

2018 Train the Trainer Series 4



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Submitting A Renewal EMCT Application





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









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







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"









Once your Account is Activated

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 2* and trauma system

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

- Use the EMCT Profile Search feature below to search for any existing Emery ocy 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-199; 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		
\rightarrow	Logon Name * EMCT Logon Password *	
	Login	
Forgot your password? Reset Password	Forgot your username? Send Username	



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."





Step 4:

Once you are in your EMCT account, select: "Create Application"

Photo Not Available	Personal Details Role and Organization Assignments	
Ella Public	Name Details Address Logon Credentials	
ly Certificate create Application // ly Organization(s)	Ella Public	
	Available	







Start

Once you have clicked on "Create Application," you will get this advisory screen telling you what documents will be needed as you proceed through the on-line application process.

	Pursuant to Arizona Revised Statute §41-1030:
 B. An agency specifically a constitute a b authority that D. This section is against the size of the section or disr action or disr F. This section 	shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not uthorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not asis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of specifically authorizes the requirement or condition. on may be enforced in a private civil action and relief may be awarded against the state. The court may award torney fees, damages and all fees associated with the license application to a party that prevails in an action ale for a violation of this section. iployee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary nissal pursuant to the Agency's adopted personnel policy. In 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 C Proof of your eli If you have been and signed by th If you have been revocation docu through the app	ertification number or NREMT registration number gibility to work in the United States (usually a birth certificate or passport <u>Acceptable Eligibility Documents</u>) in convicted of a crime, you may be required to include a sentence and Judgment document issued by the court le judge (First-time and Renewal Applications require this information). In revoked in another state within 5 years of the application, you will be required to up-load that state's final ment. By having these documents available and already scanned on your computer you will be able to proceed lication process with minimal disruption.
	Start your Application







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.



Health and Wellness for all Arizonans



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Start your Application



First, using the drop down menu, select the type of application you wish to submit. Your options may be:

- ➢ Renewal of Certification
- Downgrade of Certification Level
- Applicant Name Change
- ➤ Extension to File for Renewal
- * Some Application Types will not be available to you depending on the status of your Certificate.

When ready, click on the **"Start"** button.



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 <u>Acceptable Eligibility Documents</u>)
- 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



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

confirm your personal information. If no changes are necessary, click on the **"Next"** button until you get to the first page of the 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.

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	Start your Application	
Арр Туре	Renewal of Certification	
	Applicant requests to Renew existing level of Certification that is nearing expiration	Start
* Please Note: Some Application 7	vpes will not be available to you depending on the status and level of your Certificate	





Once you start the application, the system will have you confirm your email address and your home address. You can make corrections if needed. It is important to keep your personal information updated at all times. If we need to contact you regarding your certification, the information you provide is what we will be using.



	Applicant Email Address	
lease confirm your email add	ldress (in case we need to contact you regarding your application)	
Email Address *	doming112@yahoo.com	
Confirm Email *	doming112@yahoo.com	
		_
	× .	N
onfirm your Address		
on Fiduress		
	Applicant Address	
	Applicant Address	
Your Certificate ID Card and other	Applicant Address	
Your Certificate ID Card and other I	Applicant Address	
Your Certificate ID Card and other Address Type * Zip Code *	Applicant Address	
Your Certificate ID Card and other Address Type * Zip Code * Addr 1 *	Applicant Address relevant documents will be sent to this address Home	
Your Certificate ID Card and other Address Type * Zip Code * Addr 1 * Addr 2	Applicant Address relevant documents will be sent to this address Home 85007 150 N. 18th Ave.	





This screen will only appear to applicants if they have not yet provided proof of right to work in the United States to the Bureau.

Enter Details on Eligibility	
	Public Benefits Eligibility
○ Yes ● No A	re you eligible to work in the United States?
City of Birth * State/Province of Birth * Country/Territory of Birth *	(If born in a country other than USA, Mexico and Canada, please leave this field as 'None') None V United States V
Please provide docum	entation showing proof of public benefits eligibility. You must click on the Browser button to upload document.
Documentation on Public Sensitive Digitality	Browse
	Next







If the Public Benefit Eligibility screen appears and you are not certain what document qualifies as proof of eligibility, click on "Acceptable Eligibility Documents"

located on the top right of the screen. This will provide a list of eligible documents.

Enter Details on Eligibility	
	Public Benefits Eligibility
Yes No City of Birth * State/Province of Birth * Country/Territory of Birth *	Are you eligible to work in the United States?
Please provide docu	mentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.
Decommention on Public Servertes Digitality	Browse
	Next







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

Again, this screen will only appear if you have not already provided this to the Bureau.

Acceptable Eligbility Doo Yes No Are you eligible to work in the United States? City of Birth * If toom in a country other than USA. Mexico and Canada, please leave this field as 'None' None United States Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document. Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document. Decrements of Plat leade Eight Browse		Public Benefits Eligibility
City of Birth * State/Province of Birth * (If born in a country other than USA, Mexico and Canada, please leave this field as 'None') None Country/Territory of Birth * United States Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document. Decrements of Natl Bench Bighty Browse	◯ Yes ◉ No A	Acceptable Eligibility (re you eligible to work in the United States?
Country/Territory of Birth * 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')
Please provide documentation showing proof of public benefits eligibility. You must click on the Browser button to upload document.	Country/Territory of Birth *	United States
Decrementer of Nath Levels Digstry Browse	Please provide docum	ventation showing proof of public benefits eligibility. You must click on the Browser button to upload document.
	Documentation on Public Servetice Digitality	Browse







This section provides the applicant the ability to enter a current National Certification Organization "NCO"/National Registry "NREMT" registration number; If renewing with NREMT. If a refresher was completed, then select the 2nd choice to upload a course completion certificate, etc.

This is not a required field, if the applicant has current Arizona certification.

Enter Details on Educational Attestation
Educational Attestation
Education Attestation Type NREMT Registration Training Course Completion Certificate Which Includes Transition Content BLS With CPR Certificate Without Transition Content BLS With CPR Certificate With Transition Content
Enter Details on NREMT Registration







This section of the application contains the conviction/sentence questions.

Be cautious, and make sure the responses are accurate!

-	Answer Conviction / Sentence Status Questionnaire		_
	Conviction / Sentence Status		
(○ Yes ○ No Are you currently incarcerated for a criminal conviction?		١
	\bigcirc Yes \bigcirc 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?		
	N	ext	1







Using the Drop Down, select the conviction classification:

- Petty Offense
- Misdemeanor
- Felony



	Criminal History Addendum(s)
Please sp	ecify details related to your YES answer from the previous question
"Within 10 years before the against a minor under 15 y	date of filing for this application, have you been convicted of any of the following commit ears of age (a dangerous crime against children as defined in A.R.S. 13-804.01(M)?"
 2nd degree murder Aggravated assault deadly weapon or di 	resulting in serious physical injury or involving the discharge, use, or threatening exhibition of a ingerous instrument
 Sexual assault Molestation of a chill 	1
 Sexual conduct with Commercial sexual i 	a minor xxolaitation of a minor
 Sexual exploitation (Oblid abure or prop 	a minor
 Kidnapping 	abea in Ant.a. To-baca(n) (1)
 Sexual abuse Taking a child for the 	purpose of prostitution as prescribed in A.R.S. 13-3206
 Child prostitution as Involving or using m 	prescribed in A.R.S. 13-3212
 Continuous sexual a 	buse of a child
 Attempted 1st degre Sex trafficking 	e murder
 Manufactured metha Bestiality as prescrit 	imphetamine under circumstances that cause by the a minor led in A.R.S. 13-1411/AI(2)
Crime Classification *	Petty Offense V
	- •
Current Conviction Status *	No Change V
Current Conviction Status * Court Case Number	► ◆ No Change ▼
Current Conviction Status * Court Case Number Court Name	- ↓ No Change ✓
Current Conviction Status - Court Case Number Court Name Date of Conviction -	
Current Conviction Status - Court Case Number Court Name Date of Conviction * Convicting Court Addrese	No Change V
Current Conviction Status * Court Case Number Court Name Date of Conviction * Convicting Court Address Address Type *	
Current Conviction Status - Court Case Number Court Name Date of Convistion - Convicting Court Address Address Type - Zip Code -	No Change
Current Conviction Status * Court Case Number Court Name Date of Conviction * Convicting Court Address Address Type Zip Code * Addr 1 *	
Current Convistion Status - Court Case Number Court Name Date of Convistion - Convicting Court Address Address Type - Zip Code - Addr - Addr -	- + No Change
Current Conviction Status * Court Case Number Court Name Date of Conviction * Convicting Court Address Address Type * Zip Code * Addr * Addr *	
Current Convision Matus - Court Case Number Court Name Date of Convision - Conviction - Convicti	- + No Change V Main Office V Main Office V
Current Convistion Status - Court Case Number Court Name Date of Convistions Convicting Court Address Addars - Zijo Code - Addr - Citly - Citly - State -	- + No Change No Change
Current Conviction Itatus - Court Case Number Court Rame Date of Conviction - Convicting Court Address Address Type - Zip Code - Addr - Zip Code - Addr - Coty - State - Fine Amount (If there was one)	
Current Conviction Hatus - Court Case Number Court Name Date of Conviction - Conviction - Zio Code Addres: Type - Addres: Type - Addres: Addres: Coty - Coty - State - Fline Amount (If there was coty Please p	No Change No Change Klain Office Klain
Current Conviction Natus - Court Case Number Court Name Date of Conviction - Conviction - Ze Code Addrec Type - Ze Code - Addrec Type - Addrec Type - Code - Addrec Type - Addrec Type - Code - Code - State - State - Pinsam p	







Now, the applicant must identify the criminal violation, such as Theft, DUI, Extreme DUI, Illegal Consumption, Domestic Violence, Possession of Marijuana, Burglary, etc.

 Driving or being in p drug, or narcotic dru Possession, use, adn dangerous drug, or i 	nysical control of a vehicle while under the influence g inistration, acquisition, sale, manufacture, or trans arcotic drug	ce of an intoxicating liquor, dangerous sportation of an intoxicating liquor,
Crime Classification *	Petty Offense 🔻	
Crime of which convicted *		*
	-+	-
Current Conviction Status *	No Change	
Court Case Number		
Date of Conviction *		
onvicting Court Address *		
Address Type *	Main Office	
Addr 1 *		
Addr 2		
City *		
State *	none	
Zip Code *		
Zip Plus		
Fine Amount (if there was one)		
Document		
Oocumentation on Criminal Offense	Browse	







The system defaults to no change in the conviction. However, if a conviction has been expunged, vacated, set aside, or reduced to a misdemeanor, the applicant will use this drop down to reflect any change to the <u>original conviction</u>

Driving or being in p	hysical control of a vehicle	e while under the influence of an intoxicating liquor, dangerou	ıs
drug, or narcotic dru Possession use adm	ug pinistration acquisition s	ale manufacture or transportation of an intovicating liquor	
dangerous drug, or r	narcotic drug		
Crime Classification *	Petty Offense 💌		
Crime of which convicted *		î î	
	- +		
Current Conviction Status *	No Change	•	
Court Case Number			
Date of Conviction *			
onvicting Court Address *			
Address Type *	Main Office 💌		
Addr 1 *			
Addr 2			
City *			
State *	none	▼	
Zip Code *			
Zip Plus			
Fine Amount (if there was one)			
Document			
ocumentation on Criminal Offense		Browse	







In this field, the applicant will enter the "court case number" which appears on the court document.

For Example: CR-2009-9868758844

jurisaiction, of a misaemea	nor involving:	
 Driving or being in p drug, or narcotic dru Possession, use, adn dangerous drug, or r 	hysical control of a vehicle while under the influence of an intoxicating liquor, dangerous ^{1g} innistration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, narcotic drug	
Crime Classification *	Petty Offense 💌	
Crime of which convicted *		
	-+	
Current Conviction Status *	No Change	
Court Case Number		
Date of Conviction *		
Convicting Court Address *		
Address Type *	Main Office	
Addr 1 *		
Addr 2		
City *		
State *	none	
Zip Code *		
Zip Plus		
Fine Amount (if there was		
one)		
Document		
Offense	Browse	
	Ne	ext

"Within 2 years before the date of filing this application, have you been convicted, in Arizona or in any other state or







In this field, the applicant will enter the date of the conviction, <u>NOT</u> the date of arrest.

This can be found near the end of the court document where the Judge signed the judgment.

jurisaiction, oj a misuemea	nor mvotving.	
 Driving or being in p drug, or narcotic dru Possession, use, adm dangerous drug, or r 	hysical control of a vehicle while under the influence of an intoxicating liquor, danger ^{1g} inistration, acquisition, sale, manufacture, or transportation of an intoxicating liquor narcotic drug	ous .,
Crime Classification *	Petty Offense	
Crime of which convicted *		•
	- +	
Current Conviction Status *	No Change	
Court Case Number		
Date of Conviction *		
Convicting Court Address *		
Address Type *	Main Office	
Addr 1 *		
Addr 2		
City *		
State *	none	
Zip Code *		
Zip Plus		
Fine Amount (if there was one)		
Document		
Documentation on Criminal Offense	Browse	
		Next

"Within 2 years before the date of filing this application, have you been convicted, in Arizona or in any other state or







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.









This section of the application is the Regulatory History question.

Be cautious, and make sure the responses are accurate!

Answer Adverse Action Ques	stionnaire	
	Regulatory Actions	
○ Yes ○ No	Within 5 years before the date of filing this appliation, have you had an EMT certification, recertification, or licensure revoked in any other state or jurisdiction?	
		Next
Withdraw/Cancel Application		







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	Action Addend	um(s)		
Turne of Demoksterne Berline t					
Type of Regulatory Action *	Select Action Type	~			
Administrative Case Number *					
Date Action Begins *					
Date Action Ends					
Current Status of	Select Action Status 🗸				
Regulatory Action *					
Restrictions					
Enter Comments					
	- +				
		d			
Flease provide onicia	ii oocumentation pertaining to	the regulatory action	on taken agai	nsi your and/or your Certificate	
				0	
Documentation on Adverse		Browse	-		
Action		LIOWSE			
				~	
				Add Another Adverse Action	Ne







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

Using the drop down menu, select one of the following:

►EMT

Advanced EMT

➢Intermediate EMT-99

➢Paramedic

En	nter Details on Initial Application	
	Initial Application Questionnaire	
	AZ Certification Level EMT V Requested *	
		Next







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.

Details	Applicant Eligibi	ility Educational Attestation	Regulatory Actions	Conviction / Sentence Status
Criminal	History			
Ap	plication Details		<u>e</u>	
	Application Type	Initial Certification		
	Application Status	In Draft		
	Created On	11/28/2018 9:54:01 AM		
	AZ Certification Level Requested	EMT		
				Edit Details







Once the applicant is satisfied with the application content, the applicant would click: "Submit Application"

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 o class 4 felony) - that the an	leclare - under penalty of perjury as swers I have given in this Application	defined in Arizona Revise Stat n are true and correct	ute (A.R.S.) § 13-2702(A)(2) (a
			Submit Application







Once the 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
 Certificate
 Regulatory Actions

 Conviction / Sentence Status
 Criminal History

Application Details		
Application Type Re	newal of Certification	0
Application Status Pe	nding	
Applied On 11	/28/2018 10:18:30 AM	
AZ Certification Level El Requested	ſΤ	







Your new certification card will be mailed to you the next business day after your application has been approved.







ttp://www

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

Toll Free (800) 200-8523

Maria Dominguez, Manager

Kathleen Rodriguez, Customer Service Representative

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









