



# Bureau of EMS and Trauma System Secure, Encrypted, On-Line EMS System

Revised 3/2019

# 2018

Train the Trainer  
Series  
3



# 2018

Train the Trainer  
Series  
3

## Submitting An Initial EMCT Application



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# Bureau of EMS and Trauma System Secure, Encrypted, On-Line EMS System



## What is an EMCT?

Think of it like this, the term “EMCT” is the house and EMCTs are the people in that house with the titles of:

- ▶ EMCT - “EMT”
- ▶ EMCT - “AEMT”
- ▶ EMCT - “Intermediate- I-99” (EMT I-99)
- ▶ EMCT - “Paramedic”

Collectively, they are considered **Emergency Medical Care Technicians**.





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### What EMCT Applications Are Accepted By The Bureau?

*As of August 12, 2012, Arizona Statute only authorizes the following new certification of Emergency Medical Care Technicians as defined in A.R.S. § 36-2201*

- ▶ **Emergency Medical Technician “EMT”**
- ▶ **Advanced Emergency Medical Technician “AEMT”**
- ▶ **Emergency Medical Technician I-99 (EMT I-99)** (Current Arizona Certified Only)
- ▶ **Paramedic**



# Bureau of EMS and Trauma System

## Secure, Encrypted, On-Line

### EMS System

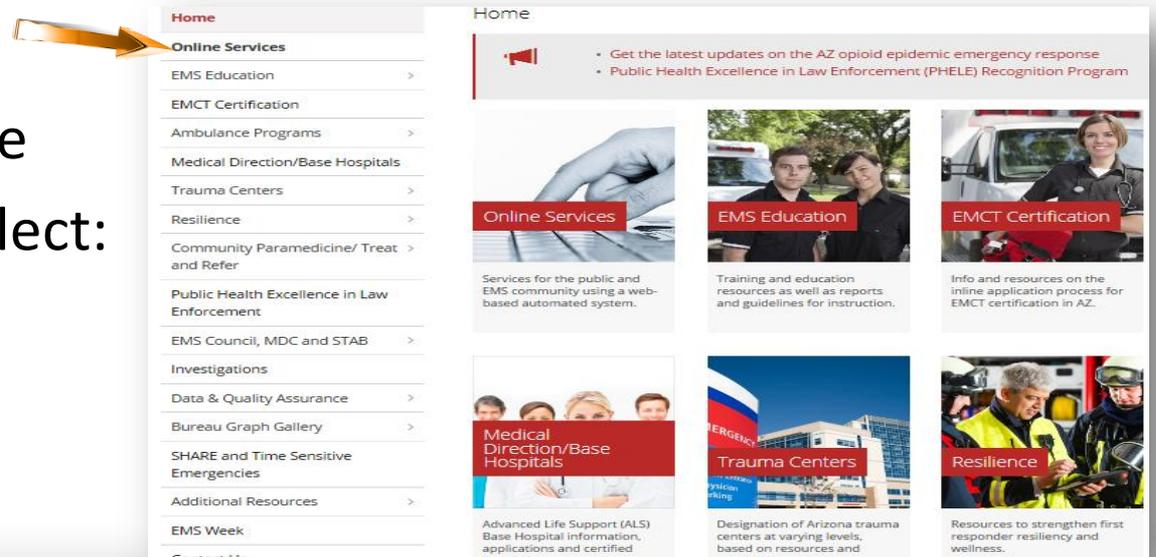


## How Do I Submit An Application?

Step 1: Simply go to:

<https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php>

On the left side of the Bureau Web Page Select: “Online Services”





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Once your Account is Activated

## Step 2:

On the On-line Services page: Click "Login."

## Step 3:

Now you are in the login page. Enter your Login Name and Password, then Click "Login."

### Welcome to the Bureau of EMS and Trauma System Automated On-line Services website

The Bureau has automated the certification process which offers more coordinated, reliable and convenient services to Emergency Medical Care Technician's throughout the state which is consistent with the mission of the Bureau *To protect the health and safety of people requiring emergency medical services and promote improvement in Arizona's EMS and trauma system*

The Bureau provides several on-line services for the public and EMS community using a web-based automated system:

- Use the **EMCT Profile Search** feature below to search for any existing Emergency Medical Care Technician (EMCT); or
- If you are enrolling in an Arizona training course and need to **Activate** a user account as a trainee in an approved course; or
- If you are a currently certified EMCT in Arizona (or will be applying) you may **Login** and use this site to submit a recertification renewal application for any offered level of Emergency Medical Care Technician (which includes EMT; Advanced EMT; EMT-I99; or Paramedic)
  - Before you can login, please **Register** a login account for this website (if you have not already done so)

Search EMCTs

Please enter your search criteria

First Name

Last Name

Arizona Certification Number

Clear Search

Registered User Login

Logon Name \*

Logon Password \*

➔ Login

Forgot your password? [Reset Password](#) Forgot your username? [Send Username](#)



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You should see that you are in your account.

Your photo, if provided is displayed on your account screen along with your name.

On the left column, underneath your name, you will see what features you are authorized to access.

**Before you begin the process of submitting an application, check to make sure the information contained in each of the tabs to the right is correct and accurate.**



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**What if I already submitted an application and just want to check on the status of that application?**

Click on the “Applications” tab shown to the right and any application in pending, processing or approved status will be displayed.

AppNo.	Type	Status	Expires	Created	Certificate	Applicant
<a href="#">48447</a>	Initial Certification	Approved		11/27/2018	E60244159	Ella Public

If you want to review any application click on the application number to the bottom left.



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Going into an application that has been submitted, provides the opportunity for the applicant to withdraw the application should that become necessary.

**Remember: There are many types of applications and many reasons to withdraw the application.**

To withdraw the application simply click on the **“Withdraw”** button.

Details	Applicant	Eligibility	Educational Attestation	Certificate	Regulatory Actions
Conviction / Sentence Status	Criminal History				
Application Details					
Application Type <i>Upgrade of Certification Level</i>					
Application Status <i>Pending</i>					
Applied On <i>11/27/2018 3:17:34 PM</i>					
					Withdraw



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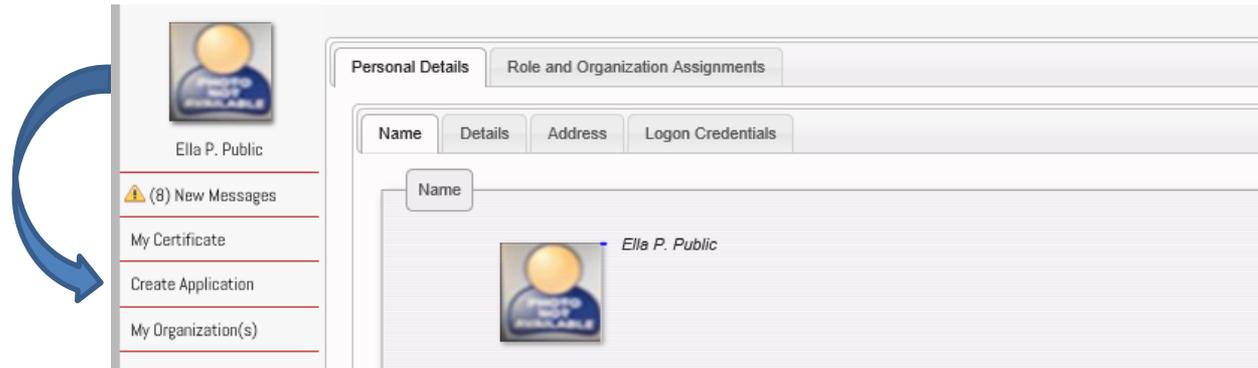
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When you are ready to create a new application, on the left column, click on: **“Create Application”**.



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### EMS System



Select the **Application Type** you wish to submit by using the dropdown menu. An initial applicant will only have the option to create an initial application. Once you select the type of application, click on the **“Start”** button. The system will have you confirm your personal information. If no changes are necessary, click on the **“Next”** button until you get to the first page of the application.

Start your Application

This page is compatible with current browser versions of (Internet Explorer version 11, Google Chrome, Mozilla, or Safari). Older versions of these browsers may not be compatible with the application payment section.

Pursuant to Arizona Revised Statute §41-1030:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12 820.01 or 12 820.02.

In order to quickly complete your application, have the following information available:

- Your National Certification number or NREMT registration number
- Proof of your eligibility to work in the United States (usually a birth certificate or passport [Acceptable Eligibility Documents](#) )
- If you have been convicted of a crime, you may be required to include a sentence and Judgment document issued by the court and signed by the judge (First-time and Renewal Applications require this information).
- If you have been revoked in another state within 5 years of the application, you will be required to up-load that state's final revocation document. By having these documents available and already scanned on your computer you will be able to proceed through the application process with minimal disruption.

Start your Application

App Type

Start



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# Bureau of EMS and Trauma System

## Secure, Encrypted, On-Line EMS System



Notice the first page of the application to be displayed is related to **“Public Benefit Eligibility”**. This is the information that establishes if you have the right to work in the United States.

Enter Details on Eligibility

Public Benefits Eligibility

[Acceptable Eligibility Documents](#)

Yes  No Are you eligible to work in the United States?

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility



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The user should also notice that the system has a feature located at the bottom section of the page where the progress of completing the application is tracked for the user.

The Green check mark indicates the current page you are on and the yellow triangles indicate what pages of the application remain.

Enter Details on Eligibility

Public Benefits Eligibility

Yes  No Are you eligible to work in the United States? [Acceptable Eligibility Documents](#)

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility

Withdraw/Cancel Application

Steps remaining in this Application

- Public Benefits Eligibility
- NCO Detail
- Conviction / Sentence Status
- Criminal History
- Regulatory Actions
- Initial Application Questionnaire
- Application Summary



# Bureau of EMS and Trauma System

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The first question is defaulted to “No”, which causes the applicant to take an action to reflect an appropriate response, based on eligibility.

Enter Details on Eligibility

Public Benefits Eligibility

[Acceptable Eligibility Documents](#)

Yes  No Are you eligible to work in the United States?

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility:



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Acceptable documents can be viewed by clicking on the **“Acceptable Eligibility Documents”** hyperlink in the upper right corner.

**Social Security cards are not acceptable documents to prove eligibility.**

Click the link below to preview the Public Benefit Eligibility List:

<https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/certification/PublicBenefitEligibilityRequirements.pdf>

Enter Details on Eligibility

### Public Benefits Eligibility

Yes  No Are you eligible to work in the United States?

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility

[Acceptable Eligibility Documents](#)



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The last section to complete for this page, is to up-load a copy of an acceptable Eligibility document by clicking on the “Browse” button.

This will allow the applicant to upload a saved document from his/her computer. Once done, click on “Next”.

Enter Details on Eligibility

Public Benefits Eligibility

[Acceptable Eligibility Documents](#)

Yes  No Are you eligible to work in the United States?

City of Birth\*

State/Province of Birth\* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth\*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility



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If the applicant does not have the capability to scan a document, there are office supply stores that will scan and email a document to the applicants email address for a fee; or the applicant can use his/her mobile phone by taking a photo of the document and emailing it to him/herself. The applicant can then upload the document into the application. If the applicant is required to upload more than one document, for example a birth certificate and a copy of a marriage certificate to show legal proof of name change, the applicant will need to have a scanner that will scan multiple documents for both documents to be uploaded as one file. If the applicant uploads one document at a time, the second document will replace the first document uploaded showing only one document has been uploaded.



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Now that you have your eligibility document in an electronic format, click on the “Browse” button and the system will open your computer’s file where you can select the document to upload.

Enter Details on Eligibility

Public Benefits Eligibility

[Acceptable Eligibility Documents](#)

Yes  No Are you eligible to work in the United States?

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility:



# Bureau of EMS and Trauma System Secure, Encrypted, On-Line EMS System



Once you have selected your document, you will see the file name in the browse text box as shown to the right. Now, click on “Next”.

Enter Details on Eligibility

Public Benefits Eligibility

[Acceptable Eligibility Documents](#)

Yes  No Are you eligible to work in the United States?

City of Birth \*

State/Province of Birth \* (If born in a country other than USA, Mexico and Canada, please leave this field as 'None')

Country/Territory of Birth \*

Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.

Documentation on Public Benefits Eligibility

  Browse...



Next



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This section is designed to record the applicant's National Certification information. When completed, click on "Next".

Enter Details on NREMT Registration

NCO Detail

NCO Registration Level *	EMT
NCO Certificate Number *	E2255466
NCO Expiration Date *	03/31/2019

Next



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This section is the  
**Conviction/Sentence  
Status.**

**Be cautious, and  
make sure the  
responses are  
accurate!**

Once done, click on  
**“Next”**

Answer Conviction / Sentence Status Questionnaire

Conviction / Sentence Status

Yes  No Are you currently incarcerated for a criminal conviction?

Yes  No Are you currently on a supervised release for a criminal conviction?

Yes  No Are you currently on parole for a criminal conviction?

Yes  No Are you currently on probation for a criminal conviction?

Next



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This section is a follow-up **Criminal History Addendum** requiring additional information related to the criminal conviction responses which reflect an affirmative answer.

Be prepared to upload an electronic copy of your court documents on this page.

Enter Details on Criminal Offense

Criminal History Addendum(s)

Please specify details related to your YES answer from the previous question

"Within 10 years before the date of filing for this application, have you been convicted of any of the following crimes, or any similarly defined crime, in Arizona or in any other state or jurisdiction?"

- 1st or 2nd degree murder
- Attempted 1st or 2nd degree murder
- Sexual assault
- Attempted sexual assault
- Sexual abuse of a minor
- Attempted sexual abuse of a minor
- Sexual exploitation of a minor
- Attempted sexual exploitation of a minor
- Commercial sexual exploitation of a minor
- Attempted commercial sexual exploitation of a minor
- Molestation of a child
- Attempted molestation of a child

Crime Classification \* Petty Offense

Crime of which convicted \*

Current Conviction Status \* No Change

Court Case Number

Court Name

Date of Conviction \*

Convicting Court Address \*

Address Type \* Main Office

Zip Code \*

Addr 1 \*

Addr 2 \*

City \*

State \* Arizona

Fine Amount (if there was one)

Please provide official court documentation showing all relevant details on the offense.

Documentation on Criminal Offense  Browse...

Add Another Criminal History Addendum to this Question Next



# Bureau of EMS and Trauma System Secure, Encrypted, On-Line EMS System



**This section of the application is the Regulatory History question.**

**Be cautious, and make sure the response is accurate!**

Answer Adverse Action Questionnaire

Regulatory Actions

Yes  No Within 5 years before the date of filing this application, have you had an EMT certification, recertification, or licensure revoked in any other state or jurisdiction?



Next

Withdraw/Cancel Application



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This section is a follow-up Regulatory History addendum requiring additional information related to the adverse actions taken by a regulatory agency.

Be prepared to upload an electronic copy of any regulatory action document on this page.

Regulatory Actions

Regulatory Action Addendum(s)

Type of Regulatory Action \*

Administrative Case Number \*

Date Action Begins \*

Date Action Ends

Current Status of Regulatory Action \*

Restrictions

Enter Comments

Please provide official documentation pertaining to the regulatory action taken by your and/or your Certificate

Documentation on Adverse Action



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This section is where the applicant selects the level of certification.

Using the dropdown menu, select either:

- EMT
- Advanced EMT
- Paramedic

A screenshot of a web application interface. At the top, there is a tab labeled "Enter Details on Initial Application". Below it is a section titled "Initial Application Questionnaire". The main content area contains a form with a dropdown menu labeled "AZ Certification Level Requested \*" with "EMT" selected. To the right of the dropdown is a blue cartoon character running, with a light blue arrow pointing left towards the dropdown. A "Next" button is located at the bottom right of the form.

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Applicant is in the home stretch now and is being provided an opportunity to review the information provided prior to submitting the application to the Bureau for review.

By clicking on each of the tabs, the applicant may review the information and make any changes necessary prior to submitting the application.

The screenshot displays a web application interface with several tabs at the top: Details, Applicant, Eligibility, Educational Attestation, Regulatory Actions, and Conviction / Sentence Status. The 'Details' tab is selected, and a sub-tab 'Criminal History' is visible. Below the tabs, there is a section titled 'Application Details' containing the following information:

Application Type	Initial Certification
Application Status	In Draft
Created On	11/27/2018 2:41:29 PM
AZ Certification Level Requested	EMT

An orange cartoon character with a smiling face and arms is positioned next to the application details. A button labeled 'Edit Details' is located in the bottom right corner of the application details section.



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Once the applicant is satisfied with the application content, the applicant should click the “**Submit Application**” button. If the applicant does not click on the “**Submit Application**” button, the application will remain in “Draft” status and the Bureau will not see the application to review and process it.

**NOTE: It is the responsibility of each individual to recertify every two years before the expiration of current certification.**

Finish Your Application!

I confirm that the answers given in this Application are true and correct

*I, the undersigned hereby declare - under penalty of perjury as defined in Arizona Revised Statute (A.R.S.) § 13-2702(A)(2) (a class 4 felony) - that the answers I have given in this Application are true and correct*

Submit Application



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Once application is submitted, the applicant will notice a red label above the tabs stating, **“Application has been submitted for approval.”** The application status will change from “Draft” to “Pending.”

Application has been submitted for approval

Details Applicant Eligibility Educational Attestation Regulatory Actions Conviction / Sentence Status

Criminal History

Application Details

Application Type *Initial Certification*

Application Status *Pending*

Applied On *11/27/2018 2:55:31 PM*

AZ Certification Level *EMT Requested*

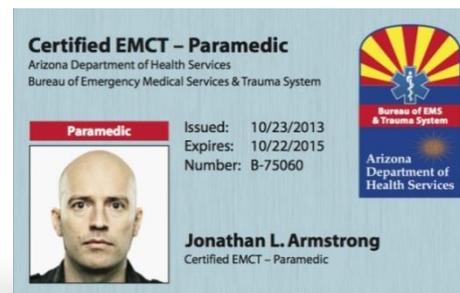
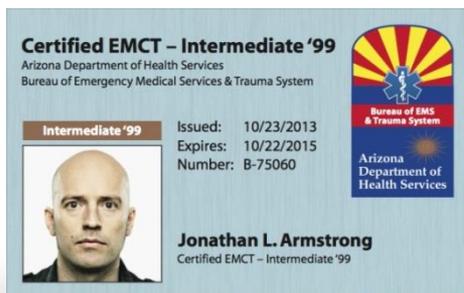
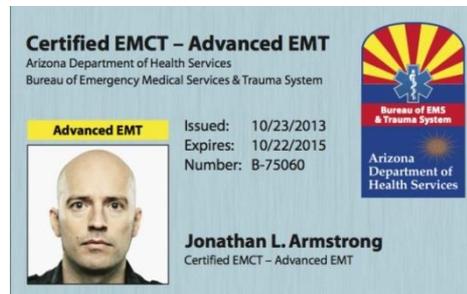
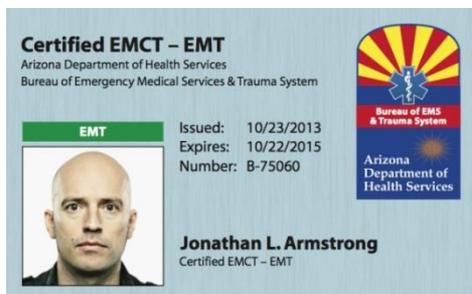


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Here's a sneak peek of what certification cards for the different levels of Emergency Medical Care Technicians will look like once the application is approved.



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## Bureau of EMS and Trauma System Secure, Encrypted, On-Line EMS System



Please feel free to contact the Bureau's certification main number for assistance during normal State of Arizona business hours (M-F, 8-5):

**Certification Main Number  
602-364-3150**

**Maria Dominguez, Manager**

**Kathleen Rodriguez, Customer Service Representative**

**Toll Free  
(800) 200-8523**

\*During normal business hours, excluding state holidays and weekends.



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*The End*



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