5) Have you ever admitted pursuant to a plea agreement committing any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? \_\_\_\_\_(YES)\_\_\_\_\_(NO)
  - A. Sexual abuse of a minor.
  - B. Driving under the influence within the last two years.
  - C. First or Second degree murder.
  - D. Kidnapping.
  - E. Arson.
  - F. Sexual assault.
  - G. Sexual exploitation of a minor.
  - H. Contributing to the delinquency of a minor.
  - I. Commercial sexual exploitation of a minor.
  - J. Felony offenses involving distribution of marijuana or dangerous or narcotic drugs.
  - K. Burglary.
  - L. Robbery.
  - M. Theft.
  - N. A dangerous crime against children as defined in A.R.S. § 13-604.01 (see below)
  - O. Child or adult abuse.
  - P. Sexual conduct with a minor.
  - Q. Molestation of a child.
  - R. Manslaughter.
  - S. Aggravated assault.
  - T. Flight to avoid prosecution.

Under penalty of perjury, I verify that the information contained on this form is true and accurate.

\_\_\_\_\_  
Signature of applicant \_\_\_\_\_ Date

A.R.S. § 13-604.01(J)(1) states: "Dangerous crime against children" means any of the following committed against a minor under fifteen years of age: (a) Second degree murder. (b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument. (c) Sexual assault. (d) Molestation of a child. (e) Sexual conduct with a minor. (f) Commercial sexual exploitation of a minor. (g) Sexual exploitation of a minor. (h) Child abuse as defined in § 13-3623, subsection B, paragraph 1. (i) Kidnapping. (j) Sexual abuse. (k) Taking a child for the purpose of prostitution as defined in § 13-3206. (l) Child prostitution as defined in § 13-3212. (m) Involving or using minors in drug offenses. (n) Continuous sexual abuse of a child.



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**EXHIBIT Q Repealed**

*ARIZONA DEPARTMENT OF HEALTH SERVICES*  
*EMERGENCY MEDICAL SERVICES*

*APPLICATION FOR EXTENSION OF CERTIFICATION*

Applicant's name \_\_\_\_\_  
Certification or OEMS ID number \_\_\_\_\_ Exp \_\_\_\_\_  
Applicant's address \_\_\_\_\_  
Applicant's phone number \_\_\_\_\_  
EMS Employer \_\_\_\_\_  
EMS Employer's address \_\_\_\_\_  
EMS Employer's phone number \_\_\_\_\_

I attest, under penalty of perjury, that I was unable to complete the recertification requirements during the effective period of certification for the following reason:

(Check one)

- \_\_\_\_\_ ~~I had a mental or physical disability or health related problem that precluded me from meeting the recertification requirements. Note: You must attach a statement signed by a physician licensed in Arizona verifying this fact.~~
- \_\_\_\_\_ ~~I was involved in active military duty. Note: You must attach documentation signed by your commanding officer.~~
- \_\_\_\_\_ ~~I had an undue hardship. Please describe: \_\_\_\_\_~~

\_\_\_\_\_ ~~Note: You must attach a statement from a third party attesting to this.~~

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS**

**R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)**

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is listed in Table 1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame ~~may shall~~ not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Department is listed in Table 1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
  2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
  3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins on the postmark date of the notice of administrative completeness.
1. ~~As part of the substantive review for approval of an initial or renewal ambulance certificate of registration time-frame, the Department or other Department-approved facility shall inspect the ambulance to be registered shall conduct inspections, investigations, or hold hearings required by law.~~

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2. ~~If required by law or ordered by the Department Director, the Department shall hold a hearing, unless waived, as part of the substantive review. The Department shall send a notice of hearing or waiver to an applicant whose application is subject to hearing.~~
  - 3-2. ~~If required under R9-25-403, R9-25-502 or R9-25-602, the Department shall consider a request for an exception for good cause fix the period and terms of probation as part of the substantive review.~~
  - 4-3. ~~During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and it may make supplemental requests for additional information with the applicant's written consent.~~
  - 5-4. ~~The substantive review time-frame for the Department to complete the substantive review and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents. :~~
    - a. ~~The postmark date of the written request for additional information or documents until the Department receives the additional information or documents, if no hearing is required;~~
    - b. ~~The postmark date of the written request for additional information or documents until the Department receives the additional information or documents and the hearing is concluded or waived; or~~
    - e. ~~The postmark date of the notice of hearing or waiver until the hearing is concluded or waived.~~
  - 6-5. ~~The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.~~
  - 7-6. ~~The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.~~
- D.** ~~The Department shall consider an application withdrawn if within 60 days, or less if required by law, from the postmark date of a written notice or request for documents or information the applicant fails to supply the documents or information under subsections (B)(1) and (C)(4). If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.~~
- E.** ~~An applicant that does not wish an application to be considered withdrawn may request a denial in writing within 60 days, or less if required by law, the number of days specified in Table 1 from the postmark date of a the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(4) (C)(3).~~
- F.** ~~If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.~~

**Table 1. Time-frames (in days)**

<b>Type of Application</b>	<b>Statutory Authority</b>	<b>Overall Time-frame</b>	<b>Administrative Completeness Time frame</b>	<b>Substantive Review Time-frame</b>
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	185	30	155
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	185	30	155
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	185	30	155
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	60	15	45
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	185	30	155
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	60	15	45
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	60	15	45
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	185	30	155
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	185	30	155

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Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	185	30	155
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	90	30	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	185	30	155
Basic Life Support Certification (R9-25-501)	A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6)	90	15	75
Basic Life Support Recertification (R9-25-510)	A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1), (4), and (6)	90	15	75
Extension to File a Recertification Application (R9-25-512 and R9-25-612)	A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1)	45	15	30
Advanced Life Support Certification (R9-25-601)	A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6)	90	15	75
Advanced Life Support Recertification (R9-25-610 and R9-25-611)	A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1), (4), and (6)	90	15	75
Air Ambulance Registration Certificate (R9-13-1101)	A.R.S. § 36-2212	60	15	45
Air Ambulance Registration Certificate Renewal (R9-13-1101)	A.R.S. § 36-2212	60	15	45

<u>Type of Application</u>	<u>Statutory Authority</u>	<u>Overall Time-frame</u>	<u>Administrative Completeness Time-frame</u>	<u>Time to Respond to Written Notice</u>	<u>Substantive Review Time-frame</u>	<u>Time to Respond to Comprehensive Written Request</u>
<u>ALS Base Hospital Certification (R9-25-208)</u>	<u>A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)</u>	<u>45</u>	<u>15</u>	<u>60</u>	<u>30</u>	<u>60</u>
<u>Amendment of an ALS Base Hospital Certificate (R9-25-209)</u>	<u>A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5) and (6)</u>	<u>30</u>	<u>15</u>	<u>60</u>	<u>15</u>	<u>60</u>
<u>Training Program Certification (R9-25-302)</u>	<u>A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)</u>	<u>120</u>	<u>30</u>	<u>60</u>	<u>90</u>	<u>60</u>
<u>Amendment of a Training Program Certificate (R9-25-303)</u>	<u>A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>EMT Certification (R9-25-404)</u>	<u>A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)</u>	<u>120</u>	<u>30</u>	<u>90</u>	<u>90</u>	<u>270</u>
<u>Temporary Nonrenewable EMT-B or EMT-P Certification (R9-25-405)</u>	<u>A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (7)</u>	<u>120</u>	<u>30</u>	<u>90</u>	<u>90</u>	<u>60</u>
<u>EMT Recertification (R9-25-406)</u>	<u>A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)</u>	<u>120</u>	<u>30</u>	<u>60</u>	<u>90</u>	<u>60</u>
<u>Extension to File for EMT Recertification (R9-25-407)</u>	<u>A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)</u>	<u>30</u>	<u>15</u>	<u>60</u>	<u>15</u>	<u>60</u>
<u>Downgrading of Certification (R9-25-408)</u>	<u>A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)</u>	<u>30</u>	<u>15</u>	<u>60</u>	<u>15</u>	<u>60</u>

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<u>Initial Certificate of Necessity (R9-25-902)</u>	<u>A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Provision of ALS Services (R9-25-902)</u>	<u>A.R.S. §§ 36-2232, 36-2233, 36-2240</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Transfer of a Certificate of Necessity (R9-25-902)</u>	<u>A.R.S. §§ 36-2236(A) and (B), 36-2240</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Renewal of a Certificate of Necessity (R9-25-904)</u>	<u>A.R.S. §§ 36-2233, 36-2235, 36-2240</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Amendment of a Certificate of Necessity (R9-25-905)</u>	<u>A.R.S. §§ 36-2232(A)(4), 36-2240</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)</u>	<u>A.R.S. §§ 36-2212, 36-2232, 36-2240</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)</u>	<u>A.R.S. §§ 36-2212, 36-2232, 36-2240</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Establishment of Initial General Public Rates (R9-25-1101)</u>	<u>A.R.S. §§ 36-2232, 36-2239</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Adjustment of General Public Rates (R9-25-1102)</u>	<u>A.R.S. §§ 36-2234, 36-2239</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)</u>	<u>A.R.S. §§ 36-2234, 36-2239</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Ground Ambulance Service Contracts (R9-25-1104)</u>	<u>A.R.S. § 36-2232</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)</u>	<u>A.R.S. §§ 36-2232, 36-2234(K)</u>	<u>30</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>Not Applicable</u>
<u>Subscription Service Rate (R9-25-1105)</u>	<u>A.R.S. § 36-2232(A)(1)</u>	<u>450</u>	<u>30</u>	<u>60</u>	<u>420</u>	<u>60</u>
<u>Air Ambulance Registration Certificate (R9-13-1101)</u>	<u>A.R.S. § 36-2212</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Air Ambulance Registration Certificate Renewal (R9-13-1101)</u>	<u>A.R.S. § 36-2212</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>