Title 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

Chapter 11 LICENSURE OF OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS

11-001 SCOPE AND AUTHORITY: These regulations apply to the licensure of out-of-hospital emergency care providers as defined in Neb. Rev. Stat. §§ 38-1201 to 38-1237 and the Uniform Credentialing Act (UCA).

11-002 DEFINITIONS:

Act means Neb. Rev. Stat. §§ 38-1201 to 38-1237 known as the Emergency Medical Services Practice Act.

Active addiction means current physical or psychological dependence on alcohol or a substance, which develops following the use of alcohol or a substance on a periodic or continuing basis.

Additional Skills Course means coursework that relates to the instruction of additional skills for emergency medical responders and emergency medical technicians that are listed in 172 NAC 11-009.01B and 11-009.02B, respectively.

Advanced Emergency Medical Technician means an individual who has a current license to practice as an advanced emergency medical technician.

Alcohol or substance abuse means a maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring at any time during the same 12-month period:

1. Recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home;
2. Recurrent alcohol or substance use in situations in which it is physically hazardous;
3. Recurrent legal problems related to alcohol or substance use; or
4. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol or substance use.

Anghoff Method means a method of determining passing scores based on aggregate information obtained by having judges predict the probability that a hypothetical minimally competent candidate will correctly answer items in a test. Source: Anghoff, W.H. 1971 Scales, Norms, & Equivalent Scores in R.L. Thorndike (E.d.) *Educational Measurement*, Washington, D.C.: American Council on Education.

Assessment means the act of determining the type and degree of injury, illness or other medical disability.

Assessment Examination means examinations, developed by the National Registry of Emergency Medical Technicians, to determine the competency of out-of-hospital emergency care personnel.

Attest/Attestation means that the individual declares that all statements on the application are true and complete.

Board means the Board of Emergency Medical Services.

Care and Treatment Standards means the most current standards established by a nationally recognized organization that, through research, accepted practice, and/or patient experience, issues guidelines for the care and treatment of patients in the emergency and/or out of hospital environment.

Complete Application means an application that contains all of the information requested on the application, with attestation to its truth and completeness, and that is submitted with all required documentation.

Confidential Information means information protected as privileged under applicable law.

Consumer means a person receiving health or health-related services or environmental services and includes a patient, client, resident, customer, or person with a similar designation.

Continuing Education means the attendance and participation in training, including distributive learning programs, which covers learning objectives of the subject matter of EMS Courses with an emergency medical service focus.

Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere or non vult contendere made to a formal criminal charge, or a judicial finding of guilt irrespective of the pronouncement of judgment or the suspension thereof, and includes instances in which the imposition or the execution of sentence is suspended following a judicial finding of guilt and the defendant is placed on probation.

Course of Study means a program of instruction necessary to obtain a credential meeting the requirements set out for each profession in the appropriate practice act and rules and regulations and includes a college, a professional school, a vocational school, hours of training, or a program of instruction with a similar designation.

Credential means a license, certificate, or registration.

Department means the Division of Public Health of the Department of Health and Human Services.

Dependence means a maladaptive pattern of alcohol or substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

1. Tolerance as defined by either of the following:
   a. A need for markedly increased amounts of alcohol or the substance to achieve intoxication or desired effect; or
   b. A markedly diminished effect with continued use of the same amount of alcohol or the substance;
2. Withdrawal as manifested by either of the following:

a. The characteristic withdrawal syndrome for alcohol or the substance as referred to in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association; or
b. Alcohol or the same substance or a closely related substance is taken to relieve or avoid withdrawal symptoms;

3. Alcohol or a closely related substance is often taken in larger amounts or over a longer period than was intended;
4. A persistent desire or unsuccessful efforts to cut down or control alcohol or substance use;
5. A great deal of time is spent in activities necessary to obtain alcohol or the substance, to use alcohol or the substance; or to recover from the effects of use of alcohol or the substance;
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use; or
7. Alcohol or substance use continues despite knowledge of having had a persistent or recurrent physical or psychological problem that was likely to have been caused or exacerbated by alcohol or the substance.

Direct Supervision means the field supervisor is present with the patient visually monitoring, providing verbal direction, and overseeing patient care that is being provided by a temporary licensee or student. The field supervisor must visually monitor the practices and procedures of the temporary licensee or student.

Director means the Director of Public Health of the Division of Public Health or his/her designee.

Distributive Learning means an instructional model that allows instructor, students, and content to be located in different non-centralized locations so that instruction and content occur independent of time and place and may be offered in one or more of the following strategies: print, internet, videotape, CD-ROM/DVD, satellite and television.

Distributive Learning Program means a course, class, and or printed material, offered for credit toward out-of-hospital emergency care provider license renewal, presented in the strategies consistent with the Distributive Learning definition, covers the subject matter of the EMS courses and follows the current care and treatment standards. A Distributive Learning Program is provided by an approved Distributive Learning Organization pursuant to 172 NAC 13-019.

Emergency Medical Service (EMS) means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury and is licensed as either a basic life support service or an advanced life support service.

Emergency Medical Technician means an individual who has a current license to practice as an emergency medical technician.

Emergency Medical Technician-Intermediate means an individual who has a current license to practice as an emergency medical technician-intermediate.

EMS Courses means any one or more of the following as defined in Neb. Rev. Stat. § 38-1218 taught by an approved training agency as defined in 172 NAC 13-002.

1. Emergency Medical Responder Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Responder. This course will not include the Emergency Medical Responder Additional Skills Course material.

2. Emergency Medical Responder Additional Skills Course means a course of instruction for licensed Emergency Medical Responders that meets the United States Department of Transportation, National Highway Traffic Safety Administration , National Emergency Medical Services Educational Standards for the Emergency Medical Technician level that relates to the topics of:
   a. Medication administration of aspirin and epinephrine by auto injector,
   b. Application of spinal and extremity immobilization devices,
   c. Patient transport devices, and
   d. Patient transport.

   These topics may by instructed independently, grouped into two or three topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical responders.

3. Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and will include documentation of five patient contacts that must be completed during at least ten hours of field experience. If the student cannot meet the five patient contacts during the field experience because of a low number of emergency/medical requests, these contacts may be obtained in a hospital emergency department, clinic, or physicians' office. This course will not include the Emergency Medical Technician Additional Skills Course.

4. Emergency Medical Technician Additional Skills Course means a course of instruction for licensed Emergency Medical Responders that meets the United States Department of Transportation, National Emergency Medical Services Educational Standards for the Advanced Emergency Medical Technician level as they relate to the topics of:
   a. Non-visualized advanced airway management,
   b. Impedance threshold device,
   c. Intravenous fluid monitoring only,
   d. Peripheral intravenous access and monitoring intravenous fluids,
   e. Medication administration of albuterol by nebulizer and epinephrine by auto injector; and/or
   f. Assessment utilizing a glucometer.

   These topics may by instructed independently, grouped into two, three, or four topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical technicians.

5. Pre-Hospital Emergency Care for Nurses Course means a course of instruction to train Licensed Registered Nurses and Licensed Practical Nurses to become emergency medical

technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in nurses training.

6. Advanced Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician included in this course is a foundational depth and foundational breadth of morphine sulfate and the antagonist agent used in overdose and the clinical behaviors/judgment to safely and effectively administer morphine sulfate. This course will include documentation of at least 25 patient contacts, at least 24 intravenous starts, and placement of at least 12 non-visualized airways that must be completed during a minimum of 150 hours of field experience. These requirements may also be completed in a hospital emergency department, clinic, or physician's office. If the student cannot meet the required patient contacts during the field/clinical experience because of a low number of emergency/medical requests, these patient contacts may be obtained in a classroom setting using manikins.

7. Paramedic Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic included in this course is a complex depth and comprehensive breadth of;
   a. Pharmacologic agents use to assist or to facilitate advanced airway management; and
   b. Airway anatomy as it relates to surgical cricothyrotomy and the clinical behaviors/judgment to safely and effectively perform the psychomotor skills of pharmacologically assisted endotracheal intubation, rapid sequence endotracheal intubation, and surgical cricothyrotomy.

8. Emergency Medical Responder Refresher Course means a course of instruction that meets the United States Department of Transportation National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Responder and covers the following content areas:
   a. Preparatory – at least 1 hour
   b. Airway – at least 2 hours
   c. Patient Assessment – at least 2 hours
   d. Circulation – at least 3 hours
   e. Illness and Injury – at least 3 hours
   f. Childbirth and Children – at least 1 hours

   At the end of each course will be an examination that includes:
   a. Fifty written questions that will cover all content areas; and
   b. A practical skills examination covering the emergency medical responder licensing examination skills.

9. Emergency Medical Technician Refresher Course means a course of instruction that meets the United States Department of Transportation National Highway Traffic Safety

Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and covers the following content areas:

a. Preparatory – at least 1 hour
b. Airway – at least 2 hours
c. Obstetrics, Infants, Children – at least 2 hours
d. Patient Assessment – at least 3 hours
e. Medical Behavior – at least 4 hours
f. Trauma – at least 4 hours
g. Electives – at least 8 hours.

At the end of each course will be an examination that includes:

a. One hundred written questions that will cover all content areas; and
b. A practical skills examination covering the emergency medical technician licensing examination skills.

10. Advanced Emergency Medical Technician Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician and covers the following content areas:

a. Airway, Breathing, and Cardiology – at least 12 hours
b. Medical Emergencies – at least 6 hours
c. Trauma – at least 8 hours
d. Obstetrics and Pediatrics – at least 12 hours
e. Operational Tasks – at least 1 hour

At the end of each course will be an examination that includes:

a. One hundred written questions that will cover all content areas; and
b. A practical skills examination covering the advanced emergency medical technician licensing examination skills.

11. Paramedic Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic and cover the following content areas:

a. Airway, Breathing, and Cardiology – at least 16 hours
b. Medical Emergencies – at least 8 hours
c. Trauma – at least 6 hours
d. Obstetrics and Pediatrics – at least 16 hours
e. Operational Tasks – at least 2 hours

At the end of each course will be an examination that includes:

a. One hundred written questions that will cover all content areas; and
b. A practical skills examination covering the paramedic licensing examination skills.

12. Emergency Medical Responder to Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Responders to become Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services

Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Responder Course.

13. Emergency Medical Technician to Advanced Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Technicians to become Advanced Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Technician Course.

14. Advanced Emergency Medical Technician to Paramedic Bridge Course means a course of instruction to train licensed Advanced Emergency Medical Technicians to become Paramedics that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic specific to the educational material and psychomotor skills not taught in the Advanced Emergency Medical Technician Course.

15. Nebraska Emergency Medical Service Instructor Course means a course of instruction developed by the department to train licensed out of hospital emergency care providers to become licensed Emergency Medical Services Instructors based on the United States Department of Transportation National Highway Traffic Safety Administration, National Emergency Medical Services Instructor Guidelines.

EMS Operations Course means a course that provides out-of-hospital emergency care providers knowledge of operational roles and responsibilities to ensure patient, public and personnel safety.

Emergency Medical Responder means an individual who has a current license to practice as an emergency medical responder.

Field Experience means a period of direct supervised experience when a student is mentored by a field supervisor while operating with an emergency medical service that responds to an emergency/medical request and proceeds from observation to providing care commensurate with the student's training.

Field Supervision means a period of direct supervision or indirect supervision of a temporary licensee by a field supervisor.

Field Supervisor means an individual who is a licensed out-of-hospital emergency care provider, with an unencumbered license and is the same or higher level of out-of-hospital emergency care provider as the temporary licensee or same or higher level as the student's course of study.

Higher level of out-of-hospital emergency care provider means an individual who is licensed as an out-of-hospital emergency care provider and who may provide additional care commensurate with his/her level of training.

Inactive credential means a credential which the credential holder has voluntarily placed on inactive status and by which action has terminated the right to practice or represent him/herself as having an

active credential.

Indirect Supervision means the field supervisor is present at the scene and during transport. The field supervisor is located in proximity of the patient and must approve all practice and procedures being performed by the temporary licensee. The field supervisor does not need to witness the procedures as they are performed.

License means an authorization issued by the Department to an individual to engage in a profession to provide services which would otherwise be unlawful in this state in the absence of such authorization.

Licensure Examination means the cognitive and practical skills competency examination developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, emergency medical responders, advanced emergency medical responders, emergency medical technician-intermediates, and paramedics.

Life Span Development means physiological, psychological, and biological changes that occur as an individual ages from birth to death.

Mandatory Reporting Law means Neb. Rev. Stat. § 38-1,124.

Military Service means full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007.)

NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 11.

National Registry of Emergency Medical Technicians (NREMT) means an organization that develops minimum competency licensure examinations for EMS courses to be used as a requirement for licensure of Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics.

Non-visualized Advanced Airway Management means the insertion without visualization of airway anatomical structures and the removal of airway adjuncts not intended for placement into the trachea as the sole means to provide for a patent airway.

Out-of-Hospital means locations where emergency medical services are requested to respond to actual or perceived individual needs for immediate medical care.

Out-of-Hospital Emergency Care Provider means all licensure classifications of emergency care providers established pursuant to the act.

Paramedic means an individual who has a current license to practice as a paramedic.

Patient means an individual who either identifies himself/herself as being in need of medical attention or upon assessment by an out-of-hospital emergency care provider has an injury or illness requiring treatment.

Pattern of incompetent or negligent conduct means a continued course of incompetent or negligent conduct in performing the duties of the profession.

Physician Medical Director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to Neb. Rev. Stat. § 38-1217.

Prescription means an order for a drug or device issued by a practitioner for a specific patient, for emergency use, or for use in immunizations. Prescription does not include a chart order.

Profession means any profession or occupation named in subsection (1) or (2) of Neb. Rev. Stat. § 38-121.

Protocol means a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations.

Qualified Physician means an individual who is licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to the Uniform Credentialing Act and meets any other requirements established by rule and regulation.

Qualified Physician Surrogate means a qualified, trained medical person designated by a qualified physician in writing to act as an agent for the physician in directing the actions or renewal of licensure of out-of-hospital emergency care providers.

Served in the regular armed forces has the same meaning as “military service” in these regulations.

Supraglottic Airway means an airway adjunct with a single lumen which at the distal end has a balloon device designed to seal the esophagus and near the mid-point has a second balloon device designed to seal the oropharynx. This airway adjunct may have a second lumen which is designed to allow passage of a gastric tube.

Temporary License means a license to practice as an out-of-hospital emergency care provider under supervision prior to receiving an initial credential after successful completion of an EMS course except for passing the licensure examination.

11-003 INITIAL CREDENTIAL: Any person who wishes to represent himself/herself as an out-of-hospital emergency care provider must be licensed as such. The criteria for issuance of a license and the documentation required by the Department and the Board are set forth below.

11-003.01 Qualifications: To receive a credential to practice as an out-of-hospital emergency care provider an individual must meet the following qualifications.

1. Age and Good Character: Be at least 18 years of age and of good character.

2. Citizenship/Lawful Presence Information: For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

3. Education:
   a. Emergency Medical Responder: Have successfully completed, within the two years preceding the application, the Emergency Medical Responder course, emergency medical technician course, advanced emergency medical technician course, or paramedic course as defined in 172 NAC 11-002.

   b. Emergency Medical Technician: Have successfully completed, within the two years preceding the application, the emergency medical technician course, -pre-hospital emergency care course for nurses, Emergency Medical Responder to emergency medical technician-bridge course, advanced emergency medical technician course or paramedic course as defined in 172 NAC 11-002.

   c. Advanced Emergency Medical Technician: Have successfully completed, within the two years preceding the application, the advanced emergency medical technician course or paramedic course as defined in 172 NAC 11-002.

   d. Paramedic: Have successfully completed, within the two years preceding the application, the Paramedic course as defined in 172 NAC 11-002.

4. Examination: Successfully pass the licensure examination with a passing score as determined by using the Anghoff Method for the level the individual is applying.

5. In place of meeting 172 NAC 11-003.01, items 3 and 4, hold a current certificate for the level the individual is applying from the National Registry of Emergency Medical Technicians.

6. If an applicant holds an out-of-hospital emergency care provider license from another jurisdiction, the applicant must meet the qualifications listed in 172 NAC 11-003.01, items 1 through 5.

11-003.02 Application: To apply for a credential to practice as an out-of-hospital emergency medical care provider, an individual must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
   a. Personal Information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;

(2) Date of birth (month, day, and year);
(3) Place of birth (city and state or country if not born in the United States);
(4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
(5) The applicant's:
(a) Social Security Number (SSN); or
(b) Alien Registration Number ("A"#);or
(c) Form 1-94 (Arrival-Departure Record) number.
Certain applicants may have both a SSN and an A# or 1-94 number, and if so, must report both.
(6) The applicant's telephone number including area code (optional);
(7) The applicant's e-mail address (optional);
(8) The applicant's fax number (optional);

b. Practice Before Application: The applicant must state:
(1) That s/he has not practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application; or
(2) If s/he has practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application, the actual number of days practiced in Nebraska; and before submitting the application for a credential, the name and location of practice;

c. Attestation: The applicant must attest that:
(1) S/he has read the application or has had the application read to him/her;
(2) All statements on the application are true and complete; and
(3) S/he is of good character;
(4) S/he has not committed any act that would be grounds for denial under 172 NAC 11-010 or if an act(s) was committed, provide an explanation of all such acts;
(5) S/he is;
(a) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
(b) For purposes of Neb. Rev. Stat. §38-129:
(i.) A citizen of the United States; or
(ii.) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
(iii.) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:
a. Evidence of age, such as:
(1) Driver's license;
(2) Birth certificate;
(3) Marriage license that provides date of birth;
(4) Transcript that provides date of birth;
(5) U.S. State identification card;

(6) Military identification; or
(7) Other similar documentation;

b. Evidence of good character, including:
(1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must have the licensing agency submit to the Department a certification of his/her credential;
(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
(3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;
(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
(a) A list of any misdemeanor or felony convictions;
(b) A copy of court record, which includes charges and disposition;
(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why); and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
(f) Any other information as requested by the Board/Department;

c. Evidence that the applicant is:
(1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
(2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:
(1) A U.S. Passport (unexpired or expired);
(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
(3) An American Indian Card (I-872);
(4) A Certificate of Naturalization (N-550 or N-570);
(5) A Certificate of Citizenship (N-560 or N-561);
(6) Certification of Report of Birth (DS-1350);
(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);

(8) Certification of Birth Abroad (FS-545 or DS-1350);
(9) A United States Citizen Identification Card (I-197 or I-179);
(10) A Northern Mariana Card (I-873);
(11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
(12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
(13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
(14) A Form I-94 (Arrival-Departure Record);

e. Documentation of Education, including:
(1) Name and date of the EMS Course that was completed; and
(2) Name of approved training agency that awarded certificate; and
(3) Submission of official certificate showing completion of EMS course; or
(4) Copy of current National Registry Certificate at the level for which the individual applied.

f. Documentation of Examination, including:
(1) Name and level of the examination completed; and
(2) Date of examination; and
(3) Location of examination; and.
(4) Submission of official documentation showing rating received on the examination.

g. Documentation of Board approved Cardiopulmonary Resuscitation Certification as specified in 172 NAC 13-017 the applicant must submit to the Department a copy of current certificate.

h. Documentation of holding a credential as an out of hospital emergency care provider in another jurisdiction(s)
(1) Certification from the other jurisdiction(s) verifying licensure including:
(a) Name of Licensee;
(b) License number;
(c) Level of out-of-hospital emergency care provider;
(d) Issuance and expiration date of license;
(e) Date of Birth;
(f) Social Security number;
(g) Name of training program completed;
(h) Name of examination passed and score received;
(i) Disciplinary action taken against the license;
(j) Signature of licensing official.
(2) The applicant must:
(a) Answer the following questions: Have you practiced as an out-of-hospital emergency care provider within the three years preceding application: and
(b) Provide the name of your service, address and dates where you were actively engaged in practice as an out-of-hospital emergency care provider.

11-003.03 Department Review: The Department will act within 150 days upon all completed applications for initial credentialing.

11-003.04 Denial of Initial Credential: If an applicant for an initial credential does not meet all of the requirements for a credential, the department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 11-010, the Department may deny issuance of a credential. To deny a credential, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

11-003.05 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the credential.

11-003.06 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

11-003.07 Address Information: Each credential holder must notify the Department of any change to the address of record.

11-003.08 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

11-004 CREDENTIAL FOR TEMPORARY LICENSURE: Any person who wishes to practice as an out-of-hospital emergency care provider prior to receiving an initial credential after successful completion of an EMS course but has not passed the licensure examination must obtain a temporary license. The criteria for issuance of a temporary license and the documentation required by the Department and the Board are set forth below.

11-004.01 Qualifications: To receive a temporary license as an out-of-hospital emergency care provider, an individual must:

1. Meet all requirements for licensure pursuant to 172 NAC 11-003.01 except passing the licensure examination; and
2. Be supervised by the same or higher level of out-of-hospital emergency care provider.

Previous experience or a waiting period is not required to obtain a temporary license.

11-004.02 Standards for Supervision: The supervisor must supervise the temporary licensee performing practices and procedures outlined in 172 NAC 11-009 for the level of the temporary license.

11-004.02A The temporary licensee prior to performing the practice and procedures defined in 172 NAC 11-009:

1. Must have a field supervisor as defined in 172 NAC 11-002; and

2. The field supervisor must supervise the temporary licensee as follows:
   a. For a temporary licensed Emergency Medical Responder:
      (1) Direct supervision will be provided for the first 10 patient contacts; and
      (2) May be indirect supervision after the 10 patient contacts.
      (3) If the temporary licensed Emergency Medical Responder has failed an attempt at the licensure examination all supervision must be direct supervision.
   b. For a temporary licensed Emergency Medical Technician:
      (1) Direct supervision will be provided for the first 20 patient contacts; and
      (2) May be indirect supervision after the 20 patient contacts.
      (3) If the temporary licensed Emergency Medical Technician has failed an attempt at the licensure examination all supervision must be direct supervision.
   c. For a temporary licensed Advanced Emergency Medical Technician:
      (1) Direct supervision will be provided for the first 40 patient contacts; and
      (2) May be indirect supervision after the 40 patient contacts.
      (3) If the temporary licensed Advanced Emergency Medical Technician has failed an attempt at the licensure examination all supervision must be direct supervision.
   d. For a temporary licensed Paramedic:
      (1) Direct supervision will be provided for the first 70 patient contacts; and
      (2) May be indirect supervision after the 70 patient contacts.
      (3) If the temporary licensed Paramedic has failed an attempt at the licensure examination all supervision must be direct supervision.

11-004.02B The field supervisor of a person who holds a temporary license must immediately notify the Department when the supervision of the temporary licensee is terminated.

11-004.02C Expiration of a Temporary License: All temporary licenses will become null and void upon the Department's notification that the temporary licensee has passed the examination or a year from the issuance date, whichever comes first.

11-004.02D If a person who holds a temporary license has not successfully passed the licensing examination within 12 months of the date of issuance of the temporary license, the temporary licensee must reenroll and successfully complete an out-of-hospital emergency care provider course and pass the licensure examination.

11-004.02E Valid Period and Renewal: The temporary license will only be valid for a period of one year and may not be renewed. The temporary license will become null and void upon issuance of an initial license.

11-004.03 Application: To apply for a credential to practice as a temporary out-of-hospital emergency medical care provider, an individual must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
   a. Personal Information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Date of birth (month, day, and year);
      (3) Place of birth (city and state or country if not born in the United States);
      (4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
      (5) The applicant's:
         (a) Social Security Number (SSN); or
         (b) Alien Registration Number ("A"#);or
         (c) Form 1-94 (Arrival-Departure Record) number.
         Certain applicants may have both a SSN and an A# or 1-94 number, and if so, must report both.
      (6) The applicant's telephone number including area code (optional);
      (7) The applicant's e-mail address (optional);
      (8) The applicant's fax number (optional);

   b. Practice Before Application: The applicant must state:
      (1) That s/he has not practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application; or
      (2) If s/he has practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application, the actual number of days practiced in Nebraska; and before submitting the application for a credential, the name and location of practice;

   c. Attestation: The applicant must attest that:
      (1) S/he has read the application or has had the application read to him/her;
      (2) All statements on the application are true and complete; and
      (3) S/he is of good character;
      (4) S/he has not committed any act that would be grounds for denial under 172 NAC 11-010 or if an act(s) was committed, provide an explanation of all such acts; and
      (5) S/he is;
         (a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
         (b) For purposes of Neb. Rev. Stat. §38-129:
            (i.) A citizen of the United States;
            (ii.) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

(iii.) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:
   a. Evidence of age, such as:
      (1) Driver's license;
      (2) Birth certificate;
      (3) Marriage license that provides date of birth;
      (4) Transcript that provides date of birth;
      (5) U.S. State identification card;
      (6) Military identification; or
      (7) Other similar documentation;
   b. Evidence of good character, including:
      (1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must have the licensing agency submit to the Department a certification of his/her credential;
      (2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
      (3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;
      (4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
         (a) A list of any misdemeanor or felony convictions;
         (b) A copy of court record, which includes charges and disposition;
         (c) Explanation from the applicant of the events leading to the conviction (what, when, where, why); and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
         (d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
         (e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
         (f) Any other information as requested by the Board/Department;
   c. Evidence that the applicant is:
      (1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
      (2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

   d. Evidence of citizenship, lawful presence and/or immigration status may include a copy of:

(1) A U.S. Passport (unexpired or expired);
(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
(3) An American Indian Card (I-872);
(4) A Certificate of Naturalization (N-550 or N-570);
(5) A Certificate of Citizenship (N-560 or N-561);
(6) Certification of Report of Birth (DS-1350);
(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
(8) Certification of Birth Abroad (FS-545 or DS-1350);
(9) A United States Citizen Identification Card (I-197 or I-179);
(10) A Northern Mariana Card (I-873);
(11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
(12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
(13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
(14) A Form I-94 (Arrival-Departure Record);

e. Documentation of Education, including:
(1) Name and date of the EMS Course that was completed; and
(2) Name of approved training agency that awarded certificate; and
(3) Submission of official certificate showing completion of EMS course; or

f. Documentation of Board approved Cardiopulmonary Resuscitation Certification as specified in 172 NAC 13-017.
(1) Applicant must submit to the Department a copy of current certificate.

11-004.04 Department Review: The Department will act within 150 days upon all completed applications for initial licensing.

11-004.05 Denial of a Temporary License: If an applicant for a temporary license does not meet all of the requirements for the license, the department will deny issuance of a license. If the applicant is found to have committed any act which would be grounds for denial of a license as listed in 172 NAC 11-010, the Department may deny issuance of a license. To deny a license, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

11-004.06 Practice Prior to License: An individual who practices prior to issuance of a temporary license is subject to assessment of an administrative penalty under 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the license.

11-004.07 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and

only under appropriate circumstances to ensure against any unauthorized access to this information.

11-004.08 Address Information: Each license holder must notify the Department of any change to the address of record.

11-004.09 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

11-005 NULL AND VOID CERTIFICATIONS AND TRANSITION TO TITLE CHANGES:

1. Effective March 7, 1999, the following certification levels became null and void:
    a. EMT-A/D, EMT-A/M, EMT-IV, and EMT-D: Individuals, who had been certified at any one or more of these certification levels, prior to March 7, 1999, may continue to perform these skills with approval of their emergency medical service's physician medical director and by maintaining a current certificate as an emergency medical technician;
    b. Field Supervisor: Individuals who had been certified as field supervisors, prior to March 7, 1999, may continue to perform as field supervisors with the approval of the medical director.

2. Effective September 1, 2010 the following licensure levels will no longer be issued:
    a. First Responder: Individuals who had been licensed at this level may continue to perform within the practice and procedures for Emergency Medical Responders defined in 172 NAC 11-009.01A until the individual's First Responder license has expired.
    b. Emergency Medical Technician-Intermediate: Individuals who had been licensed at this level may continue to perform within the practice and procedures for Emergency Medical Technician-Intermediate defined in 172 NAC 11-009.04 until the individual's Emergency Medical Technician-Intermediate license has expired.
    c. Emergency Medical Technician-Paramedic: Individuals who had been licensed at this level may continue to perform defined in 172 NAC 11-009.05 until the individual's Emergency Medical Technician-Paramedic license has expired.

3. After the effective date of these regulations, an individual who possessed a valid license as First Responder, Emergency Medical Technician-Intermediate, Emergency Medical Technician-Paramedic prior to September 1, 2010 will transition as follows:
    a. First Responder: An individual who meets the renewal requirements for Emergency Medical Responder defined in 172 NAC 11-007.01 will be issued a license as an Emergency Medical Responder.
    b. Emergency Medical Technician-Intermediate: An individual who meets the renewal requirements for Emergency Medical Technician-Intermediate defined in 172 NAC 11-007.01 will be issued a license as an Emergency Medical Technician-Intermediate.

c. Emergency Medical Technician-Paramedic: An individual who meets the renewal requirements for Paramedic defined in 172 NAC 11-007.01 will be issued a license as a Paramedic.

11-006 EXAMINATION ELIGIBILITY AND PROCEDURES

11-006.01 Emergency Medical Responder: An emergency medical responder licensure examination consists of a written examination and a practical examination. Individuals requesting to take an Emergency Medical Responder licensure examination must successfully complete, within two years prior to requesting to take the licensure examination, an Emergency Medical Responder course from an approved emergency medical services training agency.

11-006.02 Emergency Medical Technician: An emergency medical technician licensure examination consists of a written examination and a practical examination. Individuals requesting to take an emergency medical technician licensure examination must successfully complete, within two years prior to requesting to take the licensure examination, an emergency medical technician course from an approved emergency medical services training agency.

11-006.03 The emergency medical responder or emergency medical technician's eligibility to take the licensure examination will be authorized by the approved emergency medical services training agency that provided the training to the individual.

11-006.04 Advanced Emergency Medical Technician: An advanced emergency medical technician licensure examination consists of a written examination and a practical examination. Individuals requesting to take an advanced emergency medical technician licensure examination must:

1. Be currently licensed as an emergency medical technician; OR
2. Have a current certification from the National Registry of Emergency Medical Technicians; AND
3. Successfully complete, within two years prior to requesting to take the licensure examination, an advanced emergency medical technician course from an approved emergency services training agency; OR
4. Provide verification from an approved emergency medical service training agency's physician medical director, that the individual has completed Division 1 and 2 of the Paramedic course.
5. Applicants requesting to take the advanced emergency medical technician practical portion of the licensure examination must apply to the Department. The Department will maintain a schedule of the dates and locations of the practical examinations in the state.

11-006.05 Paramedic: A paramedic licensure examination consists of a written examination and a practical examination. Individuals requesting to take the paramedic licensure examination must:

1. Be currently licensed as an emergency medical technician; OR
2. Have a current certification from the National Registry of Emergency Medical Technicians; AND

3. Successfully complete, within two years prior to requesting to take the licensure examination, a Paramedic course from an approved emergency services training agency;
4. Applicants requesting to take the Paramedic practical portion of the licensure examination must apply to the Department. The Department will maintain a schedule of the dates and locations of the practical examinations in the state.

11-007 CONTINUING COMPETENCY REQUIREMENTS: Each person holding an active credential within the state must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his/her profession, unless such requirements are waived in accordance with 172 NAC 11-008.03 and 11-008.04. Each credentialed individual is responsible for maintaining certificates or records of continuing competency activities.

11-007.01 Requirements: On or before the credential expiration date, each licensed out-of-hospital emergency care provider must complete continued competency requirements for their level of licensure as follows:

1. Emergency Medical Responder
   a. Hold a current CPR certification from an organization that has been approved by the Board; AND
   b. Attest to completing 14 hours of continuing education with no more than seven hours of distributive learning programs, obtained within 24 months prior to license expiration date, in the subject matter of the Emergency Medical Responder course or request a waiver of continuing competency requirements; OR
   c. Have a verification from a physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.a; OR
   d. Hold a current Emergency Medical Responder certificate from the NREMT; OR
   e. Have passed a written assessment examination.
      (1) Licensees must achieve a passing score on the written assessment examination as determined by using the Anghoff Method.
      (2) Licensees that fail the assessment examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 1. a - d.

2. Emergency Medical Technician
   a. Hold a current CPR certification from an organization that has been approved by the Board; AND
   b. Attest to completing 20 hours of continuing education with no more than 10 hours of distributive learning programs, within the 24 months prior to the license expiration date, in the subject matter of the emergency medical technician course or request a waiver of continuing competency requirements; OR
   c. Have a verification from his/her basic life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.b; OR
   d. Hold a current emergency medical technician certificate from the NREMT; OR
   e. Passed a written assessment examination.

(1) Licensees must achieve a passing score on the written assessment examination as determined by using the Anghoff Method.
(2) Licensees that fail the written assessment examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 2, a – d.

3. Advanced Emergency Medical Technician
   a. Hold a current CPR certification from an organization that has been approved by the Board; AND
   b. Attest to 26 hours of continuing education with no more than ten hours of distributive education learning programs, within the certification period. Eighteen hours must be in the subject matter of the Emergency Medical Technician Course and eight hours in the subject matter of the Advanced Emergency Medical Technician Course.
   c. Have documentation from the physician medical director or qualified physician surrogate of demonstrated proficiency in peripheral IV access, non-visualize advanced airway management and administration of approved medications in a clinical, out-of hospital, or educational setting; OR
   d. Hold verification from the applicant's advanced life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.c; OR
   e. Hold a current Advanced Emergency Medical Technician certificate from the National Registry of EMT; OR
   f. Pass the written assessment examination.
      (1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.
      (2) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 3, a - e.

4. Emergency Medical Technician-Intermediate
   a. Hold a current CPR certification from an organization that has been approved by the Board; AND
   b. Attest to completing 30 hours of continuing education with no more than 15 hours of distributive learning programs, obtained within the 24 months prior to the license expiration date, 20 hours in the subject matter of the emergency medical technician course and 10 hours in the subject matter covering the emergency medical technician-intermediate practice and procedures or request a waiver of continuing competency requirements; AND
   c. Have documentation from a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration and endotracheal intubation in a clinical, out-of-hospital, or educational setting; OR
   d. Have a verification from the applicants advanced life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.c; OR
   e. A current emergency medical technician-intermediate certificate from the NREMT; OR
   f. Pass a written and practical skills assessment examination.

(1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.
(2) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 4, a - e.

5. Paramedic:
   a. Hold a current CPR certification from an organization that has been approved by the Board; AND
   b. Attest to completing 40 hours of continuing education with no more than 20 hours of distributive learning programs, obtained within the 24 months prior to the license expiration date, of which 20 hours must be in the subject matter of the emergency medical technician course and 20 hours must be in the subject matter of the Paramedic course or request a waiver of continuing competency requirements; AND
   c. Documentation by a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration, drug administration, cardiac skills and endotracheal intubation in a clinical, out-of-hospital, or educational setting. OR
   d. Have a verification by the applicants advanced emergency medical service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.d; OR
   e. Hold a current Paramedic certificate from the NREMT; OR
   f. Passed a written and practical skills assessment examination.
      (1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.
      (2) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 5, a - e.

6. Paramedics who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 5, for their level of licensure may be licensed as an Advanced Emergency Medical Technician if they meet the continuing competency requirements criteria of 172 NAC 11-007.01, item 3, they may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of NAC 11-007.01, item 2, or they may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.

7. Emergency Medical Technician-Intermediates who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 4, for their level of licensure may be licensed as an Advanced Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 3, or they may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 2, or they may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.

8. Advanced Emergency Medical Technicians who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 3, for their level of licensure may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 2, or they may be licensed as an

Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.

9. Emergency Medical Technicians who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 2, for their level of licensure may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.

10. Out-of-Hospital Emergency Care Providers who want to upgrade their current license to any level up to a license that they previously held must meet the requirements for continuing competency for the level of license they want to obtain as stated in 172 NAC 11-007.01.

11. Clinical Training and Skills Proficiency: Licensed out-of-hospital emergency care providers, may, under direct supervision as determined by the physician medical director, perform skills as identified in 172 NAC 11-009, in a hospital for the purpose of maintaining skill proficiency. The skills performed must be specifically identified by the physician medical director and be commensurate with the individuals license level.

11-007.02 Acceptable Continuing Education: In order for an activity to be accepted for continuing education to renew a license, the activity must meet the following criteria:

1. Be a planned, formally organized program of learning which directly contributes to the professional competency of out-of-hospital emergency care providers;
2. Must have objectives that relate to the subject matter of an EMS course with an emergency medical service focus;
3. Be made available on a specific date and time or be a distributed learning program as defined in 172 NAC 11-002;
4. Have an instructor who has experience or training in the content area(s) of the course being taught;
5. Must have a course title and consist of content that is at least one hour in duration;
6. Delineate the number of contact hours, excluding meals and breaks to be awarded at the completion of the activity, with proof of such completion being documented pursuant to 172 NAC 11-008.05C; AND
7. Have a mechanism that assures attendance/ participation. All distributive learning programs must test each student at the completion of the distributive learning program.

11-007.03 The following types of activities will be accepted as continuing education for renewal of a license:

1. Programs at State and National Association meetings, e.g. a meeting of the Nebraska Emergency Medical Association, Professional Ambulance Association of Nebraska, or similar organizations;
2. Workshops, seminars, and/or conferences where the subject matter has an emergency medical service focus;
3. Formal education courses given at accredited institutions of higher education where the subject matter has an emergency medical service focus. No more than 15 hours of continuing education credit will be awarded by the Board for each semester hour earned

or 10 hours for each quarter hour earned;

4. Nebraska EMS Leadership Training and/or Nebraska EMS Programs Leadership Conference and/or EMS Operations Courses. No more then 6 hours will be awarded in each 24 month renewal period for one course or a combination of any of these courses for all licensure levels;
5. National Incident Management System (NIMS) Training. The Board will only award hours for core courses;
6. Distributive Learning Programs approved by Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS); and
7. Basic cardiopulmonary resuscitation certification (Initial or recertification course). 4 hours will be awarded for each 24 month renewal period for all licensure levels.

11-007.04 Non-acceptable Continuing Education: The following activities are not acceptable for continuing education to renew a license:

1. Advanced NIMS Training where the subject matter does not have an emergency medical service focus;
2. Advanced anatomy and physiology courses, except those courses taken to obtain an Advanced Emergency Medical Technician or Paramedic license;
3. Advanced scene management courses where the subject matter does not have an emergency medical service focus;
4. Classes offered by Homeland Security where the subject matter does not have an emergency medical service focus;
5. Courses that relate to job duties performed in a hospital, nursing home or other health care facility where the subject matter does not have an emergency medical service focus; and
6. Fire training courses where the subject matter does not have an emergency medical service focus.

11-007.05 Continuing education programs or courses are not required to be pre-approved by the Board prior to any such program or course offering.

11-007.06 A licensee who is an instructor of an EMS course as set out in 172 NAC 11-002 may receive one hour of continuing education credit for each hour of initial instruction of an EMS Course during a renewal period. A maximum of one third of the licensee's required continuing education hours for a renewal period may be awarded for instruction. Credit will not be given to the licensee for subsequent instruction of the same EMS course.

11-007.07 Material that is delivered by means of classroom, internet or inter-active video that allows for two-way communication between an instructor and a student is instructor based content and does not qualify as distributive learning.

11-008 RENEWAL: An individual who wants to renew his/her out-of-hospital emergency care provider credential must request renewal as specified in 172 NAC 11-008.02. All out-of-hospital emergency care providers' credentials issued by the Department will expire on December 31 as follows:

1. Emergency Medical Technicians – Every Odd Year

2. Paramedics – Every Even Year
3. EMT–Intermediates – Every Even Year
4. Advanced Emergency Medical Technicians – Every Even Year
5. Emergency Medical Responders – Every Even Year

Renewal periods for Paramedics, EMT–Intermediates, Advanced Emergency Medical Technicians, and Emergency Medical Responders that expire on December 31, 2011 will be renewed for one year. Continuing Education obtained in the year 2011 will be allowed towards renewal in 2012.

11-008.01 Renewal Notice: At least 30 days before the expiration of a credential, the Department will notify each credential holder at the last known address of record. The renewal notice will include:

1. The type of credential;
2. The credential number;
3. The expiration date;
4. Continuing competency requirements for renewal;
5. Information on how to request renewal and how to place credential on inactive status; and
6. A request for disclosure of whether the applicant is practicing as an EMT-Intermediate, Advanced Emergency Medical Technician or Paramedic in a hospital or health clinic, and if so the name of the hospital(s) or clinic(s).

11-008.02 Renewal Procedures: The request for renewal may be submitted in person or by mail or Internet, and must include all required documentation. The applicant may obtain an application from the Department or construct an application.

1. Application: The applicant on his/her application:
   a. Must provide the following information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
      (3) The applicant's:
         (a) Social Security Number (SSN); or
         (b) Alien Registration Number (A#); or
         (c) Form I-94 (Arrival-Departure Record) number.
         Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.

   b. May provide the following information about him/herself:
      (1) The applicant's telephone number including area code;
      (2) The applicant's e-mail address; and
      (3) The applicant's fax number;

   c. Must attest that s/he:
      (1) Is of good character;
      (2) Has met the continuing competency requirements as specified in 172 NAC 11-

007.01 or requested a waiver if s/he meets the requirements of 172 NAC 11-008.03 and 11-008.04;

(3) Has not, since the last renewal of the credential, committed any act(s) which would be grounds for action against a credential as specified in 172 NAC 11-010.01 or if an act(s) was committed, provide an explanation of all such act(s); and

(4) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(5) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:

a. Alien or Non-Immigrant: Evidence of lawful presence, and/or immigration status may include a copy of:

(1) A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;

(2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;

(3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or

(4) A Form I-94 (Arrival-Departure Record)

b. Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;

c. Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;

d. Denial: If the applicant was denied a credential or denied the right to take a licensure examination, an explanation of the basis for the denial;

e. Conviction Information: If the applicant has been convicted of a felony or misdemeanor since his/her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:

(1) A list of any misdemeanor or felony convictions;

(2) A copy of court record, which includes charges and disposition;

(3) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;

(4) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and

(5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.

11-008.03 Waivers for Military Service: A credential holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service as defined in 172 NAC 11-002, is not required to meet the continuing competency requirements if acceptable documentation is submitted to the Department. The individual must document his/her military service by submitting to the Department:

1. Military identification proving that s/he is in active service;
2. Military orders; or
3. A letter from his/her Commanding Officer indicating that s/he is on active duty.

Upon receipt of acceptable documentation, the Department will waive the continuing competency requirements and renew the credential. The credential will remain active until the next renewal period.

11-008.04 Waiver of Continuing Competency Requirements: The Department waives continuing competency requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.

11-008.04A The Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond his/her control have prevented completion of these requirements. These circumstances may include suffering from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 24 months immediately preceding the certification renewal date.

11-008.05 Audit Of Continuing Competency Requirements: The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing competency requirements. Each credential holder selected for audit must produce documentation of the continuing competency activities.

11-008.05A The Department will notify each selected credential holder by mail. Failure to notify the Department of a current mailing address will not absolve the credential holder from the requirement for audit.

11-008.05B Within 30 days, each selected credential holder must respond by submitting documentation that s/he has met the requirements for continuing competency. An extension beyond 30 days for submission of the documentation may be granted at the discretion of the Department. Documentation submitted by the credential holder will not be returned.

11-008.05C Acceptable documentation that the credential holder has met the continuing competency requirements which include:

1. Certificates of completion;
2. Training Rosters;
3. Service minutes that list training course title, length of training, name of instructor and names of those who attended training; or
4. List of individual's training signed by service training officer.

11-008.05D The Department/Board will review the submitted documentation to determine if the credential holder has met the requirements for continuing competency activities for renewal of the credential. Only documented activities/hours that meet the continuing competency requirements will be counted toward the total requirements for renewal.

11-008.05E The Department will notify the credential holder upon satisfactory completion of the audit.

11-008.05F The credential of any person who fails to comply with the conditions of the audit will expire 30 days after notice and an opportunity for a hearing.

11-008.05G The Board reserves the right to audit continuing competency requirements of any credential holder by notifying the credential holder and requesting that s/he produce the required documentation of attendance at or participation in acceptable continuing competency programs within 30 days of mailing.

11-008.06 Department Review: The Department will act within 150 days upon all completed applications for renewal.

11-008.06A False Information: The Department may refuse to renew a credential for falsification of any information submitted for renewal of a credential. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

11-008.07 Address Information: Each credential holder must notify the Department of any change to the address of record.

11-008.08 Expiration of a Credential: A credential expires if a credential holder fails to:

1. Notify the Department that s/he wants to place his/her credential on inactive status upon its expiration;
2. Meet the requirements for renewal on or before the date of expiration of his/her credential; or
3. Otherwise fails to renew his/her credential.

11-008.08A Failure to Renew: A credential automatically expires without further notice or opportunity for hearing if a credential holder fails by the expiration date of the credential to submit documentation of continuing competency.

11-008.08B Failure to Meet Continuing Competency Requirements: The Department will refuse to renew a credential, after notice and opportunity for hearing, if a credential holder fails to meet the continuing competency requirements for renewal by the expiration date of the credential.

11-008.08C Right to Practice: When an individual's credential expires, the right to represent him/herself as a credential holder and to practice as an out-of-hospital emergency care provider terminates.

11-008.08D Practice after Expiration: An individual who practices after expiration of his/her credential is subject to assessment of an administrative penalty under 172 NAC 11-012 or such other action as provided in the statutes and regulations governing the credential.

11-008.08E Reinstatement of an Expired Credential: If a credential holder wants to resume the practice of out-of-hospital emergency care provider after failing to renew his/her credential by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 11-012.

11-008.09 Inactive Status: When an individual wants to have his/her credential placed on inactive status, s/he must notify the Department in writing. There is no fee to have a credential placed on inactive status and continuing competency is not required.

11-008.09A Request for Inactive Status: When the Department has received notification that an individual wants to have his/her credential placed on inactive status, the Department will notify the credential holder in writing of the acceptance or denial of the request.

11-008.09B Placement on Inactive Status: When an individual's credential is placed on inactive status, the credential holder must not engage in the practice of an out-of-hospital emergency care provider, but may represent him/herself as having an inactive credential.

11-008.09C Return to Active Status: A credential may remain on inactive status for an indefinite period of time. An individual who wants to have his/her credential returned to active status must apply to the Department for reinstatement and meet the requirements specified in 172 NAC 11-012.

11-009 PRACTICES AND PROCEDURES FOR LICENSED OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS: The following practices and procedures for out-of-hospital emergency care providers have been taken from the United States Department of Transportation, National Emergency Medical Services Education Standards, National Medical Services Scope of Practice including modifications, and approved by the Board.

11-009.01 Emergency Medical Responder Practices and Procedures: The Emergency Medical Responder initiates immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. The Emergency Medical Responder is intended to function as part of a comprehensive EMS response.

11-009.01A An Emergency Medical Responder while functioning in response to a medical emergency:

1. Responds safely to the scene of the emergency;
2. Determines:
   a. Scene Safety;
   b. Number of Patients;
   c. Nature of the illness or mechanism of injury; and

d. Resources needed to manage the emergency;
3. Communicates:
a. Resources needed to dispatch agency or appropriate agencies;
b. Scene Hazards to other responders at the scene and still enroute; and
c. Patient condition to the patient transporting service;
4. Completes a patient care report;
5. While awaiting the transporting service performs a patient primary, secondary, and reassessments as appropriate for the patient's illness and/or injury and life span development. This includes:
a. Level of consciousness;
b. Use of nationally recognized noninvasive scales and scores including but not limited to:
(1)Glascow Coma Scale;
(2)Revised Trauma Score;
(3)Cincinnati Stroke Scale; and
(4)Los Angles Pre-hospital Stroke Scale;
c. Airway status:
(1) Patency; and
(2) Partial or fully obstructed;
d. Breathing status:
(1)Rate; and
(2)Breathing Sounds:
(a) Normal;
(b) Stridor;
(c) Wheezing;
(d) Gurgles; and
(e) Effort of Breathing;
e. Circulatory status:
(1) Presence or absence of pulse;
(2) Rate; and
(3) Bleeding;
f. Skin status:
(1) Color;
(2) Temperature;
(3) Moisture; and
(4) Capillary refill;
6. Gathers patient demographic data;
7. Gathers a patient history determining:
a. Chief complaint;
b. Signs and symptoms; and
c. Events leading up to this illness/injury;
8. Rapid full body scan;
9. Focused assessment based on complaint;
10. Head to toe exam;
11. Vital Signs:
a. Pulse;
b. Respiratory rate; and
c. Manual blood pressure;

12. While awaiting the transporting emergency medical service provide care as appropriate for the patient's illness and/or injury and life span development. This includes:
    a. Manual airway maneuvers;
    b. Sellick's maneuver;
    c. Manual non-visualized foreign body airway obstruction removal;
    d. Insert and remove oropharyngeal airway;
    e. Upper airway suctioning;
    f. Positive pressure ventilation by:
        (1) Mouth to mask; and
        (2) Bag valve mask;
    g. Oxygen administration using:
        (1) Non-Rebreather mask;
        (2) Nasal cannula; and
        (3) Positive pressure ventilation;
    h. Manual cardiopulmonary resuscitation;
    i. Use of automatic or semi automatic external defibrillator;
    j. Manual stabilization of suspected:
        (1) Spinal injuries; and
        (2) Extremity injuries;
    k. External application of cold to swollen facial and extremity injuries;
    l. Control hemorrhaging including use of tourniquet;
    m. Bandaging wounds;
    n. Moving patient by drags, lifts and carries due to:
        (1) Imminent danger to the patient and/or out of hospital emergency care provider; or
        (2) Limited access to patient and delay that would likely increase morbidity and mortality;
    o. Assist with normal childbirth;
    p. Use of auto injector antidote kits during an exposure for treatment of:
        (1) Self; or
        (2) Other emergency responders.

11-009.01B The Emergency Medical Responder while functioning with a licensed emergency medical service may perform all of the practices and procedures defined in 172 NAC 11-009.01A and in addition may,

1. After successful completion of appropriate training;
2. With the approval of the service's Physician Medical Director;
3. Under written Physician Medical Director approved protocols;
4. While awaiting the transporting service, provide care as appropriate for the patient's illness and/or injury and life span development. This includes:
    a. Administration of the following medications:
        (1) Aspirin for suspected acute myocardial infarction; and
        (2) Epinephrine auto injectors for:
            (a) Status asthmaticus; or
            (b) Anaphylaxis;
    b. Application of devices for immobilization of suspected:

(1) Spinal injuries; or
(2) Extremity Injuries;
c. Use of patient transport devices;
5. Use an auto injector antidote kit during an exposure for treatment of patients in mass numbers when higher level out of hospital emergency care providers are insufficient in numbers to administer the antidote kit and delay in the administration of the antidote would lead to mortality and morbidity of patients;
6. Assist with continued patient care under the direct supervision of an Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, or Paramedic not to exceed the practices and procedures in 172 NAC 11-009.01A and 11-009.01B;
7. Perform self-administration of prophylactic medications:
a. For treatment immediately following a significant exposure to a infectious pathogen;
b. For the prevention of disease progression in the out of hospital emergency care provider;
c. In situations where delay in the administration of the prophylactic medications would significantly reduce the effectiveness against the infectious pathogen; and
d. Under the direction of the physician medical director's approved protocol and in conjunction with the physician medical director's approved infection control plan; and
8. Transport a patient if an Emergency Medical Technician, or higher level out of hospital emergency care provider is present and providing patient care in the patient compartment of the ambulance, except as defined in 172 NAC 11-009.01C.

11-009.01C The Emergency Medical Responder who is a member/employee of a licensed emergency medical service may transport a patient in the event an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate, or paramedic fails to respond to the emergency call if:

1. The licensed service has prior written approval from the Physician Medical Director to allow the Emergency Medical Responder to transport and perform any of the practices and procedures defined in 172 NAC 11-009.01B4b and 11-009.01B4c;
2. The Physician Medical Director may optionally approve the practices and procedures defined in 172 NAC 11-009.01B4a;
3. The Emergency Medical Responder has successfully completed appropriate training that meets the National Emergency Medical Services Educational Standards listed under the Emergency Medical Technician level as they relate to application of:
a. Spinal and extremity immobilization devices;
b. Patient transport devices, AND
c. Patient transport to include the following educational standards from the National Emergency Medical Services Educational Standards:
(1) Fundamental depth and simple breath of primary assessment subject matter to form a general impression;
(2) Fundamental depth and foundational breath of secondary assessment subject matter to assess anatomical regions:
(3) Fundamental depth and foundational breath of reassessment subject matter to determine how and when to perform reassessments;

(4) Simple depth and foundation breath of the medical overview subject matter to make transport mode and destination decision making;
(5) Fundamental depth and foundational breath of trauma overview subject matter to make rapid transport, destination and transport mode decision making; and
(6) Simple depth and foundation breath of the principals of safely operating a ground ambulance;

4. The Emergency Medical Responder has the approval of the Physician Medical Director;
5. The licensed service meets the Practices and Procedure Standards as defined in 172 NAC 12-004.10; and
6. The Emergency Medical Responder completes a patient care report that complies with 172 NAC 12-004.09C.

11-009.02 Emergency Medical Technician Practices and Procedures: The Emergency Medical Technician provides basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation under the physician medical director's over site. Emergency Medical Technician is the minimum level of provider required to transport a patient.

11-009.02A An Emergency Medical Technician, who is functioning as a member or employee of a licensed emergency medical service and under physician medical director approved written protocol may:

1. Respond safely to the scene of the emergency;
2. Determines:
   a. Scene Safety;
   b. Number of Patients;
   c. Nature of the illness or mechanism of injury; and
   d. Resources needed to manage the emergency;
3. Communicate:
   a. Resources needed to dispatch agency or appropriate agencies;
   b. Scene hazards to other responders at the scene and still enroute; and
   c. Patient condition to the:
      (1) Patient transporting service if another out-of-hospital provider will be transporting the patient; or
      (2) Receiving facility;
4. Employ interview and communication techniques that:
   a. Adjust for:
      (1) Age and development;
      (2) Special needs; and
      (3) Cultural differences;
   b. Verbally defuses:
      (1) Patients;
      (2) Family members; and
      (3) Bystanders;
5. Complete a patient care report;

6. Perform patient primary, secondary, and reassessments as appropriate for the patient's illness and/or injury and life span development; also treats or adjusts treatment based on assessment findings. This includes:
   a. Level of consciousness;
   b. Patient condition or general impression:
      (1) Stable;
      (2) Potentially unstable; and
      (3) Unstable;
   c. Use of nationally recognized noninvasive scales and scores including but not limited to:
      (1) Glascow Coma Scale;
      (2) Revised Trauma Score;
      (3) Cincinnati Stroke Scale; and
      (4) Los Angles Pre-hospital Stroke Scale;
   d. Airway status:
      (1) Patency; and
      (2) Partial or fully obstructed;
   e. Breathing status:
      (1) Rate;
      (2) Breathing sounds:
         (a) Normal;
         (b) Stridor;
         (c) Wheezes;
         (d) Crackles; and
         (e) Silent Chest;
      (3) Effort of breathing:
         (a) Positioning;
         (b) Retractions; and
         (c) Accessory muscle use; and
      (4) Chest Symmetry;
   f. Circulatory status:
      (1) Presence or absence of pulse;
      (2) Rate;
      (3) Rhythm;
      (4) Strength; and
      (5) Bleeding;
   g. Skin status:
      (1) Color;
      (2) Temperature;
      (3) Moisture; and
      (4) Capillary refill;
   h. Gathering patient demographic data;
   i. Gathering a patient history including:
      (1) Chief complaint;
      (2) Signs and symptoms;
      (3) Allergies;
      (4) Medications;
      (5) Past medical history;

(6) Last oral intake;
(7) Events leading up to illness and/or injury;
(8) History of current complaint including:
(a) Onset;
(b) Provocation and/or palliation;
(c) Quality of pain/discomfort;
(d) Radiation of pain/discomfort;
(e) Severity of pain/discomfort; and
(f) Time of onset;
(9) Current health status; and
(10) Other health and scene information needed to form a general impression;
j. Rapid full body scan;
k. Focused assessment based on complaint;
l. Head to toe exam;
m. Vital Signs:
(1) Pulse Rate;
(2) Respiratory Rate; and
(3) Manual Blood Pressure;
n. Non-invasive patient monitoring devices:
(1) Blood pressure;
(2) Pulse oximetry without wave form interpretation;
(3) Carbon monoxide without wave form interpretation;
(4) End tidal carbon dioxide without wave form interpretation;
(5) Body temperature; and
(6) Apply EKG electrodes and obtain an EKG tracing for purpose of:
(a) Transmitting the EKG to another location for interpretation;
(b) Assisting an out-of-hospital emergency care provider whose scope of practice includes EKG interpretation; and
(c) Handing off the tracing upon arrival at the receiving facility for interpretation;
7. Provides patient care to the sick and injured. This care includes:
a. Manual airway maneuvers;
b. Sellick's maneuver;
c. Manual non-visualized foreign body airway obstruction removal;
d. Insertion and removal of airway adjuncts including;
(1)Oropharyngeal airway; and
(2)Nasopharyngeal airway;
e. Upper airway suctioning;
f. Suctioning an airway stoma;
g. Positive pressure ventilation by:
(1) Mouth to mask;
(2) Bag valve mask; or
(3) Manually triggered oxygen powered device;
h. Oxygen administration by:
(1) Non-Rebreather mask;
(2) Nasal cannula;
(3) Venturi mask; and
(4) Positive pressure ventilation;

i. Cardiopulmonary Resuscitation by:
   (1) Manual means; or
   (2) Mechanical devices;
j. Use of Automatic or semi automatic external defibrillator;
k. Manual stabilization of suspected:
   (1) Spinal injuries; and
   (2) Extremity injuries;
l. Application of devices for immobilization of suspected:
   (1) Spinal injuries; and
   (2) Extremity injuries;
m. External application of cold and heat for treatment of injuries or environmental emergencies;
n. Control hemorrhaging including the use of a tourniquet;
o. Bandaging wounds;
p. Non - invasive treatment of shock;
q. Moving patient by drags, lifts and carries due to:
   (1) An imminent danger to the patient and/or out of hospital emergency care provider; or
   (2) Limited access to patient and delay would likely increase morbidity and mortality;
r. Use of patient transport devices;
s. Transport of the patient;
t. Assist with normal or complicated childbirth;
u. Monitor an established:
   (1) Urinary catheter; and
   (2) Nasal or Oral gastric tube;
v. Assist the patient under the patient's direction in taking prescribed medications unique to that patient including;
   (1) Nitroglycerin by sublingual route;
   (2) Bronchodilators with a mechanism of action that is for the immediate relief of bronchospasm and/or bronchoconstriction delivered by metered dose inhaler; and
   (3) Epinephrine by auto injector;
w. Administration of:
   (1) Oral glucose;
   (2) Aspirin for suspected acute myocardial infarction; and
   (3) Use auto injector antidote kits during an exposure for treatment of:
      (a) Self;
      (b) Other emergency responders; and
      (c) Patients in mass numbers when higher level out-of-hospital emergency care providers are insufficient in numbers to administer the antidote kit and delay in the administration of the antidote would lead to mortality and morbidity of patients; and
x. Self administration of prophylactic medications:
   (1) For treatment immediately following a significant exposure to a infectious pathogen;
   (2) For the prevention of disease progression in the out-of-hospital emergency care provider;

(3) In situations where delay in the administration of the prophylactic medications would significantly reduce the effectiveness against the infectious pathogen; and
(4) Under the direction of the physician medical director approved protocol and in conjunction with the physician medical director approved infection control plan.

11-009.02B Emergency Medical Technicians while functioning as a member or employee of a licensed emergency medical service may perform the practices and procedures as defined in 172 NAC 11-009.02A and in addition may:

1. After successful completion of appropriate training;
2. With the approval of the service's Physician Medical Director;
3. Under written Physician Medical Director approved protocols; and
4. Provide care as appropriate for the patient's illness and/or injury and life span development which includes:
   a. Insertion and removal of airway adjuncts not intended for insertion into the trachea as the sole means to provide for a patent airway limited to:
      (1) Dual lumen airway; and
      (2) Supraglottic airways, limited to Combitube, King Airway all types and sizes, PTL or equipment as determined by the Board;
   b. Insertion and removal of non-visualized advanced airways;
   c. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;
   d. Use of Impedance Threshold Device in cardiac arrest;
   e. When trained for peripheral intravenous fluid monitoring only:
      (1) Monitor only non- medicated intravenous solutions of:
         (a) 0.9% Sodium chloride;
         (b) Lactated ringers; and
         (c) Dextrose 5% in water;
      (2) Maintain an ordered rate of infusion without the use of an electronic mechanical device; and
      (3) Stop the infusion if intravenous line becomes compromised;
   f. When trained for establishing peripheral intravenous access and monitoring intravenous fluids:
      (1) Cannulate peripheral veins in the extremities;
      (2) Administer and monitor only non- medicated intravenous solutions of:
         (a) 0.9% Sodium chloride;
         (b) Lactated ringers; and
         (c) Dextrose 5% in water;
      (3) Adjust rate of infusion based on patient condition without the use of an electronic mechanical device;
      (4) Maintain an ordered rate of infusion without the use of electronic mechanical device; and
      (5) Stop the infusion and discontinue intravenous access if the intravenous line becomes compromised;
   g. Use of glucose monitor;
   h. Administration of the following medications:

(1) Albuterol by nebulizer for respiratory distress; and
(2) Epinephrine by auto injector for:
(a) Status Asthmaticus; and
(b) Anaphylaxis.

11-009.03 Advanced Emergency Medical Technician Practices and Procedures: The Advanced Emergency Medical Technician provides basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This individual possesses the basic knowledge and limited advanced skills necessary to provide patient care and transportation under the physician medical director's over site.

11-009.03A An Advanced Emergency Medical Technician, while functioning as a member or employee of a licensed advanced life support emergency medical service may perform all the practices and procedures in 172 NAC 11-009.02A. In addition, with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, this care may include the following as set forth in written protocols:

1. Insertion and removal of airway adjuncts not intended for insertion into the trachea as the sole means to provide for a patent airway limited to:
   a. Dual lumen airway; and
   b. Supraglottic airway;
2. Insertion and removal of non-visualized advanced airways;
3. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;
4. Use of Impedance Threshold Device in cardiac arrest;
5. Determine Lung Sounds:
   a. Vesicular;
   b. Bronchovesicular;
   c. Bronchial sounds; and
   d. Adventitious sounds;
6. Use of glucose monitor;
7. Intravenous therapy including:
   a. Establish peripheral intravenous access;
   b. Monitoring established intravenous access site;
   c. Administer and monitor non-medicated intravenous fluids of:
      (1) 0.9% Sodium Chloride;
      (2) Lactated Ringers; and
      (3) Dextrose 5% in Water;
   d. Adjust intravenous fluid administration rate;
   e. Discontinue Intravenous therapy; and
   f. Use of electronic and non electronic devices to control rate of administration;
8. Intraosseous therapy including:
   a. Establishing intraosseous access;
   b. Monitoring an established intraosseous access site;
   c. Administer and monitor through intraosseous site non-medicated intravenous fluids of:
      (1) 0.9% Sodium Chloride;

(2) Lactated Ringers; and
(3) Dextrose 5% in Water;
d. Adjust fluid administration rate;
e. Discontinue Intraosseous therapy; and
f. Use of electronic devices and non electronic devices to control rate of administration;
9. Venipuncture;
10. Administration of approved medications by:
a. Bolus intravenous and intraosseous route;
b. Subcutaneous injection;
c. Intramuscular injection;
d. Oral route;
e. Sublingual route;
f. Inhalation; and
g. Nasal; and
11. Administration of the following approved medications:
a. Aspirin;
b. Nitroglycerin;
c. Albuterol;
d. Epinephrine;
e. Glucagon;
f. Dextrose;
g. Naloxone; and
h. Morphine.

11-009.04 Emergency Medical Technician-Intermediate Practice and Procedures: The Emergency Medical Technician–Intermediate provides basic and focused advanced skills for the acute management and transportation of critical and emergent patients. This individual possesses the basic and advanced knowledge and a focused group of skills and medications to provide patient care and transportation under the physician medical director over site.

11-009.04A An Emergency Medical Technician-Intermediate (EMT-I), while functioning as a member or employee of a licensed advanced life support emergency medical service with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, and under physician medical director approved written protocol may perform all the practices and procedures of an Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician as defined in 172 NAC 11-009. In addition, EMT-I Practice and Procedures include:

1. Integration of scene and patient assessment findings to form a field impression;
2. Formulate and as needed modify a treatment plan;
3. Performs an advanced physical assessment:
a. Percussion of the chest;
b. Auscultation of lung sounds; and
c. Auscultation of heart tones;
4. Visualized foreign body airway obstruction removal;
5. Insertion and removal of advanced airway adjuncts including:

a. Dual lumen airway;
b. Supraglottic airway; and
c. Endotracheal tube through the oral route;
6. Suctioning of the visualized and non visualized advanced airway adjuncts;
7. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;
8. Placement of oral and nasal gastric tube;
9. Positive pressure ventilation by automatic transport ventilator to include the use of PEEP;
10. Use of Impedance Threshold Device in cardiac arrest;
11. Administration of supplemental oxygen by:
a. Simple mask; and
b. Partial rebreather mask;
12. Decompression of tension pneumothorax;
13. Interpretation of Lead One(I), Two (II), and Three (III) electrocardiograms;
14. Therapeutic electrical therapy:
a. Manual defibrillation; and
b. Transcutaneous pacing;
15. Use of devices to monitor:
a. End tidal Carbon Dioxide including capnography;
b. Pulse Oximetry; and
c. Airway/breathing pressures;
16. Use of glucose monitor;
17. Intravenous therapy including:
a. Establish peripheral intravenous access;
b. Monitoring established intravenous access site;
c. Administer and monitor intravenous fluids of:
(1) 0.9% Sodium Chloride;
(2) Lactated Ringers; and
(3) Dextrose 5% in Water;
d. Adjust intravenous fluid administration rate;
e. Discontinue intravenous therapy; and
f. Use of electronic and non electronic devices to control rate of administration;
18. Intraosseous therapy including:
a. Establishing intraosseous access;
b. Monitoring an established intraosseous access site;
c. Administer and monitor through intraosseous site intravenous fluids of:
(1) 0.9% Sodium Chloride;
(2) Lactated Ringers; and
(3) Dextrose 5% in Water;
d. Adjust fluid administration rate;
e. Discontinue intraosseous therapy; and
f. Use of electronic devices to control rate of administration;
19. Venipuncture;
20. Administration of approved medications by:
a. Bolus intravenous and intraosseous route;
b. Subcutaneous injection;
c. Intramuscular injection;

d. Oral route;
e. Sublingual route;
f. Inhalation route;
g. Endotracheal tube route; and
h. Nasal route;

21. Administration of the following approved medications:
    a. Adenosine;
    b. Atropine;
    c. Epinephrine;
    d. Lidocaine 2%;
    e. Nitroglycerin;
    f. Morphine;
    g. Naloxone;
    h. Furosemide;
    i. Diazepam;
    j. 50% Dextrose;
    k. Albuterol;
    l. Isoetharine;
    m. Ipatropium;
    n. Metaproterenol;
    o. Terbutaline;
    p. Methylprednisolone;
    q. Dexamethasone;
    r. Triamcinolone;
    s. Acetylsalicylic acid;
    t. Vasopressin;
    u. Amiodarone;
    v. Glucagon; and
    w. Benadryl; and
22. With the approval of the emergency medical service's physician medical director and showing completion of a nationally recognized course in Advanced Cardiac Life Support (ACLS), the Emergency Medical Technician-Intermediate may:
    a. Perform synchronized cardioversion; and
    b. Establish and maintain infusion of Lidocaine.

11-009.05 Paramedic Practice and Procedures: The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation under medical oversight.

11-009.05A A Paramedic while functioning as a member or employee of a licensed advanced life support emergency medical service with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, and under physician medical director approved written protocol may perform all the practices and procedures of an Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Emergency Medical Technician-Intermediate as defined in 172 NAC 11-009. In addition this

care includes;

1. Integration of scene and patient assessment findings with knowledge of epidemiology and pathophysiology to:
   a. Form a field impression;
   b. Develop differential diagnoses; and
   c. Formulate and as needed modify a treatment plan;
2. A comprehensive patient primary assessment, secondary assessment, reassessments, evaluation of body systems, body functions, and anatomic regions as appropriate for the patient's illness and/or injury, life span development, special needs, and cultural differences. Also treats or adjust treatments based on assessment findings. This includes:
   a. Therapeutic communication;
   b. History taking techniques;
   c. Auscultation;
   d. Inspection;
   e. Palpation;
   f. Percussion;
   g. Use of Otoscope and Opthalmoscope;
   h. Analysis of Blood Chemistry results;
   i. Monitor invasive blood pressure;
   j. Monitor body temperature using an esophageal probe;
   k. Use of electronic and non-electronic devices to determine the presences, absence, and /or the amount of gas(es) in inhaled or exhaled breath;
   l. Use of noninvasive electronic patient monitoring devices;
   m. Use of electronic and non-electronic devices to monitor airway and or breathing volumes and pressures;
   n. Interpretation of:
      (1) Single and multiple lead electrocardiograms;
      (2) Numerical results, positive/negative results, waveform and/or graphs generated by the devices defined in 172 NAC 11-006.05A2 k through m; and
      (3) Monitor but not establish arterial access lines; and
   o. Use of glucose monitor; and
3. Provide patient care as appropriate for the patient's illness and/or injury and life span development. This care may include:
   a. Insertion and removal of advanced airway adjuncts including:
      (1) Devices and/or methods utilizing a non-visualized insertion technique; and
      (2) Devices and/or methods requiring a visualized insertion technique;
   b. Perform emergency cricothyrotomy established by:
      (1) Surgical technique; or
      (2) Percutaneous technique;
   c. Perform pharmacological assisted intubation including:
      (1) Use of sedative pharmacological agents; and/or
      (2) Use of paralytic pharmacological agents;
   d. Visualized removal foreign body airway obstructions;
   e. Suctioning of the visualized and non visualized advanced airway adjuncts;
   f. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;

g. Placement of nasal and oral gastric tubes;
h. Placement of esophageal probe for body temperature monitoring;
i. Use of devices that solely or in conjunction another device assist with or ventilate a patient including:
   (1) Automatic transport ventilator;
   (2) Impedance Threshold Device in Both Cardiac Arrest and Non Cardiac Arrest Patients;
   (3) Continuous positive airway pressure (CPAP);
   (4) Bi-level positive airway pressure (BiPAP);
   (5) Positive end expiratory pressure (PEEP);
   (6) Peak inspiratory pressure (PIP); and
   (7) Blending with room air or compressed air to a desired percent of inspired oxygen;
j. Supplemental oxygen administration by all devices;
k. Decompression of a tension pneumothorax;
l. Therapeutic electrical therapy:
   (1) Manual Defibrillation;
   (2) Cardoversion; and
   (3) External Pacing;
m. Intravenous therapy including:
   (1) Establish peripheral intravenous access;
   (2) Establish intravenous access through external jugular vein;
   (3) Access, maintain, and/or monitor but not establish central intravenous lines;
   (4) Monitoring established intravenous access site;
   (5) Administer and monitor medicated and non medicated intravenous fluids;
   (6) Adjust intravenous fluid administration rate;
   (7) Discontinue intravenous therapy; and
   (8) Use of electronic and non electronic devices to control rate of administration;
n. Intraosseous therapy including:
   (1) Establishing intraosseous access;
   (2) Monitoring an established intraosseous access site;
   (3) Administer and monitor through intraosseous site medicated and non medicated intravenous fluids;
   (4) Adjust fluid administration rate;
   (5) Discontinue intraosseous therapy; and
   (6) Use of electronic and non electronic devices to control rate of administration;
o. Venipuncture;
p. Medication administration by injection, bolus, or infusion by parenteral routes including:
   (1) Intradermal;
   (2) Subcutaneous;
   (3) Intramuscular;
   (4) Intraveneous; and
   (5) Intraosseous;
q. Medication administration absorbed through percutaneous routes:
   (1) Sublingual, buccal;
   (2) Topical;
   (3) Eyes;

(4) Ears;
(5) Nose;
(6) Lungs;
(7) Enteral routes;
(8) Oral;
(9) Gastric; and
(10) Rectal;

r. Administration of:
(1) Physician Medical Director approved medications;
(2) On line medical control ordered medications;
(3) Physician ordered medications specific to the patient; and
(4) Mid-level Practitioner ordered medications specific to the patient; and

s. Administration of blood and blood products.

11-009.06 Temporary License Out-of-Hospital Emergency Care Provider possesses the knowledge and skills to provide emergency lifesaving interventions under field supervision. The temporary license holder is intended to function as part of a team and not to be the sole licensed out-of-hospital emergency care provider but acting under field supervision as defined in 172 NAC 11-002 and may perform all of the practice and procedures as defined for the specific level of credential listed in 172 NAC 11-009 when the temporary licensee is:

1. Functioning with a licensed emergency medical service,
2. Under physician medical director approval
3. Under physician medical director approved protocols,
4. Under the field supervision of the same or higher level of out-of-hospital emergency care provider outlined in 172 NAC 11-004.02

11-009.07 A paramedic, an emergency medical technician-intermediate, and an advanced emergency medical technician while functioning as an employee or volunteer with a basic life support service, must perform only those practices and procedures as identified in 172 NAC 11-009.02.

11-009.08 An out-of-hospital emergency care provider, other than an emergency medical responder, may not assume the duties incident to the title or practice the skills of an out-of-hospital emergency care provider unless:

1. S/he is employed by or serving as a volunteer member of an emergency medical service licensed by the Department; and
2. S/he may only practice the skills s/he is authorized to employ and which are covered by the license.

11-009.09 An advanced emergency medical technician, an emergency medical technician-intermediate or a paramedic may volunteer or be employed at a hospital or a health clinic to perform activities within his/her scope of practice within such hospital or health clinic under the supervision of a registered nurse, a physician assistant or a physician.

11-009.10 An out-of-hospital emergency care provider may perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service

with which they are affiliated when requested by the other service when the patient for whom they are to render services is in danger of loss of life.

11-010 DISCIPLINARY ACTIONS

11-010.01 Grounds for Action Against a Credential: A credential to practice a profession may have disciplinary actions taken against it on any of the following grounds:

1. Misrepresentation of material facts in procuring or attempting to procure a credential;
2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;
3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;
4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;
5. Conviction of:
   a. A misdemeanor or felony under Nebraska law or federal law; or
   b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has a rational connection with the fitness or capacity of the applicant or credential holder to practice the profession;
6. Practice of the profession:
   a. Fraudulently;
   b. Beyond its authorized scope;
   c. With gross incompetence or gross negligence; or
   d. In a pattern of incompetent or negligent conduct;
7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;
8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;
9. Illness, deterioration, or disability that impairs the ability to practice the profession;
10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential by a person not credentialed to do so;
11. Having had his/her credential denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 11-010.05 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this part;
12. Use of untruthful, deceptive, or misleading statements in advertisements;
13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;
14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;
15. Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;
16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential holder is not credentialed to practice;

17. Violation of the Uniform Controlled Substances Act or any rules and regulations adopted pursuant to the act;
18. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;
19. Failure to maintain the requirements necessary to obtain a credential;
20. Violation of an order issued by the Department;
21. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
22. Failure to pay an administrative penalty;
23. Unprofessional conduct as defined in 172 NAC 11-010.02; or
24. Violation of the Automated Medication Systems Act.

11-010.02 Unprofessional Conduct: Unprofessional conduct means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to:

1. Receipt of fees on the assurance that an incurable disease can be permanently cured;
2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
   a. With a partner or employee of the applicant or credential holder or his/her office or clinic;
   b. With a landlord of the applicant or credential holder pursuant to a written agreement that provides for payment of rent based on gross receipts; or
   c. With a former partner or employee of the applicant or credential holder based on a retirement plan or separation agreement;
3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
4. Cheating on or attempting to subvert the licensing examination;
5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;
6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed;
7. Performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;
8. Knowingly disclosing confidential information except as otherwise permitted by law;
9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant or credential holder;
10. Failure to keep and maintain adequate records of treatment or service;
11. Prescribing, administering, distributing, dispensing, giving, or selling any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose;
12. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;
13. Disruptive behavior, whether verbal or physical, which interferes with consumer care or could reasonably be expected to interfere with the care;
14. Competence: An out-of-hospital emergency medical care provider must not provide

services for which s/he is not trained or authorized by the physician medical director. Unprofessional conduct while practicing as an out-of-hospital emergency medical care provider includes but is not limited to:

a. Committing any act which endangers patient safety or welfare;
b. Encouraging or promoting emergency medical care by untrained or unqualified persons;
c. Failure to comply with emergency vehicle operating requirements pursuant to Neb. Rev. Stat. § 60-6,114; and
d. Failure to comply with the physician medical director's directives;

15. Confidentiality: An out-of-hospital emergency medical care provider must hold in confidence information obtained from a patient, except in those unusual circumstances in which to do so would result in clear danger to the person or to others, or where otherwise required by law. Failure to do so constitutes unprofessional conduct;
16. Professional Relationships: An out-of-hospital emergency medical care provider must safeguard the welfare of patients and maintain appropriate professional relationships with patients. Commission of any of the following acts or behavior constitutes unprofessional conduct:
    a. Improper use of another person for one's own advantage;
    b. Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;
    c. Failure to decline to carry out procedures that have been requested when the services are known to be outside of the out-of-hospital emergency medical care provider's scope of practice;
    d. Verbally or physically abusing patients;
    e. Falsification, unauthorized destruction, or failure to document patient care records;
    f. Attempting to provide diagnostic or treatment information to patient(s) that beyond the out-of-hospital emergency medical care provider's level of training and expertise;
    g. Delegating to other personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency medical care provider is required; and
    h. Failure to follow the directives of the physician medical director;
17. Sexual Harassment: An out-of-hospital emergency medical care provider must not under any circumstances engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:
    a. The provision or denial of emergency medical care to a patient;
    b. The provision or denial of employment;
    c. The provision or denial of promotions to a co-worker;
    d. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover; or
    e. For the purpose or effect of creating an intimidating, hostile, or offensive working environment or unreasonably interfering with the co-worker's ability to perform his/her work;
18. Obtaining any fee for professional services by fraud, deceit, or misrepresentation;
19. Failure to follow policies or procedures implemented in the practice to safeguard patient care;
20. Failure to safeguard the patient's dignity and right to privacy;

21. Practicing as an out-of-hospital emergency medical care provider in this state without a current Nebraska license;
22. Providing services except otherwise provided by law while not a member of a service; and
23. Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

11-010.03 Temporary Suspension or Limitation

11-010.03A The Department may temporarily suspend or temporarily limit any credential issued by the Department without notice or a hearing if the Director determines that there is reasonable cause to believe that grounds exist under 172 NAC 11-010.01 for the revocation, suspension, or limitation of the credential and that the credential holder's continuation in practice or operation would constitute an imminent danger to the public health and safety. Simultaneously with the action, the Department will institute proceedings for a hearing on the grounds for revocation, suspension, or limitation of the credential. The hearing will be held no later than 15 days from the date of the temporary suspension or temporary limitation of the credential.

11-010.03B A continuance of the hearing will be granted by the Department upon the written request of the credential holder, and the continuance must not exceed 30 days unless waived by the credential holder. A temporary suspension or temporary limitation order by the Director will take effect when served upon the credential holder.

11-010.03C A temporary suspension or temporary limitation of a credential under 172 NAC 11-010.03 will not be in effect for more than 90 days unless waived by the credential holder. If a decision is not reached within 90 days, the credential will be reinstated unless and until the Department reaches a decision to revoke, suspend, or limit the credential or otherwise discipline the credential holder.

11-010.04 Department Action: The Department will follow the procedures delineated in the Uniform Credentialing Act to notify credential holders of any disciplinary action to be imposed and the time and place of the hearing.

11-010.05 Sanctions: Upon the completion of any hearing held regarding discipline of a credential, the Director may dismiss the action or impose the following sanctions:

1. Censure;
2. Probation;
3. Limitation;
4. Civil Penalty;
5. Suspension; or
6. Revocation.

11-010.05A Additional Terms and Conditions of Discipline: If any discipline is imposed pursuant to 172 NAC 11-010.05, the Director may, in addition to any other terms and conditions of that discipline:

1. Require the credential holder to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral or both and may be a practical or clinical examination or both or any or all of the combinations of written, oral, practical, and clinical, at the option of the Director;
2. Require the credential holder to submit to a complete diagnostic examination by one or more physicians or other qualified professionals appointed by the Director. If the Director requires the credential holder to submit to an examination, the Director will receive and consider any other report of a complete diagnostic examination given by one or more physicians or other qualified professionals of the credential holder's choice if the credential holder chooses to make available the report or reports by his/her physician or physicians or other qualified professionals; and
3. Limit the extent, scope, or type of practice of the credential holder.

11-011 VOLUNTARY SURRENDER OR LIMITATION: A credential holder may offer to voluntarily surrender or limit a credential issued by the Department. The credential holder must make the offer in writing on a form provided by the Department or constructed by the credential holder, which must include the following information:

1. Personal Information:
   a. First, middle and last name;
   b. Mailing address (street, rural route, or post office address), city, state, and zip code;
   c. Telephone number; and
   d. Fax number;
2. Information Regarding the Credential Being Offered for Surrender or Limitation:
   a. List credential(s) and credential number(s) that would be surrendered or limited;
   b. Indicate the desired time frame for offered surrender or limitation:
      (1) Permanently;
      (2) Indefinitely; or
      (3) Definite period of time (specify);
   c. Specify reason for offered surrender or limit of credential; and
   d. Specify any terms and conditions that the credential holder wishes to have the Department consider and apply to the offer;
3. Attestation: The credential holder must;
   a. "Attest that all the information on the offer is true and complete"; and
   b. Provide the credential holder's signature and date.

11-011.01The Department may accept an offer of voluntary surrender or limitation of a credential based on:

1. An offer made by the credential holder on his/her own volition;
2. An offer made with the agreement of the Attorney General or the legal counsel of the Department to resolve a pending disciplinary matter;
3. A decision by the Attorney General to negotiate a voluntary surrender or limitation in lieu of filing a petition for disciplinary action; or
4. A decision by the legal counsel of the Department to negotiate a voluntary surrender or limitation in response to a notice of disciplinary action.

11-011.02 The Department may reject an offer of voluntary surrender of a credential under

circumstances which include, but are not limited to, when the credential:

1. Is under investigation;
2. Has a disciplinary action pending but a disposition has not been rendered; or
3. Has had a disciplinary action taken against it.

11-011.03 When the Department either accepts or rejects an offer of voluntary surrender or limitation, the Director will issue the decision in a written order. The order will be issued within 30 days after receipt of the offer of voluntary surrender or limitation and will specify:

1. Whether the Department accepts or rejects the offer of voluntary surrender; and
2. The terms and conditions under which the voluntary surrender is accepted or the basis for the rejection of an offer of voluntary surrender. The terms and conditions governing the acceptance of a voluntary surrender will include, but not be limited to:
   a. Duration of the surrender;
   b. Whether the credential holder may apply to have the credential reinstated; and
   c. Any terms and conditions for reinstatement.

11-011.04 A limitation may be placed on the right of the credential holder to practice a profession or operate a business to the extent, for the time, and under the conditions as imposed by the Director.

11-011.05 Violation of any of the terms and conditions of a voluntary surrender or limitation by the credential holder will be due cause for the refusal of renewal of the credential, for the suspension or revocation of the credential, or for refusal to restore the credential.

11-011.06 Reinstatement following voluntary surrender is set out in 172 NAC 11-011.

11-012 REINSTATEMENT: This section applies to individuals previously credentialed in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska credential. Individuals may apply for reinstatement as follows:

1. An individual whose credential has expired, been placed on inactive status, voluntarily surrendered for an indefinite period of time, or suspended or limited for disciplinary reasons, may apply for reinstatement at any time.

2. An individual whose credential has been voluntarily surrendered for a definite period of time may apply for reinstatement after that period of time has elapsed.

3. An individual whose credential has been permanently voluntarily surrendered may not apply for reinstatement.

The voluntary surrender of a credential may be unrelated to disciplinary matters, or may be done to resolve a pending disciplinary matter, in lieu of disciplinary action, or in response to a notice of disciplinary action.

11-012.01 Reinstatement From Expired or Inactive Status or Following Voluntary Surrender Unrelated to a Disciplinary Matter.

The applicant must submit to the Department a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant on his/her application:
   a. Must provide the following information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);
      (3) The applicant's:
         (a) Social Security Number (SSN); or
         (b) Alien Registration Number (A#); or
         (c) Form I-94 (Arrival-Departure Record) number; and

      Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
      (4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;
   b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence which may include a copy of:
      (1) A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
      (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
      (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
      (4) A Form I-94 (Arrival-Departure Record);
   c. May provide the following information about him/herself:
      (1) Telephone number including area code:
      (2) E-mail address;
      (3) Fax number; and
   d. Must attest that s/he:
      (1) Is of good Character;
      (2) Has met the continuing competency requirements specified in 172 NAC 11-007 within the 24 months immediately preceding submission of the application (or other requirements as specified by the practice act):
      (3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;
      (4) Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 11-010 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts; and
      (5) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
      (6) For purposes of Neb. Rev. Stat. §38-129:
         (a) A citizen of the United States:
         (b) An alien lawfully admitted into the United States who is eligible for a

credential under the Uniform Credentialing Act: or

(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. A copy of the applicant's current CPR certification from an organization approved by the Board pursuant to 172 NAC 13-017, item 2.

3. If an Out-of-Hospital Emergency Care Provider's license has expired for less than one year from the expiration date and the renewal requirements where met prior to the expiration date, s/he must submit a written application as listed in 172 NAC 11-012.01, item 1.

4. If an emergency medical responder or emergency medical technician license expired and s/he did not meet the renewal requirements by the renewal expiration date, s/he must submit in addition to a written application as listed in 172 NAC 11-012, item 1 the following:
   a. A copy of the applicant's current National Registry Technician Certificate; or
   b. Documentation of successful completion of a refresher course as defined in 172 NAC 11-002, items 6 or 7, as applicable.

5. If an advanced emergency medical technician or a paramedic license expired for less than three years, s/he must submit in addition to a written application as listed in 172 NAC 11-012, item 1 the following:
   a. A copy of the applicant's current National Registry Advanced Emergency Medical Technician or Paramedic Certificate; or
   b. Documentation of successful completion of a refresher course as defined in 172 NAC 11-002 items 8 or 9, as applicable.

6. If an emergency medical technician-intermediate does not meet the requirements outlined in 172 NAC 11-012.01 item 4 and wants to hold a license as an out-of-hospital emergency care provider s/he must follow the procedures specified in 172 NAC 11-007.01 item 7.

7. If an advanced emergency medical technician or paramedic license has been expired for more than three years, s/he must reapply in accordance with 172 NAC 11-003.

8. Fee: If the credential is expired or inactive, the reinstatement fee according to 172 NAC 2.

11-012.01A If an applicant has practiced while her/his credential was expired, inactive, voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Deny the application to reinstate the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

11-012.01B If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

11-012.01C The Department will act within 150 days on all completed applications.

11-012.01D The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

11-012.02 Reinstatement Following Suspension, Limitation, or Voluntary Surrender to Resolve a Pending Disciplinary Matter, In Lieu of Discipline, or In Response to a Notice of Disciplinary Action: An individual whose credential was suspended or limited may apply for reinstatement at any time. An individual whose credential was voluntarily surrendered may apply for reinstatement according to the order entered by the Director

The applicant must submit to the Board a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant on his/her application:
   a. Must provide the following information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);
      (3) The applicant's:
         (a) Social Security Number (SSN); or
         (b) Alien Registration Number (A#); or
         (c) Form 1-94 (Arrival-Departure Record) number.

      Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
      (4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;
      (5) A statement of the reason the applicant believes his/her credential should be reinstated;

   b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence, and/or immigration status which may include a copy of:
      (1) A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
      (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
      (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
      (4) A Form I-94 (Arrival-Departure Record);

c. May provide the following information about him/herself:
   (1) Telephone number including area code;
   (2) E-mail address;
   (3) Fax number; and

d. Must attest that s/he:
   (1) Is of good character;
   (2) Has met the continuing competency requirements specified in 172 NAC 11-007 within the 24 months immediately preceding submission of the application (or other requirements as specified by the practice act);
   (3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;
   (4) Has not committed any act(s) which would be grounds for action against a credential as specified in 172 NAC 11-010.01 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such act(s);and
   (5) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
   (6) For purposes of Neb. Rev. Stat. §38-129:
      (a) A citizen of the United States;
      (b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act: or
      (c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

11-012.02A The Board will make a recommendation regarding reinstatement following suspension, limitation or voluntary surrender within 180 days of receipt of the application.

11-012.02B The Department, with the recommendation of the Board, may:

1. Conduct an investigation to determine if the applicant has committed acts or offenses prohibited by Neb. Rev. Stat. § 38-178;
2. Require the applicant to submit to a complete diagnostic examination, at the expense of the applicant, by one or more physician(s) or other professionals appointed by the Board. The applicant may also consult a physician(s) or other professionals of his/her own choice for a complete diagnostic examination and make available a report(s) of the examination(s) to the Department and to the Board;
3. Require the applicant to pass a written, oral, or practical examination or any combination of examinations at the expense of the applicant;
4. Require the applicant to successfully complete additional education at the expense of the applicant;
5. Require the applicant to successfully pass an inspection of his/her practice site; or
6. Take any combination of these actions.

11-012.02C On the basis of the written application, materials submitted by the applicant, and the information obtained under 172 NAC 11-012.02B, the Board may:

1. Deny the application for reinstatement; or
2. Recommend to the Department:
   a. Full reinstatement of the credential;
   b. Modification of the suspension or limitation; or
   c. Reinstatement subject to limitations or subject to probation with terms and conditions.

If the applicant has practiced while his/her credential was suspended, limited or voluntarily surrendered, the Department may assess an administrative penalty pursuant to 172 NAC 11-013, in which case a separate notice of opportunity for hearing will be sent to the applicant.

11-012.02D An affirmative vote of a majority of the full membership of the Board as authorized by statute is required to recommend reinstatement of a credential with or without terms, conditions, or restrictions.

11-012.02E Full Reinstatement: If the Board recommends full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or subject to probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and
4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

11-012.02F Denial, Modification, Limitation, or Probation: If the Board's decision is to deny the application for reinstatement, recommend modification of the suspension or limitation, or reinstate the credential subject to limitation or probation with terms and conditions, notification of the Board's decision will be mailed to the applicant by certified mail.

1. The initial decision or recommendation of the Board will become final 30 days after the decisions or recommendation is mailed to the applicant unless the applicant requests a hearing within that 30-day period:
   a. If the applicant requests a hearing before the Board, the Department will mail a notice of the date, time, and location of the hearing. The notice will be sent by certified mail at least 30 days before the hearing.
   b. Following the hearing, the Board may deny the reinstatement or recommend full reinstatement of the credential, or recommend modification of the suspension or limitation, or recommend reinstatement of the credential subject to limitation or probation with terms and conditions.

2. If the applicant has been afforded a hearing or an opportunity for a hearing on an application for reinstatement within two years before filing the current application, the

Department may grant or deny the application without another hearing before the Board.

11-012.02G Denial Decision: If the Board's final decision is denial of the application for reinstatement, the applicant will be notified by certified mail. The applicant may appeal the Board's denial to District Court in accordance with the Administrative Procedure Act.

11-012.02H Board Recommendation: If the Board's final recommendation is full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or subject to probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and
4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

11-012.02I The Director's Review: The Director, upon receipt of the Board's recommendation for full reinstatement, modification, or probation, will review the application and other documents and make a decision within 150 days of receipt of the Board's recommendation and accompanying documents. The Director will enter an order setting forth the decision. The Director may:

1. Affirm the recommendation of the Board and grant reinstatement; or
2. Reverse or modify the recommendation if the Board's recommendation is:
   a. In excess of statutory authority;
   b. Made upon unlawful procedure;
   c. Unsupported by competent, material, and substantial evidence in view of the entire record; or
   d. Arbitrary or capricious.

The order regarding reinstatement of the applicant's credential will be sent to the applicant by certified mail. The Director's decision may be appealed to District Court by a party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

11-013 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists of practice without a credential to practice a profession or operate a business. Practice without a credential for the purpose of this regulation means practice:

1. Prior to the issuance of a credential;
2. Following the expiration of a credential; or
3. Prior to the reinstatement of a credential.

11-013.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without being credentialed:

1. The person admits to engaging in practice;
2. Staffing records or other reports from the employer of the person indicate that the person was engaged in practice;
3. Billing or payment records document the provision of service, care, or treatment by the person;
4. Service, care, or treatment records document the provision of service, care, or treatment by the person;
5. Appointment records indicate that the person was engaged in practice;
6. Government records indicate that the person was engaged in practice; and
7. The person opens a business or practice site and announces or advertises that the business or site is open to provide service, care, or treatment.

For purposes of this regulation prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.

11-013.02 Penalty: The Department may assess an administrative penalty in the amount of $10 per day, not to exceed a total of $1,000 for practice without a certificate. To assess the penalty, the Department will:

1. Provide written notice of the assessment to the person. The notice will specify:
   a. The total amount of the administrative penalty;
   b. The evidence on which the administrative penalty is based;
   c. That the person may request, in writing, a hearing to contest the assessment of an administrative penalty;
   d. That the Department will within 30 days following receipt of payment of the administrative penalty, remit the penalty to the State Treasurer to be disposed of in accordance with Article VII, section 5 of the constitution of Nebraska;
   e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien, foreclosure, or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property. The Department may also collect in such action attorney's fees and costs incurred directly in the collection of the administrative penalty; and
   f. Failure to pay an administrative penalty may result in disciplinary action.

2. Send by certified mail, a written notice of the administrative penalty to the last the last known address of the person to whom the penalty is assessed.

11-013.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

11-014 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.

11-015 METHOD OF IDENTIFICATION: Every person credentialed as an out-of-hospital emergency

care provider must identify himself/herself to the consumer by stating his/her name and the level of out-of-hospital emergency care provider credential that he/she holds. If the consumer requests to see the Department issued credential, the provider must make it available within 48 hours of the request. All signs, announcements, stationery, and advertisements of emergency medical services shall identify the profession.

THESE AMENDED RULES AND REGULATIONS Replace Title 172 Chapter 11, Regulations Governing the Practice of Out-of-Hospital Emergency Care Providers, effective December 27, 2005.

Title 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

Chapter 11 CERTIFICATION OF OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS

11-001 SCOPE AND AUTHORITY: These regulations apply to the certification of out-of-hospital emergency care providers as defined in Neb. Rev. Stat. §§ 71-5172 to 71-51,103 and the Uniform Licensing Law.

11-002 DEFINITIONS:

Act means Neb. Rev. Stat. §§ 71-5172 to 71-51,103 known as the Emergency Medical Services Act.

Advanced Airway Management means the use of visualized or non-visualized devices that are inserted through the mouth or nose of patients, who are in respiratory distress, to allow passage of air and oxygen to the lungs.

Assessment examination means examinations, developed by the National Registry of Emergency Medical Technicians, to determine the competency of out-of-hospital emergency care personnel.

Assessment means the act of determining the type and degree of injury, illness or other medical disability.

Attest/Attestation means that the individual declares that all statements on the application/petition are true and complete.

Board means the Board of Emergency Medical Services.

Care and Treatment Standards means the more current standards established by a nationally recognized organization that, through research, accepted practice, and/or patient experience, issues guidelines for the care and treatment of patients in the emergency and/or out of hospital environment.

Certification means approval by the Department of individuals who have successfully met the minimum competency requirements by successfully completing EMS courses and successfully passing certifying examinations.

Certifying Examinations mean the minimum competency examinations developed by the National Registry of Emergency Medical Technicians to certify emergency medical technicians, first

~~responders, emergency medical technician-intermediates, and emergency medical technician-paramedics.~~

~~Continuing Education means the attendance and participation in training, including distributive learning programs, which covers learning objectives of the subject matter of EMS Courses.~~

~~Critical Criteria means actions of commission or omission specified for each skill of the National Registry EMT-Intermediate and EMT-Paramedic practical examinations, which if performed in an actual emergency situation, would endanger or compromise the life or physical status of a patient. Performance of any critical criteria during an examination is grounds for failure of that skill.~~

~~Department means the Department of Health and Human Services Regulation and Licensure.~~

~~Distributive Learning means an instructional model that allows instructor, students, and content to be located in different non-centralized locations so that instruction and content occur independent of time and place and may be offered in one or more of the following strategies: print, internet, videotape, CD-ROM/DVD, satellite and television.~~

~~Distributive Learning Program means a course, class, and or printed material, offered for credit toward out-of-hospital emergency care provider certificate renewal, presented in the strategies consistent with the Distant Learning definition, covers the subject matter of the EMS courses and follows the current care and treatment standard.~~

~~Emergency Medical Service (EMS) means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury and is licensed as either a basic life support service or an advanced life support service.~~

~~Emergency Medical Technician means an individual who has a current certificate to practice as an emergency medical technician.~~

~~Emergency Medical Technician-Intermediate means an individual who has a current certificate to practice as an emergency medical technician-intermediate.~~

~~Emergency Medical Technician-Paramedic means an individual who has a current certificate to practice as an emergency medical technician-paramedic.~~

~~EMS Courses means any one or more of the following as defined in Neb. Rev. Stat. § 71-5179.~~

~~1.First Responder Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, First Responder: National Standard Curriculum. Included in the course are the learning and skill objectives of the subject matter, automatic/semi-automatic external defibrillator module, trauma module-lessons on "Musculoskeletal Care" and "Injuries to the Head and Spine," and airway module from the Emergency Medical Technician course and administration of epinephrine via auto injectors and aspirin. The appendices for administration of epinephrine via auto injectors and aspirin and the airway, trauma, and~~

automatic/semi-automatic external defibrillator modules are optional training that may be included with the core curriculum or may be taught as separate modules.

2. Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: National Standard Curriculum, including the appendices of advanced airway management, administration of intravenous fluids, monitoring of intravenous fluids, administration of epinephrine via auto injectors, albuterol, and aspirin, and the use of Federal Drug Administration approved home monitoring glucometers and oximeters. The appendices to the Emergency Medical Technician course are optional training that may be included with the core curriculum or may be taught as separate modules.

3. Emergency Medical Technician-Intermediate Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Intermediate: National Standard Curriculum.

4. Emergency Medical Technician-Paramedic Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Paramedic: National Standard Curriculum.

5. Pre-Hospital Emergency Care Course for Nurses means a course of instruction that has been developed by the Department to train Licensed Registered Nurses and Licensed Practical Nurses in the subject matter of the Emergency Medical Technician course that was not taught in the nurses training.

6. Emergency Medical Technician-Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Refresher: National Standard Curriculum with an end of the course examination that includes: 1. One hundred written questions with ten questions covering each module; and 2. A skills examination covering the emergency medical technician certifying examination skills.

7. First Responder-Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, First Responder Refresher: National Standard Curriculum with an end of the course examination that includes: 1. One hundred written questions with ten questions covering each module; and 2. A skills examination covering the first responder certifying examination skills.

8. First Responder to Emergency Medical Technician-Bridge Course means a course of instruction developed by the Department to train Certified First Responders in the subject matter of the Emergency Medical Technician course that was not taught in the First Responder course.

9. Emergency Medical Technician-Intermediate Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Intermediate Refresher: National Standard Curriculum.

10. Emergency Medical Technician-Paramedic Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Paramedic Refresher: National Standard Curriculum.

11. Emergency Medical Services Instructor Training Program means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Instructor Training Program: A National Standard Curriculum.

First Responder means an individual who has a current certificate to practice as a first responder.

Mandatory Reporting Law means Neb. Rev. Stat. § 71-168.

National Registry of Emergency Medical Technicians (NREMT) means an organization that develops minimum competency certifying examinations for EMS courses.

Out-of-Hospital means locations where emergency medical services are requested to respond to actual or perceived individual needs for immediate medical care.

Out-of-Hospital Emergency Care Provider means all certification classifications of emergency care providers established pursuant to the act.

Patient means an individual who either identifies himself/herself as being in need of medical attention or upon assessment by an out-of-hospital emergency care provider has an injury or illness requiring treatment.

Physician Medical Director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to Neb. Rev. Stat. § 71-5178.

Prescription means an order for a drug or device issued by a practitioner for a specific patient, for emergency use, or for use in immunizations. Prescription does not include a chart order.

Protocol means a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations.

Qualified Physician Surrogate means a qualified, trained medical person designated by a qualified physician in writing to act as an agent for the physician in directing the actions or recertification of out-of-hospital emergency care providers.

~~11-003 OUT-OF-HOSPITAL EMERGENCY CARE PROVIDER CERTIFICATION: Any person who wishes to represent himself/herself as an out-of-hospital emergency care provider must be certified as such. The criteria for issuance of certification and the documentation required by the Department and the Board are set forth below.~~

~~11-003.01 Certification Based on Examination: An applicant who wishes to be certified as an out-of-hospital emergency care provider based on examination must meet the requirements described below.~~

~~1. First Responder Certification: An applicant for initial certification as a first responder must:~~

~~a. Be at least 18 years of age;~~
~~b. Have a current Cardiopulmonary Resuscitation (CPR) certification from an organization that has been approved by the Board;~~
~~c. Have successfully completed, within the two years preceding the application, the first responder course, emergency medical technician course, emergency medical technician-intermediate course, or emergency medical technician-paramedic course as defined in 172 NAC 11-002; AND~~
~~d. Successfully pass the first responder certifying examination with a passing score of 70% or above; OR~~
~~e. Have a current first responder certificate from the National Registry of Emergency Medical Technicians (NREMT); AND~~
~~f. Submit to the Department:~~

~~(1) An application for a first responder certification. The application may be submitted on a form provided by the Department or on an alternate format which includes the following information:~~

~~(a) Name;~~
~~(b) Mailing address;~~
~~(c) Date of birth;~~
~~(d) Home and work telephone numbers (optional); and~~
~~(e) Social security number;~~
~~(f) If convicted of a felony or misdemeanor applicant must submit the following:~~
~~(i.)Official court records relating to the conviction and disposition; and~~
~~(ii.)Letter of explanation of conviction;~~
~~(g) List state, certificate number, date certificate issued, and expiration date of certificate for each state where you have been or are currently certified;~~
~~(h) If any disciplinary action was taken against applicant's certificate by another state applicant must submit a letter of explanation of the disciplinary action; and~~
~~(i)Attestation by the applicant:~~
~~(i.)That s/he has not practiced in Nebraska prior to the application for a certificate; or~~

~~(ii.) To the actual number of days practiced in Nebraska prior to the application for a certificate.~~

~~(j) Sign and date the following statement: I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of 18 years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics, or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character;~~

~~(2) Included with the application, the applicant must submit the following:~~

~~(a) Documentation of CPR certification;~~
~~(b) Documentation of completion of a first responder course within two years preceding the date that the application was received by the Department; AND~~
~~(c) Documentation of having passed the first responder certifying examination with a score of 70% or better; OR~~
~~(d) Documentation of a current first responder certificate from the NREMT.~~

~~g. The Department will act within 150 days after receipt of a completed application.~~

~~h. Administrative Penalty/Other Action: An individual who practices prior to Issuance of a certificate, is subject to assessment of an administrative penalty pursuant to 172 NAC 11-011, or such other action as provided in the statutes and regulations governing the certificate.~~

~~2. Emergency Medical Technician Certification: An applicant for initial certification as an emergency medical technician must:~~

~~a. Be at least 18 years of age;~~
~~b. Have a current CPR certification from an organization that has been approved by the Board;~~
~~c. Have successfully completed, within the two years preceding the application, the emergency medical technician course, emergency medical technician-intermediate course, pre-hospital emergency care course for nurses, first responder to emergency medical technician-bridge course or emergency medical technician-paramedic course as defined in 172 NAC 11-002; AND~~
~~d. Successfully pass the emergency medical technician certifying examination with a passing score of 70% or above; OR~~
~~e. Have a current emergency medical technician certificate from the NREMT; and~~
~~f. Submit to the Department:~~
~~(1) An application for an emergency medical technician certification. The application may be submitted on a form provided by the Department or on an alternate format, which includes the following information:~~

(a) Name;
(b)Mailing address;
(c) Date of birth;
(d) Home and work telephone numbers (optional); and
(e)Social security number;
(f)If convicted of a felony or misdemeanor applicant must submit the following:
(i.)Official courts records relating to the conviction and disposition; and
(ii.)Letter of explanation of conviction;
(g) List state, certificate number, date certificate issued, and expiration date of certificate for each state where you have been or are currently certified;
(h) If any disciplinary action was taken against applicant's certificate by another state applicant must submit a letter of explanation of the disciplinary action; and
(i) Attestation by the applicant:
(i.)That s/he has not practiced in Nebraska prior to the application for a certificate; or
(ii.)To the actual number of days practiced in Nebraska prior to the application for a certificate.
(j) Sign and date the following statement: I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of 18 years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics, or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character;

(2) Included with the application, the applicant must submit the following:

(a) Documentation of CPR certification;
(b) Documentation of completion of an emergency medical technician course within two years preceding the date that the application was received by the Department; AND
(c)Documentation of having passed the emergency medical technician certifying examination with a score of 70% or above; OR
(d) Documentation of a current emergency medical technician certificate from the NREMT.

g.The Department will act within 150 days after receipt of a completed application.

h.Administrative Penalty/Other Action: An individual who practices prior to issuance of a certificate, is subject to assessment of an administrative penalty pursuant to 172 NAC 11-011, or such other action as provided in the statutes and regulations governing the certificate.

3. Emergency Medical Technician-Intermediate Certification: An applicant for initial certification as an emergency medical technician-intermediate must:

a. Be at least 18 years of age;
b. Have a current CPR certification from an organization that has been approved by the Board;
c. Have successfully completed, within the two years preceding the application, the emergency medical technician-intermediate course or emergency medical technician-paramedic course as defined in 172 NAC 11-002;
d. Successfully pass the written part of the emergency medical technician-intermediate certifying examination with a passing score of 70% or above on both the Basic Reassessment section and the EMT-Intermediate section;
e. Successfully pass, within one year preceding the application, the emergency medical technician-intermediate practical certifying examination which includes skill demonstration in Patient Assessment/Trauma, Patient Assessment/ Medical, Cardiac Management Skills, Ventilatory Management, Intravenous Therapy, Pediatric Skills, and Random Basic Skills. Minimum passing scores and performance standards for each of the skills of the practical examination are as follows:

(1) Patient Assessment/Trauma: Candidate must earn at least 34 points out of a possible total of 43 points.
(2) Patient Assessment/Medical: Candidate must earn at least 34 points out of a possible total of 48 points.
(3) Cardiac Management Skills: The candidate's ability to manage cardiac arrests and interpret electrocardiograms will be verified in the following areas:

(a) Dynamic Cardiology: Candidate must earn at least 18 points out of a possible total of 24 points.
(b) Static Cardiology: Candidate must earn at least 9 points out of a possible total of 12 points.

(4) Intravenous Therapy: Candidate evaluations will consist of two interrelated parts as follows:

(a) Intravenous Therapy: Candidate must earn at least 16 points out of a possible total of 21 points.
(b) Intravenous Bolus Medications: Candidate must earn at least 10 out of a possible total of 13 points.

(5) Ventilatory Management: The candidate's ability to properly ventilate apneic adult and pediatric patients, including proper placement of the following:

(a) Endotracheal Tube: Candidate must earn at least 21 points out of a possible total of 27 points; and

(b)Dual Lumen Airway: Candidate must earn at least 15 points out of a possible total of 20 points.

(6) Random Basic Skills: Candidate will be required to pass one of the three random basic skills, as follows.

(a) Bleeding - Control/Shock Management: Candidate must earn at least 8 points out of a possible total of 10 points.
(b) Spinal Immobilization (Seated Patient): Candidate must earn at least 9 points out of a possible total of 12 points.
(c)Spinal Immobilization (Supine Patient): Candidate must earn at least 11 points out of a possible total of 14 points.

(7)Pediatric Skills: The candidate's ability to manage an airway and perform intraosseous infusion techniques in the pediatric will be verified in the following areas:

(a) Ventilatory Management: Candidate must earn at least 13 points out of a possible total of 17 points.
(b) Intraosseous Infusion: Candidate must earn at least 18 points out of a possible total of 23 points

(8) In addition to the minimum passing scores in any of the skills stations, candidates must not have any of the critical criteria items checked on the test sheets.

(9) EMT-intermediate candidates who have failed two or fewer practical skills are required to retest only those skills failed. Candidates who have failed three or more skills are required to retest the entire practical examination; OR

f. Have a current emergency medical technician-intermediate certificate from the NREMT; and

g. Submit to the Department:

(1)An application for an emergency medical technician-intermediate certification. The application may be submitted on a form provided by the Department or on an alternate format which includes the following information:
(a) Name;
(b) Mailing address;
(c) Date of birth;
(d) Home and work telephone numbers (optional); and
(e) Social security number.
(f) If convicted of a felony or misdemeanor applicant must submit the following:

(i.)Official courts records relating to the conviction and disposition;and
(ii.)Letter of explanation of conviction;

(g) List state, certificate number, date certificate issued, and expiration date of certificate for each state where you have been or are currently certified;

(h) If any disciplinary action was taken against applicant's certificate by another state applicant must submit a letter of explanation of the disciplinary action; and

(i) Attestation by the applicant:
(i.)That s/he has not practiced in Nebraska prior to the application for a certificate; or
(ii.)To the actual number of days practiced in Nebraska prior to the application for a certificate.

(j) Sign and date the following statement: I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of 18 years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics, or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character;

(2) Included with the application, the applicant must submit the following:

(a)Documentation of CPR certification;

(b) Documentation of completion of an emergency medical technician-intermediate course within two years preceding the date that the application was received by the Department; AND

(c) Documentation of having passed the emergency medical technician-intermediate certifying examination with a score of 70% or above; OR

(d) Documentation of a current emergency medical technician-intermediate certificate from the NREMT.

h. The Department will act within 150 days after receipt of a completed application.

i.Administrative Penalty/Other Action: An individual who practices prior to Issuance of a certificate, is subject to assessment of an administrative penalty pursuant to 172 NAC 11-011, or such other action as provided in the statutes and regulations governing the certificate.

4. Emergency Medical Technician-Paramedic Certification: An applicant for initial certification as an emergency medical technician-paramedic must:

a. Be at least 18 years of age;

b. Have a current CPR certification from an organization that has been approved by the Board;

~~c. Have successfully completed, within the two years preceding the application, the emergency medical technician-paramedic course as defined in 172 NAC 11-002;~~

~~d. Successfully pass a written emergency medical technician-paramedic certifying examination with a minimum passing score of 70% that is computed by subtracting one standard error of measurement (SEM) from the average minimum pass index (MPI) for the overall examination and for each of the six sub parts of the examination: Patient Assessment; Airway and Breathing, Circulation; Musculoskeletal, Behavioral, Neurological and Environmental; children and OB/GYN; and EMS Systems, Ethical, Legal, Communications, Documentation, Safety, Triage and Transportation Emergencies;~~

~~e. Successfully pass, within one year preceding the application, the practical emergency medical technician-paramedic certifying examination, which includes skill demonstration in Patient Assessment/Trauma, Ventilatory Management, Cardiac Management Skills, Intravenous Therapy and Medication Skills, Pediatric Skills, Oral Assessment, and Random Basic Skills. In addition to the minimum passing scores in any of the skills stations, candidates must not have any of the "critical criteria" items checked on the test sheets. Minimum passing scores and performance standards for each of the skills for the practical examination are as follows:~~

~~(1) Patient Assessment/Trauma: Candidate must earn at least 34 points out of a possible total of 43 points;~~

~~(2) Ventilatory Management: The candidate's ability to properly ventilate apneic adult and pediatric patients, including proper placement of the following:~~

~~(a) Endotracheal Tube: Candidate must earn at least 21 points out of a possible total of 27 points; and~~

~~(b) Dual Lumen Airway: Candidate must earn at least 15 points out of a possible total of 20 points.~~

~~(3) Cardiac Management Skills: The candidate's ability to manage cardiac arrests and interpret electrocardiograms will be verified in the following areas:~~

~~(a) Dynamic Cardiology: Candidate must earn at least 18 points out of a possible total of 24 points.~~

~~(b) Static Cardiology: Candidate must earn at least 9 points out of a possible total of 12 points.~~

~~(4) Intravenous Therapy: Candidate evaluations will consist of two interrelated parts as follows:~~

~~(a) Intravenous Therapy: Candidate must earn at least 16 points out of a possible total of 21 points.~~

(b) Intravenous Bolus Medications: Candidate must earn at least 10 out of a possible total of 13 points.

(5) Random Basic Skills: Candidate will be required to pass 1 of the 3 random basic skills, as follows:

(a) Bleeding Control/Shock Management: Candidate must earn at least 8 points out of a possible total of 10 points.
(b) Spinal Immobilization (Seated Patient): Candidate must earn at least 9 points out of a possible total of 12 points.
(c) Spinal Immobilization (Supine Patient): candidate must earn at least 11 points out of a possible total of 14 points.

(6) Oral Assessment: Candidate must earn at least 9 points overall with at least 2 points in both patient assessment and patient management with no score of "0" in any category.

(7) Pediatric Skills: The candidate's ability to manage an airway and perform intraosseous infusion techniques in the pediatric will be verified in the following areas:

(a) Ventilatory Management: Candidate must earn at least 13 points out if a possible total of 17 points.
(b) Intraosseous Infusion: Candidate must earn at least 18 points out of a possible total of 23 points.

(8)EMT-paramedic candidates who have failed 5 or fewer practical skills stations are required to retest only those skills failed. Candidates who have failed 6 or more skills must retest the entire practical portion of the examination; OR

f. Have a current emergency medical technician paramedic certificate from the NREMT; AND

g. Submit to the Department:

(1) An application for an emergency medical technician-paramedic certification. The application may be submitted on a form provided by the Department or on an alternate format that includes the following information:

(a) Name;
(b) Mailing address;
(c) Date of birth;
(d) Home and work telephone numbers (optional); and
(e) Social security number.
(f)If convicted of a felony or misdemeanor applicant must submit the following:

(i.) Official courts records relating to the conviction and disposition; and
(ii.) Letter of explanation of conviction;

(g) List state, certificate number, date certificate issued, and expiration date of certificate for each state where you have been or are currently certified;

(h) If any disciplinary action was taken against applicant's certificate by another state applicant must submit a letter of explanation of the disciplinary action; and

(i) Attestation by the applicant:

(i.)That s/he has not practiced in Nebraska prior to the application for a certificate; or

(ii)To the actual number of days practiced in Nebraska prior to the application for a certificate.

(j) Sign and date the following statement: I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of 18 years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics, or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character;

(2) Included with the application, the applicant must submit the following:

(a) Documentation of CPR certification;

(b) Documentation of completion of an emergency medical technician-paramedic course within two years preceding the date that the application was received by the Department; AND

(c) Documentation of having passed the emergency medical technician paramedic certifying examination with a score of 70% or above; OR

(d) Documentation of a current emergency medical technician-paramedic certificate from the NREMT.

h. The Department will act within 150 days after receipt of a completed application.

i.Administrative Penalty/Other Action: An individual who practices prior to Issuance of a certificate, is subject to assessment of an administrative penalty pursuant to 172 NAC 11-011, or such other action as provided in the statutes and regulations governing the certificate.

11-003.02 Certification Based on Certification/Licensure Issued in Another Jurisdiction: An applicant for an out-of-hospital emergency care provider certification based on certification/licensure in another jurisdiction must:

1. Be at least 18 years of age;
2. Be currently certified in another jurisdiction; AND

3. Provide documentation that his/her license/certification was based on standards that are substantially equivalent of those prevailing in this state; OR
4. Provide a copy of the applicant's current certificate from the NREMT.
5. Submit an application as outlined in 11-003.01, items (1) and (2).

11-003.03 Certifications That Will Become Null and Void: Effective March 9, 1999, the following certification levels will become null and void:

11-003.03A EMT-A/D, EMT-A/M, EMT-IV, and EMT-D: Individuals who had been certified at any one or more of these certification levels, prior to the effective date of these regulations, may continue to perform these skills with approval of their emergency medical service's physician medical director and by maintaining a current certificate as an emergency medical technician;

11-003.03B Field Supervisor. Individuals who had been certified as field supervisors, prior to March 9, 1999, may continue to perform as field supervisors with the approval of the medical director, as defined in 172 NAC 13-002.

11-004 RENEWAL REQUIREMENTS FOR OUT OF HOSPITAL EMERGENCY CARE PROVIDER CERTIFICATION: The procedures for renewing out-of-hospital emergency care provider certifications are as follows:

11-004.01 Expiration of Certification: All certifications issued by the Department under this Act and these regulations expire on December 31 of the third year after issuance.

11-004.02 Notice of Renewal of Certification By October 1 of each year: The Department will send a renewal notice, to the address of record, of those certificate holders whose certificates expire on December 31 of that year. The renewal notice contains the following:

1. Name;
2. Address;
3. Certification number;
4. Date of expiration; and
5. A request for disclosure of whether:

a. You are practicing as an EMT-Intermediate or EMT-Paramedic in a hospital or health clinic, and if so the name of the hospital(s) or health clinic(s); and
b. You have been convicted of a felony or misdemeanor since your last renewal and if so, the type and date of conviction, and if the applicant was convicted s/he must submit the following:

(1) Official courts records relating to the conviction and disposition; and
(2) Letter of explanation of conviction;

11-004.03 First Responder Certification Renewal: An individual holding a current certification as a first responder and requesting renewal must submit the completed renewal notice that the applicant has the following:

1. A current CPR certification from an organization that has been approved by the Board; AND

2. Attestation of completing 20 hours of continuing education with no more than six hours of distributive learning programs, obtained within the certification period, in the subject matter of the first responder course or requested waiver of continuing competency requirements. No more than four hours of CPR recertification hours may be used to meet the continuing education requirements; OR

3. Verification by a physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-003.04H item 9a; OR

4. A current first responder certificate from the NREMT; OR

5. Passed a written assessment examination.

   a. Certificate holders may only take the written assessment examination once in order to utilize the examination for meeting the renewal requirements.
   b. Certificate holders must achieve a minimum score of 70% on the written assessment examination.
   c. Certificate holders that fail the assessment examination will be required to renew by one of the methods specified in 172 NAC 11-004.03 items 2 - 4.

11-004.04 Emergency Medical Technician Certification Renewal: An individual holding a current certification as an emergency medical technician and requesting renewal must submit the completed renewal notice that the applicant has the following:

1. A current CPR certification from an organization that has been approved by the Board; AND

2.Attestation of 30 hours of continuing education with no more than ten hours of distributive learning programs, within the certification period, in the subject matter of the emergency medical technician course or requested waiver of continuing competency requirements. No more than four hours of CPR recertification hours may be used to meet the continuing education requirement; OR

3. Verification from his/her basic life support services physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-003.04H item 9b; OR

4. A current emergency medical technician certificate from the NREMT; OR

5. Passed a written assessment examination.

   a. Certificate holders may only take the written assessment examination one time in order to utilize the examination for meeting the renewal requirements.

b. Certificate holders must achieve a minimum score of 70% on the written assessment examination.
c. Certificate holders that fail the written assessment examination will be required to renew by one of the methods specified in 172 NAC 11-004.04 items 2, 3, or 4.

11-004.05 Emergency Medical Technician-Intermediate Certification Renewal: An individual holding a current certification as an emergency medical technician-intermediate and requesting renewal must submit the completed renewal notice that the applicant has the following:

1. A current CPR certification from an organization that has been approved by the Board; AND

2.Attestation of completing 45 hours of continuing education with no more than ten hours of distributive learning programs, obtained within the certification period, 30 hours in the subject matter of the emergency medical technician course and 15 hours in the subject matter of the emergency medical technician-intermediate course or requested waiver of continuing competency requirements. No more than four hours of CPR recertification hours may be used to meet the continuing education requirement; AND

3. Documentation from a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration and endotracheal intubation in a clinical, out-of-hospital, or educational setting; OR

4. Verification from the applicants advanced life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.04G item 9a; OR

5.A current emergency medical technician-intermediate certificate from the NREMT; OR

6. Pass a written and practical skills assessment examination.

a.Certificate holders may only take the assessment written and practical examination one time in order to utilize the examination for meeting the renewal requirements.

b.Certificate holders must achieve a minimum score of 70% on the written examination.

c.Practical skills and passing standards are identified in 172 NAC 11-003.01 item 3 e.
d.Certificate holders that fail any part of the examination will be required to renew by one of the methods specified in 172 NAC 11-004.05 items 2 and 3, or 4, or 5.

11-004.06 Emergency Medical Technician-Paramedic Certification Renewal: An individual holding a current certification as an emergency medical technician-paramedic who wishes to

~~renew his/her certificate must submit the completed renewal notice that the applicant has the following:~~

~~1. A current CPR certification from an organization that has been approved by the Board; AND~~

~~2. Attestation of completing 60 hours of continuing education with no more than ten hours of distributive learning programs, obtained within the certification period, of which 30 hours must be in the subject matter of the emergency medical technician Course and 30 hours must be in the subject matter of the emergency medical technician-paramedic course or requested waiver of continuing competency requirements. No more than four hours of CPR recertification hours may be used to meet the continuing education requirement; AND~~

~~3. Documentation by a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration, drug administration, cardiac skills and endotracheal intubation in a clinical, out-of-hospital, or educational setting. OR~~

~~4. Verification by the applicants advanced emergency medical service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.04G item 9b; OR~~

~~5. A current emergency medical technician-paramedic certificate from the NREMT; OR~~

~~6. Passed a written and practical skills assessment examination.~~

~~a. Certificate holders may only take the examination one time in order to utilize the examination for meeting the renewal requirements.~~
~~b. Certificate holders must achieve a minimum score of 70% on the written examination.~~
~~c. Practical skills and passing standards must be those as identified in 172 NAC 11-003.01 item 4.e.~~
~~d. Certificate holders that fail any part of the examination will be required to renew by one of the methods specified in 172 NAC 11-004.06 items 2 and 3, or 4, or 5.~~

~~11-004.07 Out-of-Hospital Emergency Care Providers Who Do Not Meet Renewal Requirements~~

~~11-004.07A Emergency medical technician-paramedics who do not meet the renewal requirements as outlined in 172 NAC 11-004.06 for their level of certification may be certified as an emergency medical technician-intermediate if they meet the renewal criteria of 172 NAC 11-004.05, or they may be certified as an emergency medical technician if they meet the renewal requirements of NAC 11-004.04, or they may be certified as a first responder if they meet the renewal requirements of 172 NAC 11-004.03.~~

~~11-004.07B Emergency medical technician-intermediates who do not meet the renewal requirements as outlined in 172 NAC 11-004.05 for their level of certification may be certified as an emergency medical technician if they meet the renewal requirements of 172 NAC 11-004.04, or they may be certified as a first responder if they meet the renewal requirements of 172 NAC 11-004.03.~~

~~11-004.07C Emergency medical technicians who do not meet the renewal requirements as outlined in 172 NAC 11-004.04 for their level of certification may be certified as a first responder if they meet the renewal requirements of 172 NAC 11-004.03.~~

~~11-004.08 Out-of-Hospital Emergency Care Providers Who Want to Upgrade Their Certification to a Certification Level That They Previously Held Must:~~

~~1. Hold a current certification; and~~

~~2. Meet the requirements for recertification for the level of certification previously held as stated in 172 NAC 11-005.~~

~~11-004.09 Clinical Training and Skills Proficiency: Certified out-of-hospital emergency care providers, may, under direct supervision as determined by the physician medical director, perform skills as identified in 172 NAC 11-006, in a hospital for the purpose of maintaining skill proficiency. The skills performed must be specifically identified by the physician medical director and be commensurate with the individuals certification level.~~

~~11-004.10 Waiver of Continuing Competency Requirements: The Department, on the recommendation of the Board, may waive the continuing competency requirements, in part or in total, for any three-year licensing period when a certificate holder submits documentation that circumstances beyond his/her control prevented completion of the requirements.~~

~~11-004.10A The circumstances must include situations in which:~~

~~1.The certificate holder has served in the regular armed forces of the United States during part of the 36 months immediately preceding the certification renewal date; or~~

~~2.The certificate holder has submitted proof that s/he was suffering from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 36 months immediately preceding the certification renewal date.~~

~~11-004.10B Application for Waiver of Continuing Competency Requirements: Any certificate holder who seeks a waiver of continuing competency requirements, in part or in total, for any three-year licensing period must apply to the Department. The Department, on the recommendation of the Board, may waive continuing competency requirements in part or in total for any three-year period. The certificate holder must submit:~~

~~1.A complete application for waiver of continuing competency requirements on a form provided by the Department or on an alternate format which contains the~~

~~following information:~~

~~a.Certificate holder's complete name;~~
~~b.Certificate holder's current address including street, P.O. Box, route, city, state, and zip code;~~
~~c.Certificate holder's profession;~~
~~d.Certificate number; and~~
~~e.Social Security Number.~~

~~Only applications which are complete will be considered, and the application must be received by the Department on or before December 31 of the year the certification is subject to renewal; and~~

~~2.Documentation of the circumstances beyond the certificate holder's control which prevented completion of continuing competency requirements pursuant to 172 NAC 11-004.10A includes the following:~~

~~a.If the certificate holder has served in the regular armed forces of the United States during part of the 36 months immediately preceding the certification renewal date, s/he must make an appropriate statement in the application and submit official documentation stating the dates of the service.~~

~~b.If the certificate holder suffered from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 36 months immediately preceding the certification renewal date, s/he must make an appropriate statement in the application and submit a statement from a treating physician(s) stating that the certificate holder was injured or ill, the duration of the illness or injury and of the recovery period, and that the certificate holder was unable to obtain continuing competency requirements during that period.~~

~~11-004.10C The Department, on recommendation of the Board, may grant or deny, in part or in total, an application for waiver of continuing competency requirements, upon proof that circumstances beyond the applicant's control prevented completion of the requirements.~~

~~11-004.10C1 When the Department determines to deny an application for waiver of continuing competency requirements, it must send to the applicant by certified mail to the last name and address of record in the Department, a notice setting forth the reason for the denial determination~~

~~11-004.10C2 The applicant has 30 days from the date of receipt of the denial notice to make a written request to the Department for an appeal. The appeal must be conducted pursuant to The Administrative Procedure Act and 184 NAC 1 of the Rules of Practice and Procedure for the Department.~~

~~11-004.10C3 The Department will issue at the conclusion of the appeal under 184 NAC 1, a final order setting forth the results of the appeal.~~

11-004.10C4 When the Department determines to grant a waiver of continuing competency requirements, the applicant will be notified within 30 days of receipt of the application.

11-005 RECERTIFICATION OF EXPIRED OUT-OF-HOSPITAL EMERGENCY CARE PROVIDER CERTIFICATIONS: An individual, whose out-of-hospital emergency care provider certification has expired and who is seeking recertification must submit a completed application and documentation of the following:

1. Out-of-hospital emergency care providers whose certifications have expired for less than one year and the renewal criteria has been met. Applicants for recertification who can document that they had met the renewal requirements of 172 NAC 11-004.03 or 11-004.04 or 11-004.05 or 11-004.06 prior to the expiration of their certificate are eligible for recertification. The application may be submitted on a form provided by the Department or on an alternate format, which includes the following information:

   a. Name;
   b. Mailing address;
   c. Date of birth;
   d. Social security number;
   e. Name and address of current ambulance service affiliation, if applicable; and
   f. Documentation of the completion of renewal requirements as defined in 172 NAC 11-004.03, 11-004.04, 11-004.05, or 11-004.06.
   g. If convicted of a felony or misdemeanor applicant must submit the following:
      (1)Official courts records relating to the conviction and disposition; and
      (2)Letter of explanation of conviction;
   h. List state, certificate number, date certificate issued, and expiration date of certificate for each state where you have been or are currently certified;
   i. If any disciplinary action was taken against applicant's certificate by another state applicant must submit a letter of explanation of the disciplinary action; and
   j. Attestation by the applicant:
      (1)That s/he has not practiced in Nebraska prior to the application for a certificate; or
      (2)To the actual number of days practiced in Nebraska prior to the application for a certificate.
   k. Sign and date the following statement: I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of 18 years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics, or dangerous drugs to a degree that my ability to provide emergency medical care is impaired and I am of good moral character;

2. Applicants for recertification who have not met the renewal requirements as defined in 172 NAC 11-005 item 1. must meet the following requirements in order to be recertified:

   a. First Responder Recertification: For individuals who wish to recertify and whose certification has expired the following must be submitted:

(1) A copy of the applicants current CPR certification from an organization that has been approved by the Board; AND
(2) A copy of the applicant's current NREMT first responder certificate; OR
(3) Documentation of successful completion of a first responder refresher course, as defined in 172 NAC 11-002 item 7, in the two years prior to application.
(4) Attestation by the applicant:
(a) That s/he has not practiced in Nebraska prior to the application for a certificate; or
(b) To the actual number of days practiced in Nebraska prior to the application for a certificate.

b. Emergency Medical Technician Recertification: For individuals who wish to recertify and whose certification has expired the following must be submitted:

(1) A copy of the applicant's current CPR certification from an organization that has been approved by the Board; AND
(2) A copy of the applicants current NREMT emergency medical technician certificate; OR
(3) Documentation of successful completion of an emergency medical technician refresher course, as defined in 172 NAC 11-002 item 6, within two years prior to application.
(4) Attestation by the applicant:
(a) That s/he has not practiced in Nebraska prior to the application for a certificate; or
(b) To the actual number of days practiced in Nebraska prior to the application for a certificate.

c. Emergency Medical Technician-Intermediate Recertification: For individuals whose certification has been expired for less than three years, the following must be submitted:

(1)Documentation that the individual has maintained certification as an emergency medical technician or has met the requirements for recertification as an emergency medical technician as defined in 172 NAC 11-005 item 2b (1) and (2) or (3); AND
(2) Documentation that the individual has a current certificate as an emergency medical technician-intermediate from the NREMT; OR
(3) Documentation of successful completion of an emergency medical technician-intermediate refresher course, as defined in 172 NAC 11-002 item 9, within two years prior to application.
(4) Attestation by the applicant:
(a) That s/he has not practiced in Nebraska prior to the application for a certificate; or
(b) To the actual number of days practiced in Nebraska prior to the application for a certificate.

If the individual's certification has expired for more than three years, the applicant must reapply in accordance with 172 NAC 11-003.01 item 3.

d. Emergency Medical Technician-Paramedic Recertification: For individuals whose certification has been expired for less than three years, the following must be submitted:

(1)Documentation that the individual has maintained certification as an emergency medical technician or has met the requirements for recertification as an emergency medical technician as defined in 172 NAC 11-005.02 item b (1), and (2); AND
(2)Documentation that the individual has a current certificate as a paramedic from the NREMT; OR
(3)Documentation of successful completion of a paramedic refresher course as defined in 172 NAC 11-002 item 10, within two years prior to application.
(4) Attestation by the applicant:
(a) That s/he has not practiced in Nebraska prior to the application for a certificate; or
(b)To the actual number of days practiced in Nebraska prior to the application for a certificate.

If the individual's certification has expired for more than three years, the applicant must reapply in accordance with 172 NAC 11-003.01 item 4.

11-006 PRACTICES AND PROCEDURES FOR CERTIFIED OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS: The following practices and procedures for out-of-hospital emergency care providers have been taken from the United States Department of Transportation, National Highway Traffic Safety Administration EMS courses.

11-006.01 First Responder Practices and Procedure:

11-006.01A A certified first responder while functioning in response to a medical emergency:

1.Responds safely to the location as directed by the dispatcher;
2.Determines scene safety;
3.Determines the mechanism of illness or injury, the total number of patients, the condition of each patient, and communicates the information to the responding emergency medical service, dispatcher/communications center, or medical direction as appropriate;
4. Assesses patient constantly while awaiting additional EMS resources and administers care as indicated. The care may include:

a.Opening and maintaining patient airways;
b. Ventilating patient;
c. Performing cardiopulmonary resuscitation;
d. Controlling hemorrhaging;

e. Bandaging wounds;
f. Manually stabilizing painful, swollen and deformed extremities;
g. Assisting in childbirth;
h. Management of respiratory problems, altered mental status, and environmental emergencies;
i. Use of automatic/semi-automatic external defibrillators;
j.Manual stabilization of musculoskeletal injuries;
k.Implements shock management techniques; and
l. Assess and monitor vital signs.

5. Extracts patients from entrapment;
6. Assists other EMS providers in rendering emergency medical care;
7. Assists other EMS providers in extraction, lifting patients on to cots, and loading patients into the ambulances if requested;
8.Reports verbally or in writing, all observations and medical care provided to the patient(s) to the transporting emergency medical services; and
9.Must not transport a patient unless an emergency medical technician is also present and providing patient care in the ambulance.

11-006.01B A first responder, while functioning with a licensed emergency medical service, may perform all of the practices and procedures defined in 172 NAC 11-006.01A. In addition, with the approval of the Physician Medical Director and with the appropriate training may administer the following prescription medications and performs the following functions under written protocols:

1.Aspirin;
2.Epinephrine auto-injectors;
3.Supplemental oxygen using:

a.Non-rebreather mask; or.
b.Nasal cannula.

4.Ventilate a patient using:

a.Bag Valve Mask; and
b.Flow Restricted Oxygen Powered Device; and

5.Use of:

a.Spinal immobilization devices; and
b.Extremity immobilization devices.

11-006.02 Emergency Medical Technician Practices and Procedures: An emergency medical technician, while functioning with a licensed emergency medical service:

1. Responds, in a safe manner, to calls for assistance and provides efficient and immediate care to patients;

2. Determines the nature and extent of illness or injury and establishes priority for required emergency care;
3. Renders medical care to patients. The care may include:

a.Perform a basic patient assessment including:

(1) Determine presence, absence and quality of

(g)

(a)Level of consciousness;
(b)The airway:
(c)Breathing;
(d)Breath Sounds; and
(e)Circulation including pulse oximetry.

(2) Evaluate perfusion by assessing the skin;
(3) Inspect and palpate for injuries;
(4) History of present illness or injury; and
(5) Basic past medical history.

b. Establish and maintain an airway including:

(1)Manually opening airway;
(2)Place oropharyngeal and nasopharyngeal airways; and
(3)Oropharyngeal suctioning

c. Ventilate patients using:

(1)Bag valve mask
(2)Flow restricted oxygen powered device

d. Treat cardiac arrest using:

(1)Cardiopulmonary resuscitation
(2)Automatic external defibrillators
(3)Semi-automatic defibrillators

e.Controlling hemorrhaging;
f.Treatment of shock;
g.Bandaging of wounds;
h.Immobilization of painful, swollen, deformed extremities;
i.Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings; and
j.Transporting patients.

4. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include:

a. Assisting a patient, under the patient's direction with medications prescribed for that unique patient including:

(1)Sublingual nitroglycerin;
(2)Epinephrine auto-injectors; and
(3)Hand-held aerosol inhalers.

b. Administration of oral glucose; and
c. Administration of activated charcoal.

5. With approval of the emergency medical services physician medical director and appropriate training, the emergency medical technician may under written protocols:

a.Cannulate peripheral veins;
b. Administer and monitor isotonic intravenous solutions;
c. Utilize advanced airway management devices;
d. Utilize Federal Drug Administration approved home glucose monitoring devices; and oximeters; and
e. Administer prescription medications, including

(1) Epinephrine auto-injectors;
(2) Supplemental oxygen using:

(a)Non-rebreather mask;
(b)Nasal cannula

(3)Aspirin; and
(4)Albuterol.

11-006.03 Emergency Medical Technician-Intermediate Practice and Procedures: An Emergency Medical Technician-Intermediate (EMT-I), while functioning with an advanced life support emergency medical service, may perform all of the practices and procedures defined in 172 NAC 11-006.02. In addition, with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, the care may include the following as set forth in written protocols:

1.Establish and utilize advanced airway management devices including:

a.Intubation;
b.Oropharygeal and tracheal suctioning; and
c. Extubation

2. Perform advanced physical assessment including:

a. Percussion of the chest;
b. Auscultate breath sounds; and
c. Auscultate heart tones.

3. Needle decompression;
4. End tidal CO_2 and Pulse Oximetry monitoring; and
5. Administration of supplemental oxygen by:

a.Nasal cannula;
b.Simple mask;
c.Partial rebreather mask;
d.Non-rebreather mask; and
e.Venturi mask.

6. Ventilate a patient with devices including:

a. Bag valve mask;
b. Flow restricted oxygen powered device; and
c. Automatic transport ventilator.

7. Place orogastric and nasogastric tubes;
8.Cannulation of peripheral veins;
9.Administer intravenous solutions;
10.Intraosseous needle placement and infusion;
11.Bolus intravenous, and intraosseous administration of approved medications;
12.Intramuscular injections of approved medications;
13.Subcutaneous injections of approved medications;
14.Oral and sublingual medication administration of approved medications;
15.Aerosolized medication administration of approved medications;
16.Venipuncture to obtain blood sample;
17.Administer by approved protocols these medications:

a.Adenosine;
b.Atropine;
c.Epinephrine;
d.Lidocaine 2%;
e.Nitroglycerin;
f.Morphine;
g.Naloxone;
h.Furosemide;
i.Diazepam;
j.50% Dextrose;
k.Albuterol;
l.Isoetharine;
m.Ipatropium;
n.Metaproterenol;
o.Terbutaline;
p.Methylprednisolone;
q.Dexamethasone;
r.Triamcinolone;
s.Acetylsalicylic acid;
t.Vasopressin;

u.Amiodarone;
v.Glucagon; and
w.Benadryl.

18.Electrocardiogram interpretation; and
19.Therapeutic electrical therapy:

a.Defibrillation; and
b.Transcutaneous Pacing.

20.With the approval of the emergency medical service's physician medical director and the completion of a nationally recognized course in Advanced Cardiac Life Support (ACLS), the Emergency Medical Technician-Intermediate may:

a.Perform synchronized cardioversion; and
b.Establish and maintain infusion of Lidocaine

11-006.04 Emergency Medical Technician-Paramedic Practices and Procedures: An Emergency Medical Technician-Paramedic (EMT-P), while functioning with an advanced life support emergency medical service, may perform all of the practices and procedures of 172 NAC 11-006.02. In addition, with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, the care may include the following as set forth in written protocols.

1. Establish and maintain an airway including:

a. Endotracheal intubation;
b. Rapid sequence intubation;
c.Emergency cricothyrotomy;
d. Non-visualized advanced airway devices;
e. Extubation; and
f. Oropharyngeal and tracheal suctioning

2. Perform a comprehensive physical exam including:

a. Percussion of chest;
b. Auscultate breath sounds;
c. Auscultate heart tones;
d. Auscultate bowel sounds;
e. Use of opthalmoscope; and
f. Use of otoscope

3. Needle decompression;
4. End tidal CO_2 monitoring and Pulse Oximetry monitoring;
5. Administration of supplemental oxygen by:

a.Nasal cannula;
b.Simple mask;

c.Partial rebreather mask;
d.Non-rebreather mask; and
e.Venturi mask.

6.Ventilate or assist ventilation of a patient with devices including:

a. Bag-valve-mask;
b. Automatic transport ventilator;
c. Flow restricted oxygen powered device;
d. CPAP; and
e. BiPAP.

7.Place orogastric and nasogastric tubes;
8.Cannulation of peripheral veins and external jugular vein;
9.Administer intravenous solutions;
10. Intraosseous needle placement and infusion;
11. Venipuncture;
12. Electrocardiogram interpretation;
13. Therapeutic electrical therapy using:

a. Defibrillation;
b. Cardioversion; and
c. Transcutaneous Pacing.

14. Medication administration by injection, bolus, or infusion by:

a.Parenteral routes including:

(1)Intradermal;
(2)Subcutaneous;
(3)Intramuscular;
(4)Intraveneous; and
(5)Intraosseous.

15. Medication administration absorbed through:

a.Percutaneous routes:

(1)Sublingual, buccal;
(2)Topical;
(3)Eyes;
(4)Ears;
(5)Nose; and
(6)Lungs.

b.Enteral routes:

(1)Oral;

(2)Gastric; and
(3)Rectal.

16. Use of blood and blood products

11-006.05 An emergency medical technician-paramedic and an emergency medical technician-intermediate, while functioning as an employee or volunteer with a basic life support service, must perform only those practices and procedures as identified in 172 NAC 11-006.02.

11-006.06 An out-of-hospital emergency care provider, other than a first responder, may not assume the duties incident to the title or practice the skills of an out-of-hospital emergency care provider unless:

3.S/he is employed by or serving as a volunteer member of an emergency medical service licensed by the Department;
4.S/he may only practice the skills s/he is authorized to employ and which are covered by the certificate.

11-006.07 An emergency medical technician-intermediate or an emergency medical technician-paramedic may volunteer or be employed at a hospital or a health clinic to perform activities within his/her scope of practice within such hospital or health clinic under the supervision of a registered nurse, a physician assistant or a physician.

11-006.08 An out-of-hospital emergency care provider may perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service when the patient for whom they are to render services is in danger of loss of life.

11-007 GROUNDS ON WHICH THE DEPARTMENT MAY DENY, REFUSE RENEWAL OF, REFUSE RECERTIFICATION OF, OR DISCIPLINE A CERTIFICATE

11-007.01 The Department will deny an application for a certificate when the applicant fails to meet the requirements for certification as specified in 172 NAC 11-003.

11-007.02 The Department will refuse recertification of a certificate if the certificate holder fails to meet the requirements specified in 172 NAC 11-005.

11-007.03 The Department may deny, refuse renewal of, refuse recertification of, limit, suspend, or revoke certificates for any of the following grounds:

1. Fraud, forgery, or misrepresentation of material facts, in procuring or attempting to procure a certificate.

2. Grossly immoral or dishonorable conduct evidencing unfitness or lack of proficiency sufficient to meet the standards required for practice of the profession in this state.

3.Habitual intoxication or dependence or failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 71-172.01.

4.Conviction of a misdemeanor or felony under state law, federal law, or the law of another jurisdiction and which, if committed within this state, would have constituted a misdemeanor or felony under state law and which has a rational connection with the applicant's, or certificate holder's fitness or capacity to practice the profession.

5. Practice of the profession (a) fraudulently, (b) beyond its authorized scope, (c) with manifest incapacity, (d) with gross incompetence or gross negligence, or (e) in a pattern of negligent conduct. Pattern of negligent conduct means a continued course of negligent conduct in performing the duties of the profession.

6. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, narcotic drugs, physical disability, mental disability, or emotional disability.

7. Physical or mental incapacity to practice the profession as evidenced by a legal adjudication or a determination thereof by other lawful means.

8. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a license or certificate by a person not licensed or certified to do so.

9 Having had his/her certificate denied, refused recertification, limited, suspended, or revoked or having had such certificate disciplined in any other manner pursuant to Neb. Rev. Stat. § 71-155 by another state or jurisdiction to practice as an out-of-hospital emergency medical care provider based upon acts by the applicant or certificate holder similar to acts described in 172 NAC 11-007. A certified copy of the record of denial, refusal of recertification, limitation, suspension, or revocation of a certificate or the taking of other disciplinary measures against it by another state or jurisdiction will be conclusive evidence.

10. Unprofessional conduct which terms include all acts specified in Neb. Rev. Stat. § 71-148 and such other acts which include but are not limited to:

a. Competence: An out-of-hospital emergency medical care provider must not provide services for which s/he is not trained or authorized by the physician medical director. Unprofessional conduct while practicing as an out-of-hospital emergency medical care provider includes but is not limited to:

(1) Committing any act which endangers patient safety or welfare;
(2) Encouraging or promoting emergency medical care by untrained or unqualified persons;
(3)Failure or departure from the standards of acceptable and prevailing practice as an out-of-hospital emergency medical care provider;

(4)Failure to comply with emergency vehicle operating requirements pursuant to Neb. Rev. Stat. § 60-6,114; and
(5)Failure to comply with the physician medical directors directives.

b. Confidentiality: An out-of-hospital emergency medical care provider must hold in confidence information obtained from a patient, except in those unusual circumstances in which to do so would result in clear danger to the person or to others, or where otherwise required by law. Failure to do so constitutes unprofessional conduct.

c. Professional Relationships: An out-of-hospital emergency medical care provider must safeguard the welfare of patients and maintain appropriate professional relationships with patients. Commission of any of the following acts or behavior constitutes unprofessional conduct:

(1) Improper use of another person for one's own advantage;
(2) Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;
(3) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the out-of-hospital emergency medical care provider's scope of practice;
(4) Verbally or physically abusing patients;
(5) Falsification, unauthorized destruction, or failure to document patient care records;
(6)Attempting to provide diagnostic or treatment information to patient(s) that is beyond the out-of-hospital emergency medical care provider's level of training and expertise;
(7) Delegating to other personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency medical care provider is required; and
(8) Failure to follow the directives of the physician medical director.

d. Sexual Harassment: An out-of-hospital emergency medical care provider must not under any circumstances engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:

(1) The provision or denial of emergency medical care to a patient;
(2) The provision or denial of employment;
(3) The provision or denial of promotions to a co-worker;
(4) For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover; or
(5) For the purpose or effect of creating an intimidating, hostile, or offensive working environment or unreasonably interfering with the co-worker's ability to perform his/her work.

e. Obtaining any fee for professional services by fraud, deceit, or misrepresentation.
f. Violating an assurance of compliance entered into under Neb. Rev. Stat. § 71-171.02.
g. Failure to follow policies or procedures implemented in the practice to safeguard patient care.
h. Failure to safeguard the patient's dignity and right to privacy.
i. Practicing as an out-of-hospital emergency medical care provider in this state without a current Nebraska certificate.
j. Providing services except otherwise provided by law while not a member of a service.

11. Distribution of intoxicating liquors, controlled substances or drugs for any other than lawful purposes.

12. Willful or repeated violations of the Uniform Licensing Law or of these rules and regulations.

13. Unlawful invasion of the field of practice of any profession mentioned in the Uniform Licensing Law which the certificate holder is not certified to practice.

14. Practicing as an out-of-hospital emergency medical care provider while his/her certificate is suspended or in contravention of any limitation placed upon his/her certificate.

15. Physical or mental illness or physical or mental deterioration or disability which would render the applicant or certificate holder unqualified to practice his/her profession or occupation.

16. Refusal to submit to a physical or mental examination request by the Board, pursuant to Neb. Rev. Stat. §§ 71-161.12 to 71-161.16 to determine his/her qualifications to practice or to continue in the practice of the profession or occupation for which application was made or for which s/he is certified.

17. Failure to file a report required by the Mandatory Reporting Law.

11-007.04 If the Department proposes to deny, refuse renewal of, refuse recertification of, limit, revoke, or suspend a certificate, the applicant or certificate holder must be given an opportunity for a hearing before the Department and must have the right to present evidence on his/her own behalf. Hearings before the Department must be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Rules of Practice and Procedure for the Department.

11-007.05 Appeal Process: If the individual does not accept the Director's decision, s/he may appeal the decision to the District Court pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920, Administrative Procedure Act.

~~11-008 RE-CREDENTIALING: This section applies to individuals previously issued a Nebraska credential who have lost the legal authority to practice in total or in part and who seek the authority to return to practice in Nebraska with a valid Nebraska credential.~~

~~11-008.01 Requirements to Reinstate a Credential Following Suspension, Limitation, or Revocation for Disciplinary Reasons: An applicant for reinstatement following suspension, limitation, or revocation for disciplinary reasons must meet the following requirements:~~

~~1.Petition the Board for reinstatement;~~

~~a.The petition for reinstatement must be accompanied by verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities the petitioner since the credential was suspended, limited, or revoked; and~~

~~b.Verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was suspended limited, or revoked.~~

~~2.If the credential was revoked or suspended, attest:~~

~~a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~

~~b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.~~

~~11-008.02 Procedures for Reinstatement Following Suspension, Limitation, or Revocation for Disciplinary Reasons: An applicant for reinstatement following suspension, limitation, or revocation for disciplinary reasons must submit to the Board:~~

~~1. A petition for reinstatement:~~

~~a. Stating the reason the petitioner believes his/her credential should be reinstated;~~

~~b. Accompanied by verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities of the petitioner since the credential was suspended limited, or revoked; and verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was suspended, limited, or revoked.~~

~~c. Containing the following information about the petitioner:~~

~~(1) Name;~~

~~(2) Address;~~

~~(3) Social Security Number; and~~

~~(4) If the petitioner holds a professional credential in another state, a list of the state(s) and type of credential;~~

~~(5) A statement describing all:~~

~~(a)Felony or misdemeanor convictions during the time period since the credential was suspended, limited, or revoked;~~

~~[1] If the petitioner has been convicted of a felony or misdemeanor, provide copies of:~~

~~[a] Official Court Record, which includes charges and disposition;~~

~~[b] Arrest records;~~

[c] A letter from the petitioner explaining the nature of the conviction;

[d] All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and

[e] A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.

(b) Revocations, suspensions, or other disciplinary actions against any professional credential held by the petitioner during the time period since the credential was suspended, limited, or revoked;

[1] If any disciplinary action was taken against the petitioner's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and

(c) Disciplinary charges pending against any professional credential credential held by the petitioner;

(6) Any continuing competency activities.

2. Attestation by the petitioner, if the credential was revoked or suspended:

a. That s/he has not practiced in Nebraska since s/he last held an active credential; or

b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.

(1) If a petitioner has practiced after his/her credential was revoked the Department may assess an Administrative Penalty pursuant to 172 NAC 11-011 in which case a separate notice and opportunity for hearing will be sent to the petitioner.

(2) If a petitioner has practiced after his/her credential was revoked, or has committed any other violation of the statutes and regulations governing the credential, other action may be taken pursuant to 172 NAC 11-008.02G.

11-008.02A The Board will make a recommendation to the Director regarding reinstatement following disciplinary action. In determining whether reinstatement should be recommended, the Board may:

1.Request the Department investigate all activities of the petitioner since the disciplinary action was taken against him/her, including activities prohibited by Neb. Rev. Stat. §§71-147 and 71-148.

2.Require the petitioner to submit to a complete diagnostic examination by one or more physicians appointed by the Board, the petitioner being free also to consult a physician or physicians of his/her own choice for a complete diagnostic examination and make available a report or reports thereof to the Board;

3.Require the petitioner to pass a written, oral, or practical examination or any

combination of such examinations; or

4.Require the petitioner to complete additional education.

11-008.02B The petition to recommend reinstatement will be considered at the next meeting of the Board that is held, but not earlier than 30 days after the petition is filed.

11-008.02C Any petition to recommend reinstatement of a credential will be conclusively acted upon by the Board within 180 days after the filing of a properly prepared petition and the necessary accompanying documents with the Board.

11-008.02D If the Board recommends reinstatement of the credential, no public hearing need be held on the petition.

11-008.02E Prior to any recommendation by the Board against reinstatement of the credential, an opportunity for a formal public hearing on the petition must be granted by the Board, if formally requested by the petitioner.

11-008.02E1 The petitioner's request for a formal hearing must be submitted within 30 days of the Board's notification of an opportunity for a formal public hearing.

11-008.02E2 If the petitioner had a hearing or an opportunity for a hearing on a prior petition to recommend reinstatement filed pursuant to Neb. Rev. Stat. § 71-161.04 within a period of two years immediately preceding the filing of the current current petition, the Board may grant or deny, without a hearing, the current petition to recommend reinstatement filed pursuant to Neb. Rev. Stat. § 71-161.04.

11-008.02F If the petitioner formally requests a formal public hearing or if the Board otherwise holds such a hearing, the petitioner will be given at least 30 days prior notice by sending to the petitioner a copy of the notice of hearing by certified or registered mail at his/her last known residence or business post office address as shown by the files or records of the Department or as otherwise known. Notice may be given to the petitioner by personal service. The hearing will be conducted pursuant to 172 NAC 1.

11-008.02G The Board reviews the petition to recommend reinstatement, any examination or investigatory information and the record of hearing, if one was held. The Board will submit its recommendation to the Director within 180 days of receipt of the petition to recommend reinstatement.

11-008.02G1 If the Board recommends reinstatement of the credential:

1. The Board will send its recommendation to the petitioner by certified mail along with notification that the petitioner must file an application for reinstatement with the Director.
2. The petitioner must submit, to the Department, an application for reinstatement by the Director within 30 days of receipt of the Board's

~~recommendation.~~

~~a. The application must include:~~
~~(1) Name of the petitioner; and~~
~~(2) Signed statement that the petitioner requests the Director to issue the credential in pursuant to the Board's recommendation for reinstatement.~~

~~3. Upon receipt of the application for reinstatement from the petitioner, the Department will submit the following to the Director:~~

~~a. The application;~~
~~b. The written recommendation of the Board, including any finding of fact or order of the Board;~~
~~c. The petition submitted to the Board;~~
~~d. The record of hearing, if any; and~~
~~e. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the petitioner.~~

~~4. The Director will issue a decision regarding reinstatement within 150 days of receipt of the petitioner's application for reinstatement. The Director's decision will be based upon a review of the record of the proceedings before the Board. The Director will not hold a second hearing. The Director may affirm, reverse or modify the Board's~~

~~recommendation. A decision by the Director to reverse or modify the Board's recommendation will be based on finding that the Board's recommendation is: in excess of statutory authority, made upon unlawful procedure, unsupported by competent, material, and substantial evidence in view of the entire record, or arbitrary or capricious.~~

~~a. When the Director affirms, modifies or reverses the Board's recommendation for reinstatement, the Director will enter an Order setting forth the decision regarding reinstatement of the petitioner's credential. The order will be sent by certified mail to the petitioner;~~

~~b. If the petitioner does not accept the Director's decision, s/he may appeal such decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.~~

~~11-008.02G2 If the Board recommends reinstatement of the credential with terms, conditions, or restrictions:~~

~~1. The Board will send its recommendation to the petitioner by certified mail along with notification that the petitioner must file an application for reinstatement with the Director.~~

~~2. The petitioner must submit, to the Department, an application for reinstatement by the Director within 30 days of receipt of the Board's recommendation.~~

~~a. The application must include:~~

~~(1) Name of the petitioner; and~~

~~(2) Signed statement that the petitioner requests the Director to issue the credential pursuant to the Board's recommendation for reinstatement.~~

~~3. Upon receipt of the application for reinstatement from the petitioner, the Department will submit the following to the Director:~~

~~a. The application;~~

~~b. The written recommendation of the Board, including any finding of fact or order of the Board;~~

~~c. The petition submitted to the Board;~~

~~d. The record of hearing, if any; and~~

~~e. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the petitioner.~~

~~4. The Director will issue a decision regarding reinstatement within 150 days of~~

~~receipt of the petitioner's application for reinstatement. The Director's decision will be based upon a review of the record of the proceedings before the Board. The Director will not hold a second hearing. The Director may affirm, reverse or modify the Board's recommendation. A decision by the Director to reverse or modify the Board's recommendation will be based on finding that the Board's recommendation is: in excess of statutory authority, made upon unlawful procedure, unsupported by competent, material, and substantial evidence in view of the entire record, or arbitrary or capricious.~~

~~a. When the Director affirms, modifies or reverses the Board's recommendation for reinstatement, the Director will enter an Order setting forth the decision regarding reinstatement of the petitioner's credential. The order will be sent by certified mail to the petitioner;~~

~~b. If the petitioner does not accept the Director's decision, s/he may appeal such decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.~~

~~11-009 EXAMINATION ELIGIBILITY AND PROCEDURES~~

~~11-009.01 First Responder: A first responder certifying examination consists of a written examination and a practical examination. Individuals requesting to take a first responder certifying examination must:~~

~~1. Successfully complete, within two years prior to requesting to take the certifying examination, a first responder course from an emergency medical services training agency.~~

~~2. Schedule the examination through an emergency medical services training agency.~~

~~11-009.02 Emergency Medical Technician: An emergency medical technician certifying examination consists of a written examination and a practical examination. Individuals requesting to take an emergency medical technician certifying examination must:~~

~~1. Successfully complete, within two years prior to requesting to take the certifying written examination, an emergency medical technician course from an emergency medical services training agency.~~

~~2. Successfully complete, within one year prior to requesting to take the certifying written examination, a certifying emergency medical technician practical examination.~~

~~3. Schedule the examination through an emergency medical services training agency.~~

~~11-009.03 Emergency Medical Technician-Intermediate: An emergency medical technician certifying examination consists of a written examination and a practical examination.~~

~~Individuals requesting to take an emergency medical technician-intermediate certifying examination must:~~

1. ~~Be currently certified as an emergency medical technician; OR~~

2. ~~Have a current certification from the National Registry of Emergency Medical Technicians; AND~~

3. ~~Successfully complete, within two years prior to requesting to take the certifying written examination, an emergency medical technician-intermediate course from an emergency services training agency; OR~~

4. ~~Provide verification from an emergency medical services training agency's physician medical director, that the individual has completed Division 1 and 2 of the emergency medical technician-paramedic course.~~

5. ~~Successfully complete, within one year of requesting to take the written certifying examination, the emergency medical technician-intermediate practical examination.~~

6. ~~Applicants requesting to take the emergency medical technician-intermediate examination must apply to the Department. The Department will maintain a schedule of the dates and locations of certifying examinations in the state.~~

~~11-009.04 Emergency Medical Technician-Paramedic: An emergency medical technician-paramedic examination consists of a written examination and a practical examination. Individuals requesting to take the emergency medical technician-paramedic certifying examination must:~~

1. ~~Be currently certified as an emergency medical technician; OR~~

2. ~~Have a current certification from the National Registry of Emergency Medical Technicians; AND~~

3. ~~Successfully complete, within two years prior to requesting to take the certifying written examination, an emergency medical technician-paramedic course from an emergency services training agency;~~

4. ~~Successfully complete, within one year of requesting to take the written certifying examination, the emergency medical technician-paramedic practical examination.~~

5. ~~Applicants requesting to take the emergency medical technician-paramedic examination must apply to the Department. The Department will maintain a schedule of the dates and locations of certifying examinations in the state.~~

~~11-010 SCHEDULE OF FEES: The following fees have been set by the Department:~~

~~1.Certification of Credential Fee: For issuance of a certification of a credential the fee of~~

$25. The certification includes information regarding:

a.The basis on which a certificate was issued;
b.The date of issuance;
c.Whether disciplinary action has been taken against the certificate; and
d.The current status of the certificate.

2. Verification Credential Fee: For issuance of a verification of a certificate the fee of $5. The verification includes written confirmation as to whether a certificate was valid at the time the request was made.

3. Duplicate Credential Fee: By an applicant for a duplicate original certificate or a reissued certificate, the fee of $10;

11-011 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists that a person or entity practices without a certificate. Practice without a certificate for the purpose of this regulation means practice:

1.Prior to the issuance of a certificate;
2.Following the expiration of a certificate; or
3.Prior to the reinstatement of a certificate.

11-011.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without a certificate:

1.The person admits to engaging in practice;
2.Staffing records or other reports from the licensed emergency medical service of the person indicate that the person was engaged in practice;
3.Billing or payment records document the provision of service, care, or treatment by the person;
4.Service, care, or treatment records document the provision of service, care, or treatment by the person;
5.Appointment records indicate that the person was engaged in practice;
6.The person or entity opens a business or practice site and announces or advertises that the business or site is open to provide service, care, or treatment.

For purposes of this regulation prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.

11-011.02 Penalty: The Department may assess an administrative penalty in the amount of $10 per day, not to exceed a total of $1,000 for practice without a certificate. To assess such penalty, the Department will:

1.Provide written notice of the assessment to the person. The notice will specify:
a. The total amount of the administrative penalty;

b. The evidence on which the administrative penalty is based;
c. That the person may request, in writing, a hearing to contest the assessment of an administrative penalty;
d. That the Department will within 30 days following receipt of payment of the administrative penalty, transmit the penalty to the State Treasurer for credit to the Permanent School Fund; and
e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien, foreclosure, or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property.

2. Send by certified mail, a written notice of the administrative penalty to the last the last known address of the person to whom the penalty is assessed.

11-011.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920 and the Department's rules and regulations adopted pursuant to these statutes.

Approved by Attorney General: December 9, 2005
Approved by Governor: December 22, 2005
Filed with Secretary of State: December 22, 2005
Effective Date: December 27, 2005

Forms may be obtained by contacting the Credentialing Division.
Nebraska Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln NE 68509-4986

Advanced Certification: (402)471-2159 or 800/422-3460 Press 1 then 2
Basic Certification: (402)471-0153 or 800/422-3460 Press 1 then 1

http://www.hhs.state.ne.us/crl/profindex1.htm