

OFFICE OF THE SECRETARY OF STATE

LAVONNE GRIFFIN-VALADE  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE  
AND TRIBAL LIAISON



ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333  
OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION

**FILED**

08/21/2024 4:38 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Education Requirements for Persons Seeking EMS Provider Licensure

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/23/2024 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Mellony Bernal  
971-673-3152  
publichealth.rules@odhsoha.oregon.gov

800 NE Oregon St. Suite 465  
Portland, OR 97232

Filed By:  
Public Health Division  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 09/17/2024

TIME: 10:30 AM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 533951594

SPECIAL INSTRUCTIONS:

This hearing is being held remotely via Microsoft Teams. To provide oral testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register and receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971-277-2343, Phone Conference ID 533 951 594# for audio only.

The hearing will close no later than 11:30 AM, but may close as early as 11:00 AM if everyone who has signed up to testify has provided their testimony.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

## NEED FOR THE RULE(S)

The Oregon Health Authority (OHA), Public Health Division, EMS and Trauma Systems Program is proposing to permanently amend and repeal Oregon Administrative Rules in chapter 333, division 265 and permanently adopt and amend Oregon Administrative Rules in chapter 333, division 264 relating to the education requirements for persons seeking licensure as an emergency medical services (EMS) provider. The EMS and Trauma Systems Program is proposing these changes based on changes to certification examination policies and practices of the National Registry of Emergency Medical Technicians (NREMT), 2019 National EMS Scope of Practice Model and the 2021 National EMS Education Standards. Due to the changes implemented by the NREMT, psychomotor testing for all EMS provider levels is being replaced with competency verification in the classroom. As such, the administrative rules relating to provider exams and the requirement for exams to be overseen by an EMS licensing officer who must be approved by OHA are being repealed. The OHA is proposing the adoption of a competency-based assessment program that will align educational and certification practices to assure a statewide assessment system that facilitates student development and achievement of realistic expectations for entry-level competence. Additionally, the two separate rules regarding field internships have been repealed and one new rule adopted that describes the clinical or field experience requirements as well as the requirements for a field internship for Paramedics.

Some OARs in chapter 333, division 264 have been renumbered from division 265 in a separate rulemaking action for better clarity and to allow for additional changes in the future.

---

## DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

- ORS chapter 682: [https://www.oregonlegislature.gov/bills\\_laws/ors/ors682.html](https://www.oregonlegislature.gov/bills_laws/ors/ors682.html)
- ORS chapter 676: [https://www.oregonlegislature.gov/bills\\_laws/ors/ors676.html](https://www.oregonlegislature.gov/bills_laws/ors/ors676.html)
- ORS chapter 670: [https://www.oregonlegislature.gov/bills\\_laws/ors/ors670.html](https://www.oregonlegislature.gov/bills_laws/ors/ors670.html)
- 2021, National Emergency Medical Services Education Standards: [https://www.ems.gov/assets/EMS\\_Education-Standards\\_2021\\_FNL.pdf](https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf)
- 2019, National EMS Scope of Practice Model:  
[https://www.ems.gov/assets/National\\_EMS\\_Scope\\_of\\_Practice\\_Model\\_2019.pdf](https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019.pdf)
- National Registry Paramedic Examination Specifications: [https://www.nremt.org/getmedia/Oe883e26-17df-4f8c-8a3f-a7ad581cf714/Paramedic-Test-Plan\\_public\\_final.pdf](https://www.nremt.org/getmedia/Oe883e26-17df-4f8c-8a3f-a7ad581cf714/Paramedic-Test-Plan_public_final.pdf)
- National Registry Advanced Emergency Medical Technician Examination Specifications:  
[https://nremt.org/getmedia/ae90d9db-c974-49e1-a43b-f1dddd4ea365/AEMT-Test-Plan\\_Public\\_final.pdf](https://nremt.org/getmedia/ae90d9db-c974-49e1-a43b-f1dddd4ea365/AEMT-Test-Plan_Public_final.pdf)

---

## STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The proposed changes move from a state-required standard practical exam model to a state-required competency-based assessment (CBA) framework for verifying entry-level competency.

The CBA framework promotes equity in the following ways:

- Incorporates culturally-responsive assessment practices by focusing assessment on aptitudes and performance; supports holistic student development; recognizes individual student backgrounds, experience and perception; and utilizes diverse assessment tools to provide a comprehensive portfolio of student assessment (Khasawneh & Kasawneh, 2023; Montenegro & Jankowski, 2020).
- Sets the framework in a system of assessment that supports intrinsic equity through the design of outcomes, scoring standards and policies with high-quality assessment standards (Hauer et al., 2023; Lucey et al., 2020; Marion et al., 2020)

The proposed changes incorporate equity practices for state oversight of CBA, as recommended by Marion et al., 2020.

Data collection and analysis of CBA program effectiveness will include assessment of equity practices including; completion rates and trends of student attrition, achievement gaps, scoring fairness, and adequate sampling of student performance. Disaggregated data will be used to support quality improvement efforts in teaching, program design and equitable assessment practices at the state and local levels (Hauser et al., 2023; Lucey et al., 2020; Montenegro & Jankowski, 2020).

References:

- Hauer, K. E., Park, Y. S., Bullock, J. L., & Takian, A. (2023). "My assessments are biased! Measurement and sociocultural approaches to achieve fairness in assessment in medical education. *Academic Medicine*, 98(8S), S16-S27. <https://doi.org/10.1097/ACM.0000000000005245>
- Khasawneh, Y. J. A., & Khasawneh, M. A. S. (2023). Achieving assessment equity and fairness: Identifying and eliminating bias in assessment tools and practices. *Kurdish Studies*, 11(2), 4469-4478. View of Achieving Assessment Equity and Fairness: Identifying and Eliminating Bias in Assessment Tools and Practices ([kurdishstudies.net](http://kurdishstudies.net))
- Lucey, C. R., Hauer, K. E., Boatright D., & Fernandez, A. (2020) Medical education's wicked problem: Achieving equity in assessment for medical learners. *Academic Medicine*, 95(125), S98-S108. <https://doi.org/10.1097/ACM.0000000000003717>
- Marion, S., Worthen, M., & Evans, C. (2020, January). How systems of assessment aligned with competency-based education can support equity. Aurora Institute and Center for Assessment.
- Montenegro, E., & Jankowski, N. A. (2020). A new decade for assessment: Embedding equity into assessment praxis (Occasional Paper No. 42). University of Illinois and Indiana University, National Institute for Learning Outcomes Assessment. <https://files.eric.ed.gov/fulltext/ED608774.pdf>

The OHA acknowledges that persons who prefer to communicate in a language other than English are disproportionately impacted when educational institutions or agencies conduct courses only in English. While the OHA does not have oversight over requiring courses be taught in languages other than English, there is nothing in the rule that prevents a college or agency from conducting the CBA in a different language.

With approval from the OHA, current administrative rules allow non-educational institutions, such as EMS agencies, to conduct EMR courses at any time regardless of location. EMT courses may be conducted by non-educational institutions only in rural areas of the state as long as there is no training available from an educational institution. EMT-Intermediate courses may also be conducted by non-educational institutions in any part of the state, as long as there is no training available from educational institutions. For EMT and EMT Intermediate courses, the purpose of the current rules is to increase access in rural Oregon when there are no community colleges that serve an area or are able to offer courses due to limited enrollment. Persons serving on the rule advisory committee noted that if the OHA amended the rules to allow non-educational institutions to conduct any type of EMS provider course in any location, it may increase access both to persons with lower incomes as well as persons who are Black, Indigenous and people of color.

---

#### FISCAL AND ECONOMIC IMPACT:

The EMS & Trauma Systems Program is responsible for the licensure and regulatory oversight of EMS providers in Oregon. There are approximately 12,391 licensed EMS providers that had to meet educational requirements to become licensed. EMS education courses are conducted through educational institutions such as community colleges and non-educational institutions such as fire departments, other governmental agencies, and training contractors. With approval from the OHA, current administrative rules allow non-educational institutions to conduct EMR courses at any time regardless of location. EMT courses may be conducted by non-educational institutions only in rural areas of the state as long as there is no training available from an educational institution. EMT-Intermediate courses may also be conducted by non-educational institutions in any part of the state, as long as there is no training available from educational institutions.

There are currently 17 educational institutions that offer EMS courses in Oregon.

There are currently 57 non-educational institutions, such as an EMS agency, that offer an EMS course in Oregon.

The proposed rule amendments will require educational and non-educational institutions to:

- Discontinue prescribed formal skills testing (psychomotor examination) in all EMS provider courses, which will reduce administrative and staffing costs relating exam coordination, and hiring of examiners and licensing officers;
- Implement competency-based assessment practices, which will require additional staff time to review and revise course curricula and policies for emergency medical technician (EMT), advanced emergency medical technician (AEMT), and EMT-Intermediate courses;
- Conduct student and instructor orientations to competency-based assessment practices, which includes costs for developing and facilitating orientation sessions;
- Report on student and course data to the Oregon Health Authority, EMS and Trauma Systems Program on an annual basis, which includes administrative time to gather and collate data.

---

#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) The EMS and Trauma System program will have costs associated with staff time to review and approve competency-based assessment (CBA) programs, facilitate instructional development with CBA, and engage in quality improvement efforts relating to CBA.

Local governments that receive approval from OHA to conduct EMT and EMT-Intermediate courses will have similar impacts as described previously including additional staff time to review and revise course curricula and policies; conduct necessary orientations to CBA practices, which includes costs for developing and facilitating orientation sessions; and reporting requirements on student and course data, which includes administrative time to gather and collate data. Impacts to emergency medical responder (EMR) course administration and delivery will include staff time needed for review and revision of curricula.

It is not anticipated that members of the public, including persons seeking EMS educational courses, will be financially impacted by these rules, as the curricular changes and revised course requirements will be made in the existing course structure and credits. Several pilot courses conducted by educational institutions that incorporated the CBA framework did not generate additional financial impact to the students.

(2)(a) The EMS and Trauma System Program estimates that there are 11 small businesses that may be impacted by these rules including private training contractors, first response units, and transporting ambulance services.

(b) Small businesses such as EMS agencies that conduct EMR courses and that are approved to conduct EMT courses may need additional staff time to review and revise course curricula and policies; conduct necessary orientations to CBA practices, which includes costs for developing and facilitating orientation sessions; and reporting requirements on student and course data, which includes administrative time to gather and collate data.

(c) Costs may decrease when formal skills testing is removed as a requirement of EMR courses. The proposed rules will not require the acquisition of additional teaching equipment or supplies. Additional staff time may be needed for purposes of reporting on student and course data.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Rural ambulance service agencies, providers from rural communities, private training businesses, and the Oregon State Ambulance Association who represent rural agencies were included on the Rule Advisory Committee.

---

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

---

RULES PROPOSED:

333-264-0000, 333-264-0010, 333-264-0030, 333-264-0040, 333-264-0050, 333-264-0070, 333-264-0090, 333-264-0100, 333-264-0110, 333-264-0120, 333-264-0140, 333-265-0000, 333-265-0015, 333-265-0016, 333-265-0023, 333-265-0024, 333-265-0025, 333-265-0026, 333-265-0027, 333-265-0030, 333-265-0110, 333-265-0140

ADOPT: 333-264-0000

RULE SUMMARY: Adopt OAR 333-264-0000

Describes purpose of administrative rules.

CHANGES TO RULE:

333-264-0000

Applicability

The purpose of OAR 333-264-0000 through OAR 333-264-0140 is to set minimum requirements for the education of emergency medical services providers in Oregon that will foster safe and effective practice.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.208, ORS 682.216

RULE SUMMARY: Adopt OAR 333-264-0010

Adds definitions for purposes of initial education requirements. All definitions relating to initial education were moved from OAR 333-265-0000 to this rule. Terms amended from previous definitions in OAR 333-265-0000 include 'clinical experience,' 'educational institution,' 'emergency care,' and 'preceptor.' Terms added include 'competency-based assessment program,' 'course director,' 'EMS provider course,' 'field experience,' 'field internship,' 'instruction,' 'instructor,' 'nurse practitioner,' 'physician,' 'physician associate,' 'registered nurse,' and 'these rules.'

CHANGES TO RULE:

333-264-0010

Definitions

- (1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Oregon Health Authority (Authority) as an Advanced Emergency Medical Technician.¶
- (2) "Ambulance service" means a person, governmental unit, or other entity that operates ambulances and holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.¶
- (3) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority, Public Health Division.¶
- (4) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.¶
- (5) "Clinical experience (clinical)" means learning in a medical, social service, residential, psychological, public health or other care setting that aligns with learning competencies, objectives, or outcomes in an EMS provider course.¶
- (6) "Competency-based assessment (CBA) program" means an assessment system specified by the Authority used to verify achievement of student performance outcomes in an EMS provider course.¶
- (7) "Course director" means the designated primary instructor of an EMS provider course.¶
- (8) "Direct visual supervision" means that a person qualified to supervise is at the patient's side to monitor the emergency medical services provider in training.¶
- (9) "Educational institution" means a degree-granting community college, college or university or a licensed vocational school accredited by the Northwest Commission on Colleges and Universities (NWCCU) or other institutional accrediting body, and that is authorized or licensed by the Oregon Higher Education Coordinating Commission to administer degree and certificate programs.¶
- (10) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician or naturopathic physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.¶
- (11) "EMS" means Emergency Medical Services.¶
- (12) "EMS medical director" has the same meaning as "supervising physician" in ORS 682.025.¶
- (13) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder.¶
- (14) "Emergency Medical Services (EMS) agency" means any person, governmental agency or unit, or other entity that utilizes emergency medical services providers to provide prehospital emergency or nonemergency care. An EMS agency may be either an ambulance service or a nontransporting service.¶
- (15) "Emergency Medical Services provider (EMS provider)" means a person who has received formal training in prehospital and emergency care, and is licensed to attend to any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other persons serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.¶
- (16) "EMS provider course" means a course of instruction approved by the Authority presenting the combination of learning activities, experiences, and assessments used to achieve content standards and student performance outcomes that are required in the initial training of an EMS provider.¶
- (17) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician.¶
- (18) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate.¶
- (19) "Field experience" means student learning at an ambulance service or EMS agency that occurs under direct

visual supervision and aligns with course objectives and student performance outcomes within an EMS provider course.

(20) "Field internship" means student learning with a preceptor at an ambulance service responding to initial 911 scene requests.

(21) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

(22) "In good standing" means a person who is currently licensed and who does not have any restrictions placed on their license, or who is not on probation with a licensing agency or the National Registry for any reason.

(23) "Instruction" means the facilitation and assessment of student learning that meets course objectives and student performance outcomes in an EMS provider course.

(24) "Instructor" means a person who assists the course director with teaching activities in an EMS provider course.

(25) "National Registry" means the National Registry of Emergency Medical Technicians.

(26) "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, or naturopathic physician licensed under ORS chapter 685, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board in the course of providing prehospital care as defined by this rule.

(27) "Nurse practitioner" means a person licensed by the Oregon State Board of Nursing in accordance with ORS chapter 678.

(28) "Paramedic" means a person who is licensed by the Authority as a Paramedic.

(29) "Patient" means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider.

(30) "Prehospital care" means care rendered by EMS providers as an incident of the operation of an ambulance and care rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined in this rule.

(31) "Preceptor" means a person at an ambulance service who is licensed as a Paramedic or higher and who is in good standing with their state regulatory agency. The preceptor is appointed and approved by the educational institution, and supervises and evaluates the performance of an EMS provider student during the field internship of an EMS provider course.

(32) "Protocols" has the same meaning as standing orders.

(33) "Physician" means a person licensed by the Oregon Medical Board in accordance with ORS chapter 677.

(34) "Physician associate" means a person licensed by the Oregon Medical Board in accordance with ORS 677.505 to ORS 677.525.

(35) "Registered nurse" means a person licensed with the Oregon State Board of Nursing in accordance with ORS chapter 678.

(36) "Scope of practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide as set forth in rules adopted by the Oregon Medical Board.

(37) "Standing orders" means the written protocols that an EMS provider follows to treat patients when direct contact with a physician is not maintained.

(38) "These rules" means OAR 333-264-0000 through OAR 333-264-0140.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.017, ORS 682.208, ORS 682.216

AMEND: 333-264-0030

RULE SUMMARY: Amend OAR 333-264-0030 (Renumbered from OAR 333-265-0010)

Clarifies eligibility to conduct an EMT, AEMT, EMT-Intermediate and Paramedic provider educational course. Removes requirement that institutions offering a course must employ an EMS licensing officer to conduct psychomotor exams, since psychomotor exams are being eliminated. Requires that institutions have a course director that oversees the educational course(s). Allows additional instructors to assist with course of instruction. Updates rule references.

CHANGES TO RULE:

333-264-0030

Eligibility, Application for, and Approval of EMT, AEMT, EMT-Intermediate, and Paramedic Courses ¶

(1) ~~The Authority~~ Oregon Health Authority (Authority) is responsible for approving EMT, AEMT, EMT-Intermediate and Paramedic courses. ¶

(2) EMT, AEMT, EMT-Intermediate and Paramedic courses must be offered or supervised by an educational institution and must meet the standards established by the Higher Education Coordinating Commission (HECC) in OAR chapter 581, division 49. ¶

(3) Notwithstanding section (2) of this rule, the Authority may: ¶

(a) Allow an Oregon non-educational institution to conduct an EMT course if there is no training available ~~at~~ from an educational institution in a rural part of the state. ¶

(b) Allow an Oregon non-educational institution to conduct an EMT-Intermediate course if there is no training available ~~at~~ from an educational institution. ¶

(4) An Oregon non-educational institution that wishes to conduct an EMT or EMT-Intermediate course in accordance with section (3) of this rule shall send a written request to the Authority including evidence ~~that there is a documented~~ of need for the course and lack of training offered by an educational institution. ¶

~~An educational institution or non-educational institution that offers an EMT or EMT-Intermediate program must employ an Authority approved EMS licensing officer to conduct an EMT or EMT-Intermediate psychomotor examination. An educational or non-educational institution that is unable to employ an Authority approved EMS licensing officer must identify a regional EMS instructor on its EMT or EMT-Intermediate course application who will be responsible for ensuring that the National Standard Curriculum or state approved curriculum is provided.~~ EMT, AEMT, EMT-Intermediate and Paramedic courses must meet the requirements prescribed by the Authority in OAR 333-264-0050. ¶

(6) EMT, AEMT, EMT-Intermediate and Paramedic courses must have a designated course director who meets the requirements ~~prescribed by the Authority in~~ OAR 333-2654-0014110. ¶

(7) Additional instructors who assist with instruction in EMT, AEMT, EMT-Intermediate and Paramedic courses ~~must be taught by instructors that~~ meet the requirements of OAR 333-2654-00250. ¶

(8) An educational institution or an Oregon non-educational institution approved by the Authority under section (3) of this rule must submit an application to the Authority on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the standards prescribed in OAR 333-2654-001450 and the course director qualifications prescribed in OAR 333-2654-002110. The form must be received by the Authority at least 30 business days prior to the first day of class. ¶

(9) The Authority will return an application that is incomplete to the applicant. ¶

(10) The Authority will inform an applicant in writing whether the application has been denied or approved. ¶

(11) No educational institution or Oregon non-educational institution shall conduct an EMT, AEMT, EMT-Intermediate or Paramedic course until the Authority has approved the course. ¶

(12) The Authority may deny or revoke the approval to conduct an EMT, AEMT, EMT-Intermediate or Paramedic course in accordance with ORS chapter 183 ~~for failure to comply with OAR chapter 333, division 265 and these~~ rules.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.216, ORS 682.208, ORS 682.017



AMEND: 333-264-0040

RULE SUMMARY: Amend OAR 333-264-0040 (Renumbered from OAR 333-265-0012)

Clarifies that the Oregon Health Authority (OHA) is responsible for approving EMR courses. Updates rule number references.

CHANGES TO RULE:

333-264-0040

Requirements for Conducting Eligibility, Application and Approval of Emergency Medical Responder (EMR) Courses ¶¶

(1) The Oregon Health Authority (Authority) is responsible for approving EMR courses.¶¶

(2) An ambulance service or any other entity in Oregon may conduct an EMR course that meets the requirements of OAR 333-2654-001450, if approved by the Authority.¶¶

(23) An ambulance service or entity that wants to conduct an EMR course must submit an application to the Authority on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the standards prescribed in OAR 333-2654-001450 and whether the course director meets the requirements in OAR 333-265-00184-0100. The form must be received by the Authority at least 30 business days prior to the first day of class.¶¶

(34) The Authority shall return an application that is incomplete to the applicant.¶¶

(45) No entity shall conduct an EMR course until the Authority has approved the course.¶¶

(56) The Authority may deny or revoke the approval to conduct an EMR course in accordance with ORS chapter 183 for failure to comply with OAR chapter 333, division 265 and these rules.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.216, ORS 682.208, ORS 682.017

AMEND: 333-264-0050

RULE SUMMARY: Amend OAR 333-264-0050 (Renumbered from OAR 333-265-0014)

Clarifies the types of instructors and positions necessary to conduct an EMS provider course and specifies qualifications necessary for a course director; allows additional instructors to assist with instruction and specifies necessary qualifications; allows subject matter experts to serve as guest instructors; clarifies that an EMS provider course must have clear course policies and student expectations that must be documented in a course syllabus that is provided to each student no later than the first week of starting the course; and specifies that the curriculum, instruction and assessment must demonstrate an organized pattern of instruction consistent with educational practices and principles of learning.

- For EMR courses, updates the curriculum standard from the 2009 National EMS Education Standards to the 2021 national standards; removes references to didactic and skill instruction and replaces with verification and documentation of student proficiency with the EMR scope of practice, and competency evaluations as prescribed by the OHA.
- For EMT and AEMT courses, updates the curriculum standard from the 2009 National EMS Education Standards to the 2021 national standards; removes references to didactic and skill instruction and replaces with verification and documentation of student proficiency as specified in the 2019 National EMS Scope of Practice Model and with the Oregon EMT or AEMT scope of practice; assessment of competency in accordance with the competency-based assessment program required under OAR 333-264-0070; and required clinical and field experiences.
- For EMT-Intermediate course, clarifies that the curriculum, instruction and assessment must meet or exceed the requirements specified by the OHA; removes references to didactic and skill instruction and replaces with verification and documentation of student proficiency in accordance with the EMS-Intermediate scope of practice; and assessment of competency in accordance with the competency-based assessment program required under OAR 333-264-0070.
- For Paramedic course, updates the curriculum standard from the 2009 National EMS Education Standards to the 2021 national standards; removes references to didactic and skill instruction and replaces with verification and documentation of student proficiency as specified in the 2019 National EMS Scope of Practice Model and with the Oregon Paramedic scope of practice; instruction and assessment in all learning domains; and required clinical or field experiences and field internship.

Adds requirement that all courses must include instruction for obtaining certification from the National Registry and Oregon licensure. Clarifies that a person must maintain EMT licensure throughout duration of an AEMT or paramedic course and adds requirement that a student may not perform skills outside the scope of practice of their current Oregon EMS provider license when outside of scheduled course activities.

CHANGES TO RULE:

333-264-0050

EMS Provider Course Requirements ¶¶

(1) All EMS provider courses must ~~have~~ include: ¶¶

~~(a) An EMS medical director. The EMS medical director must meet the qualifications of a supervising physician as defined in OAR 847-035-0001; and OAR 847-035-0020; ¶¶~~

~~(2b) All EMS provider courses must have a qualified course director or a course director that meets the qualifications prescribed in OAR 333-2654-0020. ¶¶~~

~~(3) An Oregon educational institution conducting EMT, AEMT, or Paramedic courses must have program faculty consisting of a designated program administrator, course EMS medical director, course directors, and may have guest instructors. The number of persons carrying out 100 for EMR courses or OAR 333-264-0110 for EMT, AEMT, EMT-Intermediate and Paramedic courses; and ¶¶~~

~~(c) Additional instructors to assist with instruction and assure safe student performance during skill and scenario-~~

based activities. Additional instructors must be licensed as:

(A) An Oregon EMS provider at or above the level of the EMS provider course and in good standing with the responsibilities of conducting an EMT, AEMT, or Paramedic course may vary from program to program. One person, if qualified, may serve in multiple roles. Oregon Health Authority (Authority);

(B) A physician or physician associate in good standing with the Oregon Medical Board;

(C) A registered nurse or nurse practitioner in good standing with the Oregon State Board of Nursing; or

(4D) An Oregon medical provider or practitioner institution or Authority approve good standing with their regulatory licensing board, who has specific experience and knowledge relevant to their instruction conducting EMT-Intermediate assignment.

(2) An EMS provider courses must have program faculty consisting of a designated program administrator, course EMS medical director, and course directors, and may have guest instructors. The number of persons carrying out the responsibilities of onday include subject matter experts who serve as guest instructors in an EMS provider course. Subject matter experts must possess the specific experience and knowledge for the topics or skills they will teach.

(3) Course policies and student expectations for successful course completion must be clearly documented in a course syllabus and given to the students no later than the first week of the course.

(4) Curriculum, instructing an EMT-Intermediate course may vary from program to program. One person, if qualified, may serve in multiple roles. Instruction and assessment shall demonstrate an organized pattern of instruction consistent with sound educational practices and principles of learning which enable the student to develop entry-level competence.

(5) An EMR course must include:

(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards, Emergency Medical Responder Instructional Guidelines, published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B);

(b) Didactic and skills instruction; and

(c) A psychomotor and cognitive examination December 2021;

(b) Verification and documentation of student proficiency with skills in the EMR scope of practice as specified in OAR 847-035-0030; and

(c) Final student competency evaluations as prescribed by the Authority.

(6) An EMT course must include:

(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards, Emergency Medical Technician Instructional Guidelines, published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077C);

(b) Didactic and skills instruction;

(c) Clinical education of at least eight hours in a hospital or acute care department or other appropriate clinical or acute care medical facility where the skills within a December 2021;

(b) Verification and documentation of student proficiency with skills specified in the EMT 2019 National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon EMT scope of practice are performed under the supervision of a preceptor; and

(d) Prehospital experience of at least eight hours under the supervision of an EMT or above where the skills within an EMT scope of practice are performed as specified in OAR 847-035-0030;

(c) Instruction and assessment of student performance outcomes required by the Authority and in accordance with the competency-based assessment (CBA) program described in in OAR 333-264-0070;

(d) Clinical experience as described in OAR 333-264-0090; and

(e) Field experience as described in OAR 333-264-0090.

(7) An AEMT course must include:

(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards, Advanced Emergency Medical Technician Instructional Guidelines, published by the National Highway Traffic Safety Administration, January December 2021;

(b) Verification and documentation of student proficiency with skills as specified in the 2019 (DOT HS 811 077D) National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon AEMT scope of practice as specified in OAR 847-035-0030;

(b) Didactic and skills instruction; and

(c) Instruction and assessment of student performance outcomes required by the Authority and in accordance with the competency-based assessment (CBA) program described in in OAR 333-264-0070;

(d) Clinical experience as described in OAR 333-264-0090; and

(e) Field experience as described in OAR 333-264-0090.

(f) A field internship that is, as described in under OAR 333-2654-0015-90, may be incorporated into an AEMT course.

(8) An EMT-Intermediate course must include:¶

(a) ~~¶~~Curriculum, instruction, and assessment that meets or exceeds the EMT-Intermediate curriculum education standards as prescribed by the Authority; and¶

(b) ~~Didactic and skills instruction~~Verification and documentation of student proficiency with skills in the EMT-Intermediate scope of practice as specified in OAR 847-035-0030; and¶

(c) Instruction and assessment of student performance outcomes required by the Authority and in accordance with the competency-based assessment (CBA) program described in OAR 333-264-0070.¶

(9) A Paramedic course must include:¶

(a) A curriculum that meets or exceeds the National Emergency Medical Services Education Standards, Paramedic Instructional Guidelines, published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811-077E);¶

(b) Didactic and skills instruction;¶

(c) ~~Clinical experience in hospital clinical areas where the skills within a paramedic scope of practice are performed under the supervision of a preceptor~~December 2021;¶

(b) Verification and documentation of student proficiency with skills in the Paramedic scope of practice as specified in the 2019 National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon Paramedic scope of practice as specified in OAR 847-035-0030;¶

(c) Instruction and assessment in the cognitive, psychomotor, and affective domains of learning;¶

(d) Clinical and field experience as described in OAR 333-264-0090; and¶

(de) A field internship that is described in OAR 333-2654-001690.¶

(10) All EMS provider courses must include instructions on Oregon's Revised Statutes and rules (ORS) and Oregon Administrative Rules (OAR) governing the EMS system, medicolegal issues, roles and responsibilities of EMS providers, and EMS professional ethics.¶

(11) All EMS provider courses must include instruction for obtaining certification from the National Registry (EMT, AEMT and Paramedic), and Oregon EMS provider licensure. ¶

(12) The Authority may deny or revoke course approval in accordance with the provisions of ORS chapter 183 for failure to comply with the requirements of these rules.¶

(123) A person must have, and maintain, a current Oregon EMT license or higher at the time of enrollment in an AEMT or Paramedic course and throughout the duration of an AEMT or Paramedic course.¶

(14) A student may not perform skills outside the scope of practice of their current Oregon EMS provider license when outside of scheduled course activities.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.216, ORS 682.208, ORS 682.017

ADOPT: 333-264-0070

RULE SUMMARY: Adopt 333-264-0070

Creates new requirement that all EMT, AEMT, and EMT-Intermediate courses incorporate a competency-based assessment (CBA) program that must be approved by the OHA. Specifies application requirements and minimum standards for a CBA program. Specifies the types of changes that will require a new application for a CBA program that must be reapproved by the OHA. Specifies minimum data that must be reported to the OHA on an annual basis so that the OHA may assure compliance and ongoing quality improvement of the CBA program. Allows the OHA to request additional information and may conduct an audit of CBA courses. The OHA also has the authority to deny, suspend or revoke approval of courses.

CHANGES TO RULE:

333-264-0070

Competency-Based Assessment (CBA) Program for EMT, AEMT and EMT-Intermediate Courses

(1) All EMT, AEMT, and EMT-Intermediate courses approved by the Oregon Health Authority (Authority) as described in OAR 333-264-0030 shall incorporate a competency-based assessment (CBA) program in a manner prescribed by the Authority.¶

(2) The Authority sets student performance outcomes as required minimum competencies for the student to achieve in an EMT, AEMT, and EMT-Intermediate course.¶

(3) The course director of an EMT, AEMT, or EMT-Intermediate course verifies student achievement of each student performance outcome in a manner prescribed by the Authority.¶

(4) An application is required for the initial implementation of a CBA program in EMT, AEMT, and EMT-Intermediate courses.¶

(a) The application must be submitted on a form prescribed by the Authority a minimum of 60 days before implementation of the CBA program in a course.¶

(b) The initial application must include:¶

(A) Evidence of alignment between course activities and assessments with student performance outcomes required by the Authority;¶

(B) A copy of course syllabus policies regarding assessment, scoring, remediation, and processes to verify achievement of student performance outcomes within the CBA program;¶

(C) Evidence of alignment of clinical and field experiences to state-required student performance outcomes for EMT and AEMT courses; and¶

(D) A plan for instructor and student orientation to the CBA program.¶

(5) A revised application is required for any significant changes to the administration or delivery of a previously approved CBA program within an EMT, AEMT, or EMT-Intermediate course and must be submitted on a form prescribed by the Authority a minimum of 30 days before the start of the course. A significant change includes, but is not limited to:¶

(a) The change of a course director;¶

(b) The change of a program director; or ¶

(c) Realignment of learning activities and assessments to any student performance outcome required by the Authority.¶

(6) Implementation of a new CBA program or proposed amendments to a previously approved CBA program shall not begin until the application is approved by the Authority.¶

(7) An educational institution must report data specified in section (9) of this rule relating to the CBA program for all EMT, AEMT, and EMT-Intermediate courses conducted in the academic year. The report must be submitted on a form prescribed by the Authority by June 30 of the current academic year.¶

(8) An Oregon non-educational institution that was approved by the Authority to teach an EMT or EMT-Intermediate course must report data specified in section (9) of this rule relating to the CBA program. The report must be submitted on a form prescribed by the Authority within 30 days of course completion.¶

(9) The following minimum data must be reported to the Authority: ¶

(a) Student enrollment and retention from each course;¶

(b) Evaluation of alignment between learning activities and student performance outcomes required by the Authority; ¶

(c) Evaluation of CBA program policies and processes; and¶

(d) A plan of CBA program changes, if applicable.¶

(10) The Authority will review CBA program reports to assure compliance and for ongoing quality improvement of the CBA program.¶

(a) The Authority may request further information or clarification during the review process.¶

(b) The Authority may conduct an audit of specific CBA courses and CBA program structure.¶

(11) The Authority may deny, suspend, or revoke approval of an EMT, AEMT, or EMT-Intermediate course in accordance with ORS chapter 183 and these rules for failure to comply with application, reporting, or CBA program requirements.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.017, ORS 682.208, ORS 682.216

ADOPT: 333-264-0090

RULE SUMMARY: Adopt 333-264-0090

Specifies requirements for clinical and field experiences including site selection criteria. Amends previous requirements for field internships. Clarifies that a Paramedic student must complete both a clinical and field experience as well as a field internship. Amends the number and type of prehospital encounters a Paramedic student must assess and direct as a team member and team leader. Clarifies that additional requirements for clinical and field experiences and the field internship of Paramedic course be informed by the 2023 Student Minimum Competency recommendations from the Committee on Accreditation for the EMS Professions (CoAEMSP). Clarifies that each Paramedic student in a field internship must be assigned to a preceptor and specifies preceptor qualifications which must be verified by the educational institution. Requires that a plan be developed for clinical experiences, field experiences, and a field internship that must be reviewed and approved annually by the course EMS medical director. Requires students participating in a clinical experience or field internship with direct patient contact to meet the screening, training and background requirements specified under OAR 409-030-0170 through 0230 and must be covered under liability and insurance coverage as specified under OAR 409-030-0240. Clarifies that a student may not perform skills outside the scope of practice of their current Oregon license when outside of scheduled course activities, including clinical experience, field experience or field internship.

CHANGES TO RULE:

333-264-0090

Clinical and Field Requirements for EMT, AEMT, and Paramedic Courses

(1) Clinical and field experiences are required for EMT, AEMT, and Paramedic courses.¶

(2) Site selection for clinical and field experiences must include:¶

(a) A clear link to course learning objectives and student performance outcomes; and¶

(b) Opportunities for students to perform assessments and interventions in acute and emergency care settings.¶

(c) In addition, site selection should include opportunities for students to engage with diverse cultures, ethnicities, races, patient populations, and contexts.¶

(3) In addition to clinical and field experience, a student enrolled in a Paramedic course must: ¶

(a) Participate in a field internship with a preceptor at an advanced life support ambulance service in a 911 system.¶

(b) Assess and manage a minimum of 30 prehospital patients as a team member during the field experience and field internship phases of the course; and¶

(c) Perform as a team leader and direct patient care on scene and during transport for a minimum of 20 prehospital patients during the field internship phase of the course. The field internship provides the student opportunities to synthesize the knowledge, skills, and judgments necessary to perform the duties of an entry-level Paramedic. ¶

(d) Specific student competencies, patient ages, and patient conditions for clinical experiences, field experiences and a field internship in a Paramedic course shall be informed by the 2023 Student Minimum Competency Recommendations described by the Committee on Accreditation for the EMS Professions (CoAEMSP).¶

(4) Students participating in a field internship must be assigned to a preceptor who has a minimum of two years prehospital care experience. It is the responsibility of the educational institution to:¶

(a) Ensure the preceptor is licensed and in good standing with the applicable state licensing authority; and¶

(b) Orient the preceptor to the student requirements for successful completion of the field internship in the Paramedic course. ¶

(5) The plan for clinical experiences, field experiences and a field internship must: ¶

(a) Be approved by the course EMS medical director and reviewed annually for effectiveness; ¶

(b) Include current written agreements for all clinical sites and field services; and ¶

(c) Include learning objectives for each clinical experience, field experience, and field internship and provide them to the students.¶

(6) Students participating in a clinical experience, field experience or field internship shall not be considered one of the minimum staff at the facility or service.¶

(7) Students participating in direct patient contact in a clinical setting, as defined by OAR 409-030-0140, must:¶

(a) Meet the requirements for immunizations, screenings, training, and background checks as prescribed in OAR 409-030-0170 through 409-030-0230; and¶

(b) Be covered under liability and insurance coverage as described in OAR 409-030-0240.¶

(8) A student must demonstrate technical proficiency with isolated skills relevant to the clinical site, field

experience, or field internship before they may participate in the direct care of patients.

(9) During clinical and field experiences or a field internship when applicable, a student must perform skills under the direct visual supervision of licensed clinical staff or a preceptor at or above the level for which the student is in training.

(10) A student may not perform skills outside the scope of practice of their current Oregon EMS provider license when outside of scheduled course activities including, clinical experience, field experience, or field internship.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.017, ORS 682.208, ORS 682.216



AMEND: 333-264-0100

RULE SUMMARY: Amend OAR 333-264-0100 (Renumbered from OAR 333-265-0018)

Amends the qualifications and responsibilities of an EMR course director. Allows the EMR course director to be a registered nurse, nurse practitioner, physician associate or physician.

CHANGES TO RULE:

333-264-0100

Course Director Qualifications and Responsibilities for EMR Courses ¶

(1) An ambulance service or entity that has been approved by the ~~Authority~~ Oregon Health Authority (Authority) to conduct an EMR course must have a qualified course director. ¶

(2) An EMR course director must: ¶

(a) Have appropriate training and experience to fulfill the role and have the credentials that demonstrate such training and experience; ¶

(b) Be currently licensed in Oregon as an EMT or higher, ~~have a minimum of three years of prehospital care experience and be in good standing with the Authority, or be an EMS medical director;~~ ¶

~~(c) Have a registered nurse, nurse practitioner, physician associate, or physician;~~ ¶

(c) Have a minimum of three years of prehospital care experience; ¶

(d) Hold a current Basic Life Support (BLS) instructor/provider card or certificate proof of course completion that meets or exceeds the 2015 American Heart Association ECC guidelines or equivalent, unless (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines (this requirement is waived by the Authority in advance course must include a practical skills evaluation); and ¶

~~(d)(e) Have successfully completed one of the following;~~ ¶

(A) The National Association of EMS Educators Level 1 Instructor I course, developed in accordance with the U.S. Department of Transportation, National Highway Transportation Safety Administration, 2002; ¶

(B) The National Fire Protection Association (NFPA) Fire Instructor I course; ¶

(C) Have at least 40 hours of the Instructor Development Program offered by the DPSST; ¶

(D) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning; ¶

(E) A minimum of three years working as a full time EMT or higher with a licensed ambulance service and has experience conducting training; or ¶

(F) Other instructor course approved by the Authority. ¶

(3) An EMR ~~C~~ D director: ¶

(a) Is responsible for course planning and organizing, including scheduling lectures, scheduling of instructional activities, monitoring of student learning, assuring consistency of instruction, and issuing student grades; ¶

(b) Is responsible for coordinating, arranging, and conducting the written and psychomotor course completion final student competency evaluations and licensure examinations; prescribed by the Authority; ¶

~~(b)(c) Is the primary instructor, who conduct/instructs, is present at, or facilitates at least 50 percent of the didactic sessions;~~ course, unless this requirement is waived by the Authority in advance; ¶

~~(ed) Must ensure, if additional or guest instructors are used, that the guest instructor is qualified to teach the subject matter, meets requirements set forth in OAR 333-2654-00250, and presents lessons that address all objectives identified in the course curriculum for the topic being presented. A guest instructor must:~~ ¶

~~(A) Be qualified and have the expertise in the specific course subject; and~~ ¶

~~(B) Follow/follows the course curriculum, and meet the course objectives for that specific subject.~~ ¶

(d) Must ensure that after completion of the course and successfully passing the written and psychomotor examinations each student is offered guidance on the process and how to apply for licensure through the Authority; subject; and ¶

(e) Must have written documentation showing whether a student has successfully completed an EMS provider course as described in OAR 333-265-04-0140.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017

AMEND: 333-264-0110

RULE SUMMARY: Amend OAR 333-264-0110 (Renumbered from OAR 333-265-0020)

Amends the qualifications and adds responsibilities of an EMT, AEMT, EMT-Intermediate or Paramedic course director. Allows the course director to be taught by a registered nurse, nurse practitioner, physician associate or physician. Clarifies that the course director must have a minimum of three years of prehospital care experience. Clarifies that a course director instructing within an approved competency-based assessment (CBA) program for the first time must be oriented to the CBA principles and strategies before the start of the course. Updates references of "instructor certificate" to "provider certificate."

CHANGES TO RULE:

333-264-0110

Approved Course Director Qualifications and Responsibilities for EMT, AEMT, EMT-Intermediate, and Paramedic Course Directors

(1) A course director for an EMT, AEMT, EMT-Intermediate or Paramedic course must:

~~(a) Be an EMS medical director; or~~

~~(b) Hold at least the level of Oregon licensure as the currently licensed as an Oregon EMS provider at the level of course being taught, be in good standing with the Authority, and have at least three years of experience at that licensure level or higher, and Oregon Health Authority (Authority), or be a registered nurse, nurse practitioner, physician, or physician associate;~~

~~(b) Have a minimum of three years of prehospital care experience;~~

~~(Ac) Have old a current Basic Life Support (BLS) instructor provider card or certificate proof of course completion that meets or exceeds the 2015 American Heart Association ECC guidelines or equivalent standards approved by the Authority (AHA) Cardiopulmonary Resuscitation (CPR) Emergency Cardiovascular Care (ECC) guidelines (this course must include a practical skills evaluation); and~~

~~(Bd) Have successfully completed one of the following:~~

~~(iA) The National Association of EMS Educators Level 1 Instructor Course, developed in accordance with the U.S. Department of Transportation, National Highway Transportation Safety Administration, 2002;~~

~~(iiB) The National Fire Protection Association (NFPA) Fire Instructor I course;~~

~~(iiiC) At least 40 hours of the Instructor Development Program offered by the DPSST; or~~

~~(iv)~~

~~(D) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning;~~

~~(E; or~~

~~(E) Other instructor course approved by the Authority.~~

(2) A course director instructing within an Authority-approved competency-based assessment (CBA) program for the first time must be oriented to CBA principles and strategies before the start of the course.

(3) In addition to the course director requirements in section (1) of this rule, a Paramedic course director must:

(a) Be an EMS medical director and hold a current:

(A) American Board of Emergency Medicine Certificate; or

(B) Advanced Cardiac Life Support (ACLS) instructor provider certificate or equivalent and Advanced Trauma Life Support certificate or equivalent; or

(b) Be an Oregon licensed Paramedic in good standing with the Authority with at least three years of experience at the licensure level; and:

(A) Possess at least an associate's degree from an accredited institution of higher learning;

(B) Hold an ACLS instructor current ACLS provider certificate from the American Heart Association or equivalent; and

(C) Hold a current Basic Trauma Life Support (BTLS) instructor provider certificate or equivalent, or a current Prehospital Trauma Life Support (PHTLS) instructor provider certificate or equivalent.

~~(34) A guest instructor must:~~

~~(a) Be qualified and have the expertise in the specific course subject; and The course director of an EMT, AEMT, EMT-Intermediate or Paramedic course:~~

(a) Is responsible for course planning, scheduling of instructional activities, monitoring of student learning, assuring consistency of instruction, and issuing student grades. When applicable, the course director also assures that students are scheduled for clinical experiences, field experiences, and field internships;

(b) Is the primary instructor, who instructs, is present at, or facilitates at least 50 percent of the course, unless this requirement is waived by the Authority in advance;¶

~~(b) Follow the course curriculum and meet the course objectives for that specific subject~~Must ensure that:¶

(A) Course requirements described in these rules are incorporated in the EMS provider course; ¶

(B) Additional instructors utilized in the course meet the qualifications described in OAR 333-264-0050; and¶

(C) There is written or electronic documentation showing whether a student has successfully completed an EMS provider course as described in OAR 333-264-0140.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017

AMEND: 333-264-0120

RULE SUMMARY: Amend OAR 333-264-0120 (Renumbered from OAR 333-265-0022)

Clarifies the responsibilities of an EMS Education program administrator, program director and course director at an educational institution.

CHANGES TO RULE:

333-264-0120

EMS Education Program Administrator and Faculty Responsibilities at an Educational Institution ¶

~~(1) A program administrator is responsible for course planning, the organization and administration of courses, periodic review of courses, program evaluation, and continued development and effectiveness of courses~~ a non-faculty supervisor that provides oversight of the EMS education department, such as a dean or associate dean at a college. ¶

~~(2) A program director is responsible for the coordination, oversight, and quality improvement of courses within an EMS education program. A program director may also have a title of program coordinator at the educational institution.~~ ¶

~~(23) A~~ The program administrator, or designee, shall report EMT psychomotor evaluation program director shall report the verification of student competencies and course completions to the National Registry. ¶

~~(34) A course EMS medical director shall:~~ ¶

~~(a) Provide medical direction for the didactic, clinical, instructional, clinical and field experiences, and field internship portions of an EMS provider course; and~~ ¶

~~(b) Act as the ultimate medical authority regarding course content and exams, procedures and protocols.~~ ¶

~~(45) A course director for a specific course:~~ ¶

~~(a) Is responsible for organizing and planning the course, including scheduling lectures, coordinating and arranging clinical rotation~~ course planning, scheduling of instructional activities, monitoring of student learning, assuring consistency of instruction, and issuing student grades. When applicable, the course director also assures that students are scheduled for clinical experiences, field experiences, and field internships; ¶

~~(b) Is the primary instructor, who con~~ ducts, is present at, or facilitates at least 50 percent of the ~~didactic instruction sessions~~ course, unless this requirement is waived by the Oregon Health Authority in advance; ¶

~~(c) Must ensure that:~~ ¶

~~(A) If guest instructors are used, that the guest instructor is qualified to teach the subject matter, meets the requirements set forth in OAR 333-265-0020, and presents lessons that address all objectives identified in the course curriculum for the topic being presented;~~ ¶

~~(B) Each student is aware of how to access the EMS provider licensure webpage, create a profile and apply for licensure; and~~ ¶

~~(C) Written~~ Course requirements described in these rules are incorporated in the EMS provider course; ¶

~~(B) Additional instructors utilized in the course meet the qualifications described in OAR 333-264-0050; and~~ ¶

~~(C) There is written or electronic documentation showing whether a student has successfully completed an EMS provider course as described in OAR 333-265-00144-0140 and is retained in accordance with the educational institution's policies and procedures.~~

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017

ADOPT: 333-264-0140

RULE SUMMARY: Adopt 333-264-0140

Adds requirements for successful completion of EMR, EMT, AEMT, EMT-Intermediate and Paramedic courses including completing and passing requirements described in the course syllabus, demonstrating technical skills proficiency based on the applicable scope of practice, completing and passing final student competency evaluations, and completion of required clinical experiences, field experiences, and field internship if required.

CHANGES TO RULE:

333-264-0140

Requirements for Successful Completion of EMR, EMT, AEMT, EMT-Intermediate, and Paramedic Courses

(1) Successful EMR course completion includes: ¶

(a) Completing and passing all requirements described in the course syllabus;¶

(b) Demonstrating technical proficiency of skills in the Oregon EMR scope of practice described in OAR 847-035-0030 and in accordance with course policies; and¶

(c) Completing and passing the final student competency evaluations within the course and in a manner prescribed by the Oregon Health Authority (Authority) and course policies.¶

(2) Successful EMT course completion includes: ¶

(a) Demonstrating technical proficiency of skills in the 2019 National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon EMT scope of practice described in OAR 847-035-0030 in accordance with course policies;¶

(b) Demonstrating achievement of all state-required performance outcomes in a competency-based assessment (CBA) program prescribed by the Authority; and¶

(c) Completing all clinical and field requirements in the course.¶

(3) Successful AEMT course completion includes:¶

(a) Completing and passing all requirements described in the AEMT course syllabus;¶

(b) Demonstrating technical proficiency of skills in the 2019 National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon AEMT scope of practice described in OAR 847-035-0030 in accordance with AEMT course policies;¶

(c) Demonstrating achievement of all state-required performance outcomes in a CBA program prescribed by the Authority; and¶

(d) Completing all clinical and field requirements in the AEMT course.¶

(4) Successful EMT-Intermediate course completion includes: ¶

(a) Completing and passing all requirements described in the EMT-Intermediate course syllabus;¶

(b) Demonstrating technical proficiency of skills in the Oregon EMT-Intermediate scope of practice described in OAR 847-035-0030 and in accordance with course policies; and ¶

(c) Demonstrating achievement of all state-required performance outcomes in a CBA program prescribed by the Authority.¶

(5) Successful Paramedic course completion includes:¶

(a) Completing and passing all requirements described in the Paramedic course syllabus;¶

(b) Demonstrating technical proficiency of skills described in the 2019 National EMS Scope of Practice Model (DOT HS 813 151) and in the Oregon Paramedic scope of practice described in OAR 847-035-0030 in accordance with course policies; and¶

(c) Completing all clinical and field requirements, and the field internship described in the Paramedic course.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017

AMEND: 333-265-0000

RULE SUMMARY: Amend 333-265-0000

Removes definitions that are specific to education requirements and were added to OAR 333-264-0010. Removes definitions for the terms 'candidate,' 'didactic instruction,' 'EMS licensing officer,' 'regional EMS instructor,' 'skills examiner,' 'skills instruction,' and 'successful completion.'

CHANGES TO RULE:

333-265-0000

Definitions ¶¶

- (1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Oregon Health Authority (Authority) as an Advanced Emergency Medical Technician.¶¶
- (2) "Ambulance service" means any person, governmental unit, or other entity that operates ambulances and holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.¶¶
- (3) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority, Public Health Division.¶¶
- ~~(4) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.¶¶~~
- ~~(5) "Candidate" means an applicant that has completed training in an emergency medical services provider course and has not yet been licensed by the Authority.¶¶~~
- ~~(6) "Clinical experience (Clinical)" means those hours of the curriculum that synthesize cognitive and psychomotor skills and are performed under a preceptor.¶¶~~
- (7) "Continuing education" means education required as a condition of licensure under ORS chapter 682 to maintain the skills necessary for the provision of competent prehospital care. Continuing education does not include attending EMS related business meetings, EMS exhibits or trade shows.¶¶
- (85) "Criminal records check" means obtaining and reviewing criminal records and includes any or all of the following:¶¶
- (a) A check of criminal offender information and driving records conducted through use of the Law Enforcement Data System (LEDS) maintained by the Oregon State Police (OSP), in accordance with the rules adopted and procedures established by OSP;¶¶
- (b) A check of Oregon or other state criminal offender information, including through fingerprint identification or other means, conducted by OSP at the Authority's request; or¶¶
- (c) A nationwide check of federal criminal offender information, including through fingerprint identification, conducted by OSP through the Federal Bureau of Investigation (FBI).¶¶
- ~~(96) "Didactic Educational instruction" means the delivery of primarily cognitive material through lecture, video, discussion, and simulation by program faculty or through web or Internet-based communication.¶¶~~
- (10) "Direct visual supervision" means that a person qualified to supervise is at the patient's side to monitor the emergency medical services provider in training.¶¶
- ~~(11) "Educational institution" means a degree-granting community college, college or university or a licensed vocational school.~~  
a degree-granting community college, college or university or a licensed vocational school accredited by the Northwest Commission on Colleges and Universities or other institutional accrediting body, that is authorized or licensed by the Oregon Higher Education Coordinating Commission to administer degree and certification programs.¶¶
- (127) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, or naturopathic physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.¶¶
- ~~(138) "EMS" means Emergency Medical Services.¶¶~~
- ~~(149) "EMS licensing officer" is a person approved by the Authority in accordance with OAR 333-265-0026 to conduct an Emergency Medical Technician (EMT) or EMT-Intermediate psychomotor examination in a manner consistent with the standards of the National Registry or the Authority.¶¶~~
- (15) "EMS Medical ~~D~~medical director" has the same meaning as "~~S~~Supervising ~~P~~Physician" in ORS 682.025.¶¶
- (160) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder.¶¶

(171) "Emergency Medical Services (EMS) agency" means any person, governmental agency or unit, or other entity that utilizes emergency medical services providers to provide prehospital emergency or non-emergency care. An emergency medical services agency may be either an ambulance service or a nontransporting service.¶

(182) "Emergency Medical Services provider (EMS provider)" means a person who has received formal training in prehospital and emergency care, and is licensed to attend to any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other persons serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.¶

(193) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician.¶

(2014) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate.¶

(215) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.¶

(2216) "In good standing" means a person who is currently licensed and who does not have any restrictions placed on their license, or who is not on probation with a licensing agency or the National Registry for any reason.¶

(2317) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.¶

(2418) "National Registry" means the National Registry of Emergency Medical Technicians.¶

(2519) "Non-emergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, or naturopathic physician licensed under ORS chapter 685, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic Medicine in the course of providing prehospital care as defined by this rule.¶

(260) "Paramedic" means a person who is licensed by the Authority as a Paramedic.¶

(271) "Patient" means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider.¶

(282) "Person" has the meaning give that term in ORS 174.100.¶

(293) "Prehospital care" means care rendered by EMS providers as an incident of the operation of an ambulance and care rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined in this rule.¶

(30) "Preceptor" means a person approved by an educational institution and appointed by the EMS agency, who supervises and evaluates the performance of an EMS provider student during the clinical and field internship phases of an EMS provider course. A preceptor must be a physician, physician assistant, registered nurse, or EMS provider with at least two years field experience in good standing at or above the level for which the student is in training.¶

(3124) "Protocols" has the same meaning as standing orders.¶

(325) "Reciprocity" means the manner in which a person may obtain Oregon EMS provider licensure when that person is licensed in another state and certified with the National Registry.¶

(33) "Regional EMS Instructor" is a person approved by the Authority in accordance with OAR 333-265-0026 and under an established agreement with the Authority:¶

- (a) Conducts an Emergency Medical Technician (EMT) or EMT-Intermediate psychomotor examination in a manner consistent with the standards of the National Registry or the Authority; and¶
- (b) Provides oversight to a rural or frontier non-educational institution's EMT or EMT-Intermediate initial course when a rural or frontier non-educational institution is unable to comply with OAR 333-265-0010(5).¶
- (c) The Regional EMS Instructor may provide continuing education courses to rural or frontier EMS agencies at the request of the Authority.¶

(34) "Scope of practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide as set forth in rules adopted by the Oregon Medical Board.¶

(35) "Skills examiner" means a person who attends an EMS provider psychomotor examination and who objectively observes and records each student's performance consistent with the standards of the National Registry.¶

(36) "Skills instruction" means providing direct practical experience in the operation or function of specific tasks or equipment through active, hands-on participation by the student.¶

(326) "Scope of practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide as set forth in rules adopted by the Oregon Medical Board.¶

~~(27)~~ "Standing orders" means the written protocols that an EMS provider follows to treat patients when direct contact with a physician is not maintained.¶

~~(328)~~ "Successful completion" means having attended 85 percent of the didactic and skills instruction hours (or makeup sessions) and 100 percent of the clinical and field internship hours, and completing all required clinical and internship skills and procedures and meeting or exceeding the academic standards for those skills and procedures.¶

~~(39)~~ "These rules" means OAR 333-265-0000 through OAR 333-265-0170.¶

~~(4029)~~ "Transitional Paramedic license" means a license issued to an individual who is currently certified by the National Registry of Emergency Medical Technicians as a Paramedic and who is working towards obtaining an associate degree or higher to obtain a Paramedic license.¶

~~(4130)~~ "Unprofessional conduct" means conduct unbecoming a person licensed to perform emergency care, or detrimental to the best interests of the public and includes:¶

(a) Any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might impair an emergency medical services provider's ability safely and skillfully to practice emergency or nonemergency care;¶

(b) Willful performance of any medical treatment which is contrary to acceptable medical standards; and¶

(c) Willful and consistent utilization of medical service for treatment which is or may be considered inappropriate or unnecessary.¶

~~(4231)~~ "Volunteer" means a person who is not compensated for their time to staff an ambulance or EMS agency, but who may receive reimbursement for personal expenses incurred.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.991



REPEAL: 333-265-0015

RULE SUMMARY: Repeal 333-265-0015

Repeals the AEMT field internship rule and replaces with the clinical or field experiences, and field internship requirements under OAR 333-264-0090.

CHANGES TO RULE:

### ~~333-265-0015~~

#### ~~Advanced Emergency Medical Technician Field Internships~~

~~(1) A field internship is required as part of an AEMT course and shall include:¶¶~~

~~(a) Clinical experience performed under the supervision of a preceptor in a hospital emergency department, medical clinic, or in the field where a student must adequately demonstrate the ability to:¶¶~~

~~(A) Safely administer medications at least 5 times to a live patient;¶¶~~

~~(B) Safely gain vascular access at least 10 times on live patients of various age groups;¶¶~~

~~(C) Effectively ventilate at least 5 live patients of various age groups;¶¶~~

~~(D) Perform an adequate assessment and formulate and implement a treatment plan for the following:¶¶~~

~~(i) Patients with chest pain;¶¶~~

~~(ii) Patients with respiratory distress;¶¶~~

~~(iii) Patients with altered mental status; and¶¶~~

~~(iv) Pediatric, adult and geriatric patients; and¶¶~~

~~(b) Prehospital experience of at least eight hours participating in the provision of care during EMS or AMBULANCE CALLS under the supervision of an AEMT or above where the skills within the scope of practice of an AEMT are performed.¶¶~~

~~(2) Notwithstanding section (1)(a) of this rule, if a student with documented proof of clinical and field experience is unable to meet the live patient contacts prescribed, the student may complete the remainder of the requirements in a simulation lab performed under the supervision of a preceptor.¶¶~~

~~(3) A field internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level AEMT.¶¶~~

~~(4) A student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship.¶¶~~

~~(5) All EMS and AMBULANCE CALLS shall be under the direct visual supervision of a preceptor. In order for a call to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed AEMT.¶¶~~

~~(6) For purposes of this rule, "AMBULANCE CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, patient care while riding in the patient compartment of an ambulance, and participation in specific assessment and treatment skills required of a licensed AEMT.¶¶~~

~~(7) "EMS CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, patient care and participation in specific assessment and treatment skills required of a licensed AEMT, but does not include the transport of a patient to a hospital.¶¶~~

~~(8) A student participating in a field internship shall not be considered one of the minimum staff required for an ambulance as described in OAR chapter 333, division 250.~~

~~Statutory/Other Authority: ORS 682.017, 682.208~~

~~Statutes/Other Implemented: ORS 682.017, 682.208, 682.216~~

REPEAL: 333-265-0016

RULE SUMMARY: Repeal 333-265-0016

Repeals the Paramedic field internship rule and replaces with the clinical or field experiences, and field internship requirements under OAR 333-264-0090.

CHANGES TO RULE:

~~333-265-0016~~

~~Paramedic Field Internships-~~

- ~~(1) A field internship is required as part of a Paramedic course.¶¶~~
- ~~(2) A field internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level paramedic.¶¶~~
- ~~(3) The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship.¶¶~~
- ~~(4) During a field internship a student must participate in providing care in at least 40 EMS or AMBULANCE CALLS with no less than eight each in cardiac, respiratory, general medical, and trauma emergencies, and with at least 30 of the calls being AMBULANCE CALLS. All EMS and AMBULANCE CALLS shall be under the direct visual supervision of a preceptor. In order for a call to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Paramedic.¶¶~~
- ~~(5) A student participating in an internship shall not be considered one of the minimum staff required for an ambulance as described in OAR chapter 333, division 250.¶¶~~
- ~~(6) AMBULANCE CALL and EMS CALL has the same meaning given those terms in OAR 333-265-0015, except that all references to an AEMT are replaced with Paramedic.~~

~~Statutory/Other Authority: ORS 682.017, 682.208~~

~~Statutes/Other Implemented: ORS 682.017, 682.208, 682.216~~

REPEAL: 333-265-0023

RULE SUMMARY: Repeal 333-265-0023

Repeals EMS provider exam rule and replaces with the competency-based assessment (CBA) program requirements under OAR 333-264-0070.

CHANGES TO RULE:

~~333-265-0023~~

~~EMS Provider Examinations~~

~~(1) EMR Exam:~~

~~(a) In order to be licensed as an EMR, a candidate shall complete and pass both a cognitive and psychomotor examination within 12 months of completing the required course.~~

~~(b) The EMR cognitive and psychomotor examination must be administered by an entity approved by the Authority to conduct EMR courses and shall use a cognitive and psychomotor exam approved by the Authority.~~

~~(2) EMT Exam:~~

~~(a) In order to be licensed as an EMT, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.~~

~~(b) The Authority has adopted the National Registry exam standard: Emergency Medical Technician, Psychomotor Examination User Guide; September 1, 2016, incorporated by reference.~~

~~(c) An EMT examination for licensure will be administered by an EMS licensing officer and hosted by an educational institution or Authority approved non-educational institution that offers EMT courses.~~

~~(3) AEMT Exam:~~

~~(a) In order to be licensed as an AEMT, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.~~

~~(b) The Authority has adopted the National Registry exam standard: Advanced Level Examination Coordinator Manual; January 1, 2017, incorporated by reference.~~

~~(c) An AEMT psychomotor examination is a National Registry examination offered at various times during the year by the Authority. An AEMT candidate may also take the appropriate psychomotor examination in any state.~~

~~(4) EMT-Intermediate Exam: In order to be licensed as an EMT-Intermediate, a candidate shall complete and pass a psychomotor examination in accordance with OAR 333-265-0024.~~

~~(5) Paramedic Exam:~~

~~(a) In order to be licensed as a Paramedic, a candidate shall complete and pass both the cognitive and psychomotor examination designated by the National Registry.~~

~~(b) The Authority has adopted the National Registry exam standard: Advanced Level Examination Coordinator Manual; January 1, 2017, incorporated by reference.~~

~~(c) A Paramedic psychomotor examination is a National Registry examination offered at various times during the year by the Authority. A Paramedic candidate may also take the appropriate psychomotor examination in any state.~~

~~(6) The Authority shall establish the passing scores for EMR and EMT-Intermediate exams. The National Registry shall establish the passing scores for EMT, AEMT and Paramedic exams.~~

~~(7) In order to take the cognitive or psychomotor exam for an AEMT, EMT-Intermediate or Paramedic, the EMS provider must be currently licensed at the level immediately below the level they are wishing to attain, except as provided in section (8) of this rule.~~

~~(8) Notwithstanding section (7), a currently licensed EMT or AEMT may take the Paramedic cognitive or psychomotor exam if the EMT or AEMT is enrolled in a two-year degree program at an educational institution.~~

~~(9) A candidate seeking accommodation under the American with Disabilities Act shall notify:~~

~~(a) The National Registry for the EMT, AEMT or Paramedic exam; or~~

~~(b) The Authority for the EMR or EMT-Intermediate exam.~~

~~(c) The Authority shall consider and act on the request in accordance with its policies and relevant laws.~~

~~[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the National Registry of EMT's website: [www.nremt.org](http://www.nremt.org).]~~

~~Statutory/Other Authority: ORS 682.017, 682.208, 682.216~~

~~Statutes/Other Implemented: ORS 682.017, 682.208, 682.216~~

REPEAL: 333-265-0024

RULE SUMMARY: Repeal 333-265-0024

Repeals the EMT-Intermediate provider exam rule and replaces with the competency-based assessment (CBA) program requirements under OAR 333-264-0070.

CHANGES TO RULE:

~~333-265-0024~~

~~EMT-Intermediate Provider Examination~~

~~(1) The EMT-Intermediate examinations for licensure will be administered by an EMS licensing officer and hosted by an educational institution or Authority approved non-educational institution that offers EMT-Intermediate courses.~~

~~(2) In order to take the EMT-Intermediate provider examination, a candidate shall be currently licensed as an AEMT or be registered with the National Registry as an AEMT.~~

~~(3) An EMT-Intermediate candidate who fails:~~

~~(a) Three or fewer skill stations of the EMT-Intermediate psychomotor examination may retest those skill stations failed on the same day with no additional charge by the Authority.~~

~~(b) One or more skill stations a second time must submit a re-examination fee and be scheduled through the Authority to retest any skill station failed.~~

~~(c) More than three skill stations of the EMT-Intermediate psychomotor examination must schedule a retest for a separate day, and submit a re-examination fee to the Authority.~~

~~(4) If a candidate fails the psychomotor examination three times, the candidate must submit official documentation of remedial education before becoming eligible to re-enter the licensure examination process. Following successful completion of remedial education, a candidate must re-take and pass the psychomotor examination within three additional attempts.~~

~~(5) A candidate must pass the psychomotor examination within 24 months after the completion of the required courses.~~

~~(6) A candidate who fails the psychomotor examination six times or does not complete the examination process within 24 months of the completion date of the initial required courses must successfully complete the entire EMT-Intermediate course and reapply for licensure.~~

~~Statutory/Other Authority: ORS 682.017, 682.208, 682.216~~

~~Statutes/Other Implemented: ORS 682.017, 682.208, 682.216~~

AMEND: 333-265-0025

RULE SUMMARY: Amend 333-265-0025

Clarifies that a person applying for an EMS provider license must hold a current BLS provider care or proof of course completion that meets or exceeds the American Heart Association, CPR and Emergency Cardiovascular Care guidelines. Updates education administrative rule number references. Updates terminology to align with changes made under OAR chapter 333, division 264. Clarifies license application requirements for an EMT-Intermediate.

CHANGES TO RULE:

333-265-0025

Application Process to Obtain an EMS Provider License ¶

- (1) For any person to act as an EMS provider, a license must be obtained from the Oregon Health Authority (Authority).¶
- (2) All applicants for initial licensure:¶
  - (a) Must submit a completed electronic application in a manner prescribed by the Authority along with the applicable fees;¶
  - (b) Hold a current ~~American Heart Association~~ Basic Life Support (BLS) ~~P~~provider ~~or equivalent CPR course completion document~~ card or proof of course completion that meets or exceeds the American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines (this course must include a practical skills evaluation); and¶
  - (c) Consent to a criminal records check by fingerprint identification in accordance with ORS 181A.195, ORS 181A.200 and OAR chapter 125, division 7.¶
- (3) All applicants for license renewal shall comply with subsections (2)(a) and (b) of this rule and consent to a criminal records check in accordance with ORS 181A.195, ORS 181A.200 and OAR chapter 125, division 7 if required by the Authority.¶
- (4) The Authority may use information obtained through criminal history records to determine suitability for licensure in accordance with OAR 125-007-0200 through 125-007-0330.¶
  - (a) If the Authority determines the information contained in the criminal history record may result in denial of the application or impose sanctions on the licensee, the applicant will be afforded reasonable time to complete, challenge, or correct the accuracy of the record before a final disposition or sanction is imposed.¶
  - (b) Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., 16.34. Procedures for obtaining a change, correction, or updating of an Oregon criminal history record are set forth in OAR 257-010-0035.¶
- (5) An applicant for EMR must:¶
  - (a) Be at least 16 years of age;¶
  - (b) Submit proof of successfully completing an Authority-approved course, including completion of all clinical and internship requirements, if applicable;¶
  - ~~(c) Submit proof of passing the required cognitive and psychomotor examinations as specified in OAR 333-264-0140(1), on a form prescribed by the Authority;~~¶
  - ~~(d) Submit the electronic application for licensure within 12 months from the date that the applicant successfully passed the examination course as described in subsection (5)(b) of this rule; and~~¶
  - ~~(e) Provide authorization for the release of information, as necessary, from any persons or entities, including but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organization, governmental or law enforcement agencies.~~¶
- (6) To become licensed as an EMT, ~~AEMT, or AEMT-Intermediate,~~ an applicant must:¶
  - (a) Be at least 18 years of age;¶
  - (b) Submit proof of ~~passing the required cognitive and psychomotor examinations;~~¶
  - ~~(c) Submit proof that the applicant:~~¶
    - ~~(A) Received a high school diploma;~~¶
    - ~~(B) Passed a general education development test (GED); or~~¶
    - ~~(C) Has a degree from an accredited institution of higher learning; and~~¶
  - ~~(d) current certification with the National Registry at the level they are applying;~~ ¶
  - (c) Submit proof that the applicant:¶
    - (A) Received a high school diploma;¶
    - (B) Passed a general education development test (GED); or¶
    - (C) Has a degree from an accredited institution of higher learning; and¶
  - (d) Provide an authorization for the release of information, as necessary, from any persons or entities, including

but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to complete the review of the application.¶

(7) To become licensed as an EMT-Intermediate, an applicant must:¶

(a) Be at least 18 years of age;¶

(b) Submit proof of current certification with the National Registry as an AEMT; ¶

(c) Submit proof that the applicant:¶

(A) Received a high school diploma;¶

(B) Passed a general education development test (GED); or¶

(C) Has a degree from an accredited institution of higher learning;¶

(d) Submit proof of successfully completing an Authority-approved course as specified in OAR 333-264-0140(4) on a form prescribed by the Authority;¶

(e) Submit the electronic application for licensure within 12 months from the date that the applicant successfully passed the course as described in subsection (7)(d) of this rule; and¶

(f) Provide an authorization for the release of information, as necessary, from any persons or entities, including but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to complete the review of the application.¶

(78)(a) To become licensed as a Paramedic, an applicant must:¶

(A) Be at least 18 years of age;¶

(B) Submit proof of current certification with the National Registry as a Paramedic;¶

(C) Submit proof that the applicant has received an associate degree or higher from an accredited institution of higher learning; and¶

(D) Provide an authorization for the release of information, as necessary, from any persons or entities, including but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to complete the review of the application.¶

(b) An applicant for a Paramedic license who meets the requirements in paragraphs (78)(a)(A), (B) and (D) but who does not meet the requirement specified in paragraph (78)(a)(C) may submit an application for a Transitional Paramedic license. The applicant for a Transitional Paramedic license must provide proof of a high school diploma or GED.¶

(89) Any fee for a criminal records check must be paid by the applicant.¶

(910) An initial license must not exceed 30 months.¶

(101) The Authority may reject any application that is incomplete or is not accompanied by the appropriate fees.

Statutory/Other Authority: ORS 682.017, ORS 682.208, ORS 682.216

Statutes/Other Implemented: ORS 682.017, ORS 682.204, ORS 682.208, ORS 682.212, ORS 682.216, ORS 682.218

REPEAL: 333-265-0026

RULE SUMMARY: Repeal 333-265-0026

Repeals requirements relating to EMS licensing officers given the adoption of the competency-based assessment (CBA) program under OAR 333-264-0070.

CHANGES TO RULE:

~~333-265-0026~~

~~EMS Licensing Officer Application and Approval~~

- ~~(1) Effective March 31, 2019, an EMS licensing officer must be approved by the Authority.¶¶~~
- ~~(2) Any person wishing to act as an EMS licensing officer shall complete an electronic application in a manner prescribed by the Authority.¶¶~~
- ~~(3) A course director may not serve as a licensing officer for an educational institution or non-educational institution in which the course director was the primary instructor for an EMS provider course.¶¶~~
- ~~(4) The following minimum training, experience, and credentials are necessary for consideration: ¶¶~~
  - ~~(a) Hold a current Oregon EMT license or higher with a minimum of five years of prehospital care experience, and be in good standing with the Authority;¶¶~~
  - ~~(b) Attend an initial EMS Licensing Officer course offered by the Authority;¶¶~~
  - ~~(c) Complete and successfully pass an electronic EMS Licensing Officer examination; and¶¶~~
  - ~~(d) Successful completion of at least one of the courses specified in OAR 333-265-0018(2)(d).¶¶~~
- ~~(5) Notwithstanding section (3) of this rule, an EMS licensing officer attending an EMT-Intermediate psychomotor examination must be licensed in Oregon at least at an EMT-Intermediate level with at least two years field experience at that level or above and is in good standing with the Authority. ¶¶~~
- ~~(6) An applicant for an EMS licensing officer must provide a letter of sponsorship from the educational institution or non-educational institution that will host the EMT or EMT-Intermediate psychomotor examination.¶¶~~
- ~~(7) Approval as an EMS licensing officer shall expire three years from the date approval was issued. In order to renew approval, the EMS licensing officer shall:¶¶~~
  - ~~(a) Complete and sign a renewal application form prescribed by the Authority certifying that the information in the renewal application is correct and truthful;¶¶~~
  - ~~(b) Complete and successfully pass an electronic EMS Licensing Officer examination;¶¶~~
  - ~~(c) Submit two peer review forms as prescribed by the Authority:¶¶~~
    - ~~(A) One peer review must be conducted by the renewing applicant on another Authority approved EMS licensing officer.¶¶~~
    - ~~(B) The second peer review must be conducted by an Authority approved EMS licensing officer on the renewing applicant.¶¶~~
    - ~~(C) Additional peer reviews forms may be required by the Authority. ¶¶~~
- ~~(8) When an EMS licensing officer fails to meet the requirements set forth in this rule, the EMS licensing officer is no longer eligible to conduct an EMT or EMT-Intermediate psychomotor examination and any exam results from such will be nullified.~~

~~Statutory/Other Authority: ORS 682.017, 682.208, 682.216~~

~~Statutes/Other Implemented: ORS 682.017, 682.208, 682.216~~

AMEND: 333-265-0027

RULE SUMMARY: Amend 333-265-0027

Updates administrative rule number references.

CHANGES TO RULE:

333-265-0027

Transitional Paramedic License

- (1) The Oregon Health Authority (Authority) may issue a Transitional Paramedic license to an individual who:
- (a) Submits an application in accordance with OAR 333-265-0025 and pays the applicable fee under OAR 333-265-0030;
  - (b) Satisfies the requirements of OAR 333-265-0025(78)(a)(A), (B), and (D) and has a GED or high school diploma;
  - (c) Is currently certified by the ~~NREMT~~ National Registry of Emergency Medical Technicians (NREMT) as a Paramedic; and
  - (d) Submits on a form prescribed by the Authority, information that demonstrates:
    - (A) The applicant is sponsored by a licensed ambulance service in Oregon that will immediately employ or has conditionally offered employment, whether in a paid or volunteer capacity;
    - (B) The sponsoring licensed ambulance service's EMS medical director will serve as the applicant's EMS medical director while the applicant is licensed as a Transitional Paramedic;
    - (C) The applicant agrees to obtain an associate degree or higher from an accredited institution of higher learning within the time period specified in this rule; and
    - (D) Any other information required by the Authority.
- (2) The Authority will review an application for a Transitional Paramedic license in accordance with OAR 333-265-0040.
- (3) A Transitional Paramedic licensee must obtain an associate degree or higher from an accredited institution of higher learning and submit proof of the degree to the Authority within 48 months from the date of initial Transitional Paramedic licensure.
- (4) An initial Transitional Paramedic license is valid for no more than 24 consecutive months from the date the license was issued.
- (a) A Transitional Paramedic license may be renewed one time upon completion and Authority approval of a renewal application in accordance with OAR 333-265-0045.
  - (b) The renewal application must be submitted no later than 30 days prior to the expiration of the license.
  - (c) A Transitional Paramedic must comply with the continuing education requirements for Paramedics under OAR 333-265-0110.
  - (d) A Transitional Paramedic license is not eligible for reinstatement.
- (5) A Transitional Paramedic shall provide accurate annual progress reports, on a form prescribed by the Authority, to the Authority and the sponsoring licensed ambulance service, that identify the number of credits obtained during the year by the Transitional Paramedic from an accredited institution of higher learning and the number of credits remaining to obtain an associate degree or higher.
- (6) A Transitional Paramedic may only provide emergency and non-emergency care as allowed under the scope of practice specified under OAR 847-035-0030 while sponsored by a licensed ambulance service. A Transitional Paramedic that is separated from employment or otherwise no longer sponsored by the licensed ambulance service may not provide services until the Transitional Paramedic meets the requirements in section (1) of this rule.
- (7) The Authority may discipline, including suspend or revoke, a Transitional Paramedic license in accordance with OAR 333-265-0087 including for failure to comply with the provisions in this rule.
- (8) A Transitional Paramedic who wishes to revert to a lower-level license must:
- (a) Submit a new application for the license level sought in accordance with OAR 333-265-0025; and
  - (b) Be currently certified by the NREMT.
  - (c) A person registered with NREMT may request licensure at a lower level than their National Registry certification if the person has previously been certified by the National Registry at the level of licensure for which the person is applying.
  - (d) A Transitional Paramedic who reverts to a lower-level license is not eligible for a new Transitional Paramedic license.
- (9) Notwithstanding sections (3) and (4) of this rule, the Authority may extend the time limit for a Transitional Paramedic to meet the requirements in OAR 333-265-0025(78)(a)(C) based on hardship status.
- (a) A Transitional Paramedic seeking a hardship status must submit a written request to the Authority, on a form prescribed by the Authority, no later than 30 days prior to the expiration of the renewed Transitional Paramedic



license that includes the following information:¶

(A) A detailed description of the hardship;¶

(B) A current transcript of courses taken from an educational institution; and¶

(C) The number of credits remaining to obtain an associate degree.¶

(b) The Authority's EMS Director or designee has the discretion to grant or deny a hardship status.¶

(c) A hardship status is valid for no more than 12 months.¶

(10) A Transitional Paramedic license may not exceed a total of 60 months from the date the initial Transitional Paramedic license was issued. There are no grace periods, extensions, waivers or exceptions for extending a Transitional Paramedic license beyond 60 months.¶

(11) As used in this rule, "hardship status" means a status or condition that prevents a licensee from being able to work or take an online or in person education course.

Statutory/Other Authority: ORS 682.017, ORS 682.208, ORS 682.216

Statutes/Other Implemented: ORS 682.017, ORS 682.204, ORS 682.208, ORS 682.212, ORS 682.216, ORS 682.218

AMEND: 333-265-0030

RULE SUMMARY: Amend 333-265-0030

Removes psychomotor reexam fees given the adoption of the competency-based assessment (CBA) program under OAR 333-264-0070.

CHANGES TO RULE:

333-265-0030

Fees for Licensure and License Renewal of an EMS Provider ¶

(1) The following fees apply:¶

(a) The initial application fee for EMS providers:¶

(A) EMR - \$45¶

(B) EMT - \$110;¶

(C) AEMT - \$125;¶

(D) EMT-Intermediate - \$125; and¶

(E) Paramedic - \$290.¶

~~(b) Psychomotor re-examination fees:¶~~

~~(A) AEMT - \$85; and¶~~

~~(B) Paramedic - \$100.¶~~

~~(c) Reciprocity licensure fees:¶~~

~~(A) EMR - \$50;¶~~

~~(B) EMT - \$140;¶~~

~~(C) AEMT - \$165¶~~

~~(D) EMT-Intermediate - \$165; and¶~~

~~(E) Paramedic - \$300.¶~~

~~(d) Transitional Paramedic licensure fee is an additional \$50.¶~~

~~(e) License renewal fees:¶~~

~~(A) EMR - \$23;¶~~

~~(B) EMT - \$55;¶~~

~~(C) AEMT - \$85¶~~

~~(D) EMT-Intermediate - \$85; and¶~~

~~(E) Paramedic - \$150.¶~~

~~(f) Reinstatement fees:¶~~

~~(A) An EMS provider whose license has been expired for 12 months or less shall pay 100 percent of the renewal fee based on the provider's license level specified in subsection (1)(e) plus the late fee specified in section (3).¶~~

~~(B) An EMS provider whose license has been expired greater than 12 months to 15 months shall pay 50 percent of the initial fee based on the provider's license level specified in subsection (1)(a).¶~~

~~(C) An EMS provider whose license has been expired greater than 15 months to 18 months shall pay 25 percent of the initial fee based on the provider's license level specified in subsection (1)(a).¶~~

~~(D) An EMS provider whose license has been expired greater than 18 months to 24 months shall pay 100 percent of the initial fee based on the provider's license level specified in subsection (1)(a).¶~~

(2) An applicant for initial licensure or licensure by reciprocity shall pay the following prorated fee based on the license level and fee specified in subsection (1)(a) or (1)(e) of this rule and the time the application is submitted:¶

(a) Greater than 12 months to 24 months until the date of scheduled expiration: 100 percent of the initial or reciprocity fee.¶

(b) Greater than 9 months to 12 months until the date of scheduled expiration: 50 percent of the initial or reciprocity fee.¶

(c) Greater than 6 months to 9 months until the date of scheduled expiration: 25 percent of the initial or reciprocity fee.¶

(3) As authorized by ORS 682.216, a license renewal application submitted after June 1 of the license renewal year must include a \$40 late fee in addition to the license renewal fee.¶

(4) If an EMS provider has been on active military duty for more than six months of a license renewal period which prevented the EMS provider from accessing continuing education, the Oregon Health Authority (Authority) may approve an extension of the current license to permit obtaining the required educational hours.¶

(5) The Authority may waive the EMS provider license renewal fee for an ambulance service or non-transport EMS agency which utilizes volunteers to provide a majority of its services. The ambulance service or non-transport EMS agency may only request one waiver per renewal period on a form prescribed by the Authority.¶

(6) All fees established in this rule are nonrefundable. ~~The Authority may waive a subsequent examination fee for a person who fails to appear for an examination due to circumstances that are beyond the control of the candidate.~~

(7) The fees established in section (1) of this rule apply to any application submitted on or after the effective date of these rules.

Statutory/Other Authority: ORS 682.017, ORS 682.212, ORS 682.216

Statutes/Other Implemented: ORS 682.017, ORS 682.212, ORS 682.216

AMEND: 333-265-0110

RULE SUMMARY: Amend 333-265-0110

Removes references to psychomotor skills examiner given the adoption of the competency-based assessment (CBA) program under OAR 333-264-0070. Appendices 1 and 2 are included for reference but are not being changed.

CHANGES TO RULE:

333-265-0110

Continuing Education Requirements for License Renewal ¶¶

(1) All licensed EMS providers must maintain current Cardiopulmonary Resuscitation (CPR) certification as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements, complete continuing education requirements as specified in sections (4) through (8) of this rule and maintain and submit records in accordance with OAR 333-265-0140. Continuing education credits shall be completed between the date of the license holder's last successful application to the date of the license holder's current license renewal application.¶¶

(2) The following standards shall apply to the continuing education requirements identified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements:¶¶

(a) Hour for hour credit shall be granted for:¶¶

(A) Attending training seminars, educational conferences, and continuing education classes within the license holder's scope of practice;¶¶

(B) Attending a live, webinar, or interactive online course for the same or higher level of licensure. For purposes of this rule, a webinar or interactive online course must have the ability to give, receive, and discuss information in real time;¶¶

(C) Online continuing education that provides a certificate of completion and is approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE);¶¶

(D) Attending an accredited college course relating to medical and EMS-related topics. For purposes of this rule, hour for hour credit shall only be granted if a course syllabus is provided to the Authority Oregon Health Authority (Authority) that specifies the number of hours on a specific topic; or¶¶

(E) Teaching any of the topics listed in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements, if the license holder is qualified to teach the subject.¶¶

(b) No more than 50 percent of the total hours needed for each topic area may be obtained by:¶¶

~~(A) Self-study of medical journals, video or other media that is not CAPCE approved and is not facilitated by a live instructor. For purposes of this rule, each session of self-study must be approved by the agency training officer, EMS medical director or the Authority; or¶¶~~

~~(B) Being a psychomotor skills examiner, if the license holder is qualified as such.¶¶~~

(3) An EMS medical director may require additional continuing education requirements and skill competency.¶¶

(4) An EMR is required to:¶¶

(a) Complete 12 hours of continuing education as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements; or¶¶

(b) Complete all requirements of the National Registry for EMR recertification.¶¶

(5) An EMT is required to:¶¶

(a) Complete 24 hours of continuing education as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements; or¶¶

(b) Complete all requirements of the National Registry for Emergency Medical Technician recertification.¶¶

(6) An AEMT is required to:¶¶

(a) Complete 36 hours of continuing education as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements; or¶¶

(b) Complete all requirements of the National Registry for AEMT recertification.¶¶

(7) An EMT-Intermediate is required to obtain at least 36 hours of continuing education as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements.¶¶

(8) A Paramedic, including a Paramedic with a Transitional Paramedic license or provisional license, is required to:¶¶

(a) Complete all requirements of the National Registry for Paramedic recertification; or¶¶

(b) Obtain at least 48 hours of continuing education as specified in Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements.¶¶

(9) When an EMR or EMT-Intermediate license holder obtains an initial license and there is less than 24 months before the license expires, the EMR or EMT-Intermediate license holder shall complete the continuing education

credits specified in Appendix 2: Oregon Licensed EMR & EMT-Intermediate Providers Minimum Continuing Education Requirements when Initial Licensure is Less than 24 Months.¶

(10) In addition to the hours of continuing education required in this rule, any affiliated licensed EMS provider must, as specified in section 2 of Appendix 1: Oregon Licensed EMS Providers Minimum Continuing Education Requirements, demonstrate clinical skills competency through a hands-on evaluation supervised by the EMS medical director or their designee. An EMS medical director may require successful performance in a minimum number of clinical skills in these areas on either a human subject or a training mannequin (for example venipuncture or endotracheal intubation).¶

(11) It shall be the responsibility of each license holder to ensure the hours obtained meet the Authority's license renewal requirements.

Statutory/Other Authority: ORS 682.208, ORS 682.216, ORS 682.017, ORS 676.850

Statutes/Other Implemented: ORS 682.017, ORS 682.208, ORS 682.216, ORS 676.850

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

# EMERGENCY MEDICAL SERVICES PROGRAM

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465 PORTLAND, OR 97232-2162



## APPENDIX 1

### OAR 333-265-0105, 333-265-0110 and 333-265-0160 Oregon Licensed Emergency Medical Services Providers Minimum Continuing Education Requirements

Section 1 – Continuing Education Topics	Two-Year Licensing Cycle				Notes/Comments
	EMR	EMT	AEMT/ EMT-I	Paramedic	
Trauma Emergencies	2	3	5	6	
Medical Emergencies	2	3	6	8	
Pediatric and Obstetric Emergencies	2	3	6	8	
Airway, Breathing and Cardiology	2	4	6	9	
Culture, Race, Gender and Ethnicity	1	2	2	2	Training opportunities to focus on cultural factors that may influence provider and patient's behaviors resulting in disparities in healthcare.
Miscellaneous EMS Topics (Related Topics)	3	9	11	15	Subjects represented by the National EMS Education Standards.
<b>Total Hours for the Licensing Cycle</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	
CPR certification required for all levels					Current AHA Basic Life Support (BLS) Provider or equivalent CPR course. This course must include a practical skills evaluation.
<b>Section 2 – Clinical Skills Competency for Affiliated EMSPs</b>	<b>At least once during licensing cycle</b>				<b>Notes/Comments</b>
Airway Management & Adjuncts	Yes	Yes	Yes	Yes	Proficiency within scope of practice
Cardiac Arrest Management	Yes	Yes	Yes	Yes	Proficiency within scope of practice
Splinting & Immobilization	Yes	Yes	Yes	Yes	
Vascular Access	No	No	Yes	Yes	
Chest Decompression & Cricothyroidotomy	No	No	No	Yes	

# EMERGENCY MEDICAL SERVICES PROGRAM

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465 PORTLAND, OR 97232-2162



## APPENDIX 2

OAR 333-265-0110

Oregon Licensed EMR & EMT-Intermediate Providers

Minimum Continuing Education Requirements when Initial Licensure is Less than 24 Months

Provider Level	EMR			EMT-I			Notes/Comments
	6-12 months	12-18 months	18-24 months	6-12 months	12-18 months	18-24 months	
<b>Months Until Scheduled Expiration Date</b>							Hours reflected are based on a percentage from the continuing education required in Appendix 1. 6-12 months = 50% 12-18 months = 75% 18-24 months = 100%
Trauma Emergencies	1	1.5	2	2.5	3.75	5	
Medical Emergencies	1	1.5	2	3	4.5	6	
Pediatric and Obstetric Emergencies	1	1.5	2	3	4.5	6	
Airway, Breathing and Cardiology	1	1.5	2	3	4.5	6	
Culture, Race, Gender and Ethnicity	0.5	0.75	1	1	1.5	2	Training opportunities to focus on cultural factors that may influence provider and patient's behaviors resulting in disparities in healthcare.
Miscellaneous EMS Topics (Related Topics)	1.5	2.25	3	5.5	8.25	11	Subjects represented by the National EMS Education Standards.
<b>Total Hours for the Remainder of Licensing Cycle</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>18</b>	<b>27</b>	<b>36</b>	
<b>CPR certification required for all levels</b>							Current AHA Basic Life Support (BLS) Provider or equivalent CPR course. This course must include a practical skills evaluation.
<b>Clinical Skills Competencies for Affiliated EMSPs (see Appendix 1, Section 2)</b>							At least once during licensing cycle

AMEND: 333-265-0140

RULE SUMMARY: Amend 333-265-0140

Updates terminology related to continuing education.

CHANGES TO RULE:

333-265-0140

Maintaining Continuing Education Records ¶

(1) A license holder is responsible for retaining verifiable and accurate records that show ~~successful~~ completion of all required continuing education for the two previous licensure periods. ¶

(2) A license holder must submit continuing education records to the Oregon Health Authority upon request. ¶

(3) Acceptable records that show proof of ~~successful completion of continuing education~~ shall include any of the following documents: ¶

(a) A course roster; ¶

(b) A certificate of course completion for one or more topics; ¶

(c) A computer generated printout history of the license holder's continuing education record. The agency responsible for the printout must verify the accuracy of the record by memo or signature; or ¶

(d) Self-study documentation. ¶

(4) The documents specified in subsections (3)(a) through (c) of this rule must include the following information: ¶

(a) The full name of the license holder attending the course or for which the computer generated history applies; ¶

(b) The name of the institution hosting or conducting the course; ¶

(c) The physical location where the course was held; ¶

(d) The course topic; ¶

(e) The date(s) of the course(s); ¶

(f) The length of each course; and ¶

(g) The full name of each instructor teaching the course. ¶

(5) Self-study documentation must include the following: ¶

(a) Source (journal name and location, web link or video title); ¶

(b) Topic; and ¶

(c) Date completed.

Statutory/Other Authority: ORS 682.017, ORS 682.208

Statutes/Other Implemented: ORS 682.017, ORS 682.208, ORS 682.216