

Emergency Medical Responder (EMR) Check List:

-Renewal

___ Renewal application

___ \$100 renewal fee

___ Completion of an approved DOT National Standard First Responder/EMR refresher or CECBEMS approved refresher course; or

___ 12 hours of approved continuing education hours which must include the following topics and hours listed:

- (A) Preparatory – 1 hour
- (B) Airway – 2 hours
- (C) Patient Assessment – 2 hours
- (D) Circulation – 3 hours
- (E) Illness and Injury – 3 hours
- (F) Childbirth and Children – 1 hour

Emergency Medical Technician (EMT) Check List:

-Renewal

___ Renewal application

___ \$100 renewal fee

___ Completion of an approved 24-hour DOT National Standard EMTB/EMT refresher or CECBEMS approved refresher course; or

___ Completion of 48 hours of approved continuing education hours which must include the following topics and hours listed:

- | | |
|-------------------------------------|--------------------------------|
| (A) Preparatory - 1 hour | (E) Medical/Behavior - 4 hours |
| (B) Airway - 2 hours | (F) Trauma - 4 hours |
| (C) OB, Infants, Children - 2 hours | (G) Elective - 8 hours |
| (D) Patient Assessment - 3 hours | |

___ A maximum of 16 hours can be applied from each of the following courses: ABLS, AMLS, BTLs, NALS, PEPP, PHTLS, and PPC;

___ A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training; and

___ A maximum number of 24 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;

____ A maximum of 24 hours can be applied towards additional continuing education hours from the college level courses related to EMS. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Cellular Biology, Chemistry, Psychology, and Microbiology; and

____ Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, Refresher Course Instruction and Wilderness EMS Training.

Advanced Emergency Medical Technician (AEMT) Check List:

-Renewal

____ Renewal application

____ \$100 renewal fee

____ Completion of an approved 36-hour DOT National Standard AEMT refresher or CECBEMS approved refresher course; or

____ Completion of 36-hours of additional approved continuing education hours which must include the following topics and hours listed:

Mandatory Core Content:

(I) Airway, Breathing and Cardiology - 6 hours

(II) Medical Emergencies - 2 hours

(III) Trauma - 4 hours

(IV) Obstetrics and Pediatrics – 6 hours

Flexible Core Content:

(I) Airway, Breathing and Cardiology - 6 hours

(II) Medical Emergencies - 4 hours

(III) Trauma - 1 hour

(IV) Obstetrics and Pediatrics - 6 hours

(V) Operational Tasks – 1 hour

____ A maximum of 16 hours can be applied from each of the following courses: ABLS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, PPC, and teaching EMS courses;

____ A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;

____ A maximum number of 18 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;

____ A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to:

____ Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics;

____ Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

Emergency Medical Technician - Paramedic (EMT-P) Check List:

-Renewal

____ Renewal application

____ \$100 renewal fee

____ Completion of an approved 48-hour DOT National Standard EMTP/Paramedic refresher course; or

____ Completion of approved continuing education hours which must include the following topics and hours listed:

Mandatory Core Content:

- | | |
|---|---|
| (I) Airway | (IV) Trauma - 5 hours |
| (II) Breathing and Cardiology - 8 hours | (V) Obstetrics and Pediatrics – 8 hours |
| (III) Medical Emergencies - 3 hours | |

Flexible Core Content:

- | | |
|---|---|
| (I) Airway, | (V) Obstetrics and Pediatrics - 8 hours |
| (II) Breathing and Cardiology - 8 hours | (VI) Operational Tasks – 1 hour |
| (III) Medical Emergencies - 5 hours | |
| (IV) Trauma - 1 hour | |

____ A maximum of 12 hours can be applied from each of the following courses: ABLS, ACLS, AMLS, BTLs, ITLS, NALS, PALS, PEPP, PHTLS, and EPC;

____ A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;

____ A maximum number of 12 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;

____ A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to: Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics; and

____ Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

-Schedule of Fees

Application fee	\$100
Initial license fee	\$100
Renewal fee	\$100
Delinquent fee (double the fee for renewal)	\$100
Replacement/Duplication of license	\$75
Replacement/Duplication of wallet size card	\$25
Letter of Good Standing/Verification fee	\$25



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
 P.O. Box 502078, Bldg., 1242 Pohnpei Court
 Capitol Hill, Saipan, MP 96950
 Tel No: (670) 664-4808/4809 Fax: (670) 664-4814
 Email: info@cnmilicensing.gov.mp
 Website: www.cnmilicensing.gov.mp

Attach a recent 2x2 ID photo here taken within 6 months of the application.

RENEWAL APPLICATION

Type of renewal:

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT-P
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HCPLB STAFF USE ONLY
Date Received:

APPLICATION INFORMATION – Please Type or Print

1. Last:	First:	Middle:	2. Social Security No:
3. Birthdate: (Mo/Day/Yr)	4. Color of Eyes: Color of Hair:	5. Height: Weight:	6. Sex:
7. Mailing Address:		8. Email Address:	
9. Residence Address:		10. Phone No: (W): (H):	
11. NPI # (if available):	12. Specialty:	13. Citizenship: ___ U.S. ___ Other Specify:	

14. NREMT Certification: *(attach copy of card)*

<input type="checkbox"/> NREMT-FR	<input type="checkbox"/> NREMT-B	<input type="checkbox"/> NRAEMT	<input type="checkbox"/> NREMT-P
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15. U.S. Department of Transportation's NHTSA Courses Completed: *(within the last two years)*

Course(s) Name	Date Completed

16. Cognitive and Psychomotor Examinations Completed: *(within the last two years)*

Course(s) Name	Date Completed

17. CPR, Basic Life Support and/or Advanced Life Support Courses Completed: *(within the last two years)*

Course(s) Name	Date Completed

18. LICENSES – (List of all jurisdiction where you are licensed or applied for a license.)

Name of Jurisdiction	Date Issued	Expiration Date	License Number	Current Status

19. Type or Present Primary EMS Affiliation:

<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> CNMI EMS	<input type="checkbox"/> Other
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20. Name/Address of Intended Employment within the CNMI:

If you answer "yes" for any of items 21-33 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

21. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board or other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Is there any ongoing or pending investigation against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Is there any disciplinary action pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Has your ability to practice as an EMS personnel in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice EMS in a safe and competent manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Have you been treated for or had a recurrence or a diagnosed addictive disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Do you have any other condition in which in any way impairs or limits your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to the EMS profession, or felony in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Is there any criminal action pending against you in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Are you required to register as a Sex Offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

34. DECLARATION:

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification on misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice a health profession in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the HCPLB Regulations.

Signature of Applicant

Date

2024

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

Release of Liability:

I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

Signature of Applicant

Date