

Reactivation of an Inactive Iowa EMS Certification Information

EMS clinicians whose Iowa EMS certification has been inactive for a time period not to exceed 48 months may apply for reactivation of their previous EMR, EMT, AEMT, or Paramedic certification. EMS clinicians whose Iowa EMS certification has been inactive for a time period greater than 48 months may not apply for reactivation of their previous Iowa EMS certification.

Iowa EMS Certification Inactive Up to 24 Months

In accordance with IAC 641-131.6(4)a an EMS Provider whose Iowa EMS certification has been inactive for a time period not to exceed 24 months may apply for reactivation. Individuals wishing to apply for reactivation of their previous Iowa EMS certification will need to meet the following requirements:

- Submit a completed Reactivation of an Inactive Iowa EMS Certification application and a \$30 application fee to the Department
- Once the application and application fee has been received the Department will review the request. If approved the applicant will be notified and will need to complete:
 - A minimum of 36 core continuing education hours prorated per lapsed year by core topic area – continuing education completed prior to application approved is not applicable.
 - Upon completion of the required continuing education hours submit supportive documentation to the Department for review.
 - If documentation is approved by the Department a new Iowa EMS certification may be issued.
- All requirements for reactivation listed above must be completed within 12 months from the date of the application approval.
- Continuing education completed prior to the issuance of a new Iowa EMS certification may not be used in the subsequent renewal period.

Iowa EMS Certification Inactive From 25 Months to 48 Months

In accordance with IAC 641-131.6(4)b an EMS Provider whose Iowa EMS certification has been inactive for a time period between 25 – 48 months may apply for reactivation. Individuals wishing to apply for reactivation of their previous Iowa EMS certification will need to meet the following requirements:

- Submit a completed Reactivation of an Inactive Iowa EMS Certification application and a \$30 application fee to the Department
- Once the application and application fee has been received the Department will review the request. If the reactivation application is approved by the Department the applicant will be notified and will need to complete:
 - An approved EMS refresher course based on the level of Iowa EMS certification being reactivated.
 - An approved psychomotor examination based on the level of Iowa EMS certification being reactivated.

- An approved cognitive examination based on the level of Iowa EMS certification being reactivated.
- Following completion of the above requirements the applicant must submit to the Department:
 - Documentation of completion of the refresher program, psychomotor examination, and cognitive examination.
 - Two fingerprint cards and \$50 fee for completion of a criminal history background check.
- The Department will review all submitted documentation and information. If approved by the Department a new Iowa EMS certification may be issued.
- All requirements for reactivation listed above must be completed within 12 months from the date of the application approval.

Additional questions regarding reactivation of an inactive Iowa EMS certification or other EMS certification questions can be addressed to:

Iowa Department of Health and Human Services
Bureau of Emergency Medical and Trauma Services
321 East 12th Street
Des Moines, Iowa 50319
515-631-0100

Reactivation of an Inactive Iowa EMS Certification Application

Instructions:

Please complete this application in its entirety to request reactivation of an inactive Iowa EMS certification in accordance with IAC 641-131.6(4).

Submit the completed application along with a \$30 application fee to:

Iowa Department of Health and Human Services
Bureau of Emergency Medical and Trauma Services

321 East 12th Street
Des Moines, Iowa 50319

OR email completed application to IowaHHSbemts@hhs.iowa.gov. The Bureau will contact you via email when the \$30 can be paid online via the AMANDA Portal.

Failure to provide a completed application and application fee may delay your request. Once the application and application fee has been received by the Bureau it will be processed and if approved additional information for completion of the reactivation process will be provided.

Applicant Information

Last Name:

First Name:

MI:

Home Mailing Address:

City:

State:

Zip Code:

Area Code and Phone Number:

Email Address:

Inactive Iowa EMS Certification

Please respond to each question listed below by marking either "Yes" or "No":

1. Do you have a medical condition which in any way impairs or limits your ability perform the duties of this profession? Medical condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

YES NO

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances?

YES NO

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

3. Have you ever been convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgement. You must submit the complaint and judgment of conviction for each offense.

YES NO

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

4. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you?

YES NO

If yes, include the date, location, reason, and resolution.

5. Have there ever been judgements or settlements paid on your behalf as a result of a professional liability case?

YES NO

If yes, include the date, location, reason, resolution.

6. Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

YES NO

If yes, provide a description of the circumstances.

NOTE: Has documentation previously been provided to the Bureau for any "YES" answer(s) above?

Yes

No

I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this application.

Applicant's Signature

Date