

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration

Online EMS Provider Certification Application Guide

February 2014



Online EMS Provider Certification Guide

Release Notes

04 February 2014 – Initial Release

This handbook was created based on the BETA testing version of the software. Some screens may appear slightly different from the production version of the software.

Preface

The Department of Health (DOH), Health Emergency Preparedness and Response Administration (HEPRA) are transitioning from a paper-based EMS certification system to an online, web-based system. This guide has been developed to assist you with this transition, with the first phase being initial certifications and out of state applicants only.

The handbook is designed to assist the individual EMS agencies and their providers in using the online system. The handbook describes the processes involved, the necessary documentation, and how the process is intended to work. The guide is based on current Department of Health policies and regulations.

The guide should help answer some of the questions you may have about how to apply for initial certification, what items are needed, the proper documentation to submit, etc. We have included screenshots, as well as completed samples to give you an idea of what is expected.

This guide will change over time as the website is updated. Anytime you may have a question about the site we encourage you to contact DOH/HEPRA by phone (during normal business hours) or by e-mail.

If you see mistakes in this handbook please let us know. We are working hard to improve the services offered by the Health Emergency Preparedness and Response Administration. We are continuing to work to be responsive to your needs as EMS agencies and providers. Let us know how we can best help you.

Thank you,
The Staff at DOH HEPRA

Table of Contents

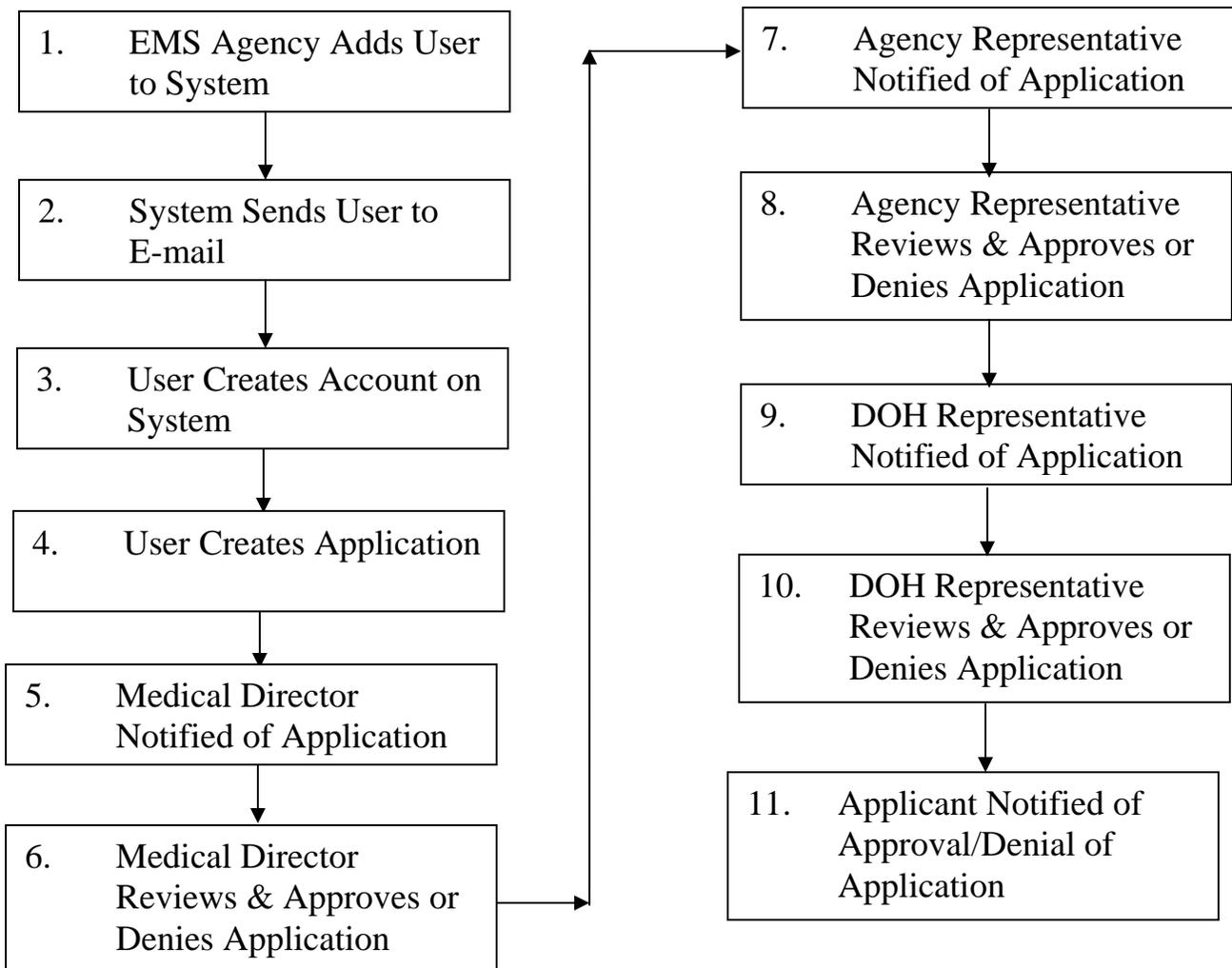
Release Notes.....	2
Regulations & Policies table.....	3
Preface.....	4
Online EMS Certifications.....	6
Overview.....	6
Accessing the Web Site	7
EMS Agency Representative	7
Adding a New Provider	7
EMS Provider – Applicant	9
Applicant’s Personal Information	9
Applicant’s EMS Provider Application	11
Application Fee	16
Application Payment	17
Application Submission Complete	17
Notification and Issuance of Certification Card	18
EMS Agency Medical Director	19
Reviewing the Application	20
EMS Sponsoring Agency Representative.....	25
Reviewing the Application	26
Department of Health Representative	31
Reviewing the Application	31
Printing the Certification Card	35
Issuing the Certification Card	41

Online EMS Certification Software

Overview

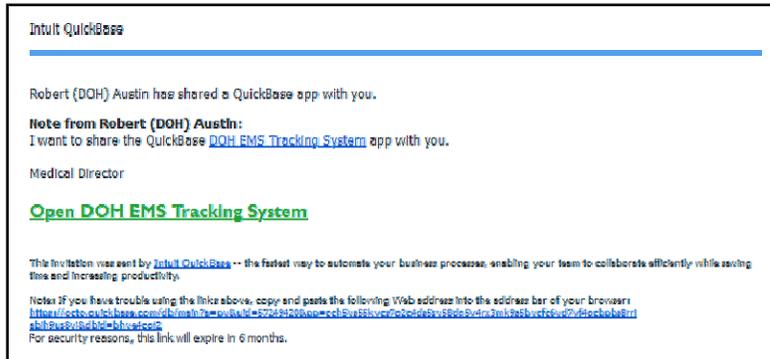
The online District EMS provider certification software has been designed to improve the certification application process. It allows the user to complete the application online, and the sponsoring agency to view the provider's application. The application is electronically submitted to the Department of Health (DOH) and allows for the online payment of the certification fees.

When an EMS agency has a new provider, they begin by creating the provider's user name in the system and sending the provider an e-mail which will give them access to the system. The provider can then create an account on the system, and complete an application for their initial District certification. After the application is submitted, the Medical Director is notified and is able to verify the application/sponsorship through the web site. When this is complete, a representative from the sponsoring agency receives an e-mail allowing them to review and approve the application. Once the representative approves the application, the Department of Health is notified and reviews the application. With the authorization of DOH, the applicant is notified that their application has been approved. DOH will print the certification card for distribution to the EMS agency and then to the provider.



Accessing the Web Site

If you are an EMS agency Medical Director or Agency Representative, you should have received an e-mail from the Department of Health. This e-mail indicated that DOH wants to share a Quickbase Application. By clicking on the “Open DOH EMS Tracking System” link you can sign up for access to the system.



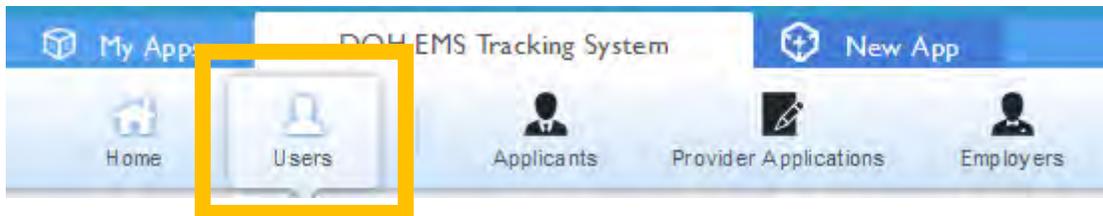
It is recommended that you bookmark the site so that you can easily return to the site in the future.

EMS Agency Representative

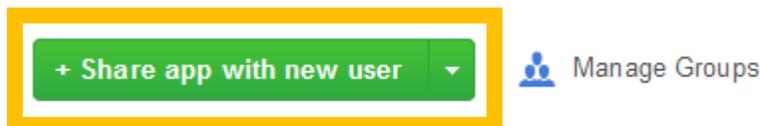
As the EMS Agency Representative, you will need to enter all new providers into the system to get them started through the application process. The process involves simply entering their e-mail address, selecting their role as an Applicant, and clicking a button.

Adding a New EMS Provider

As the EMS Agency Representative, you will need to enter the new provider into the system so the provider can create an account and submit an application. Once you have logged into the system as an agency representative, click on the “Users” tab at the top of the page (highlighted in yellow below).

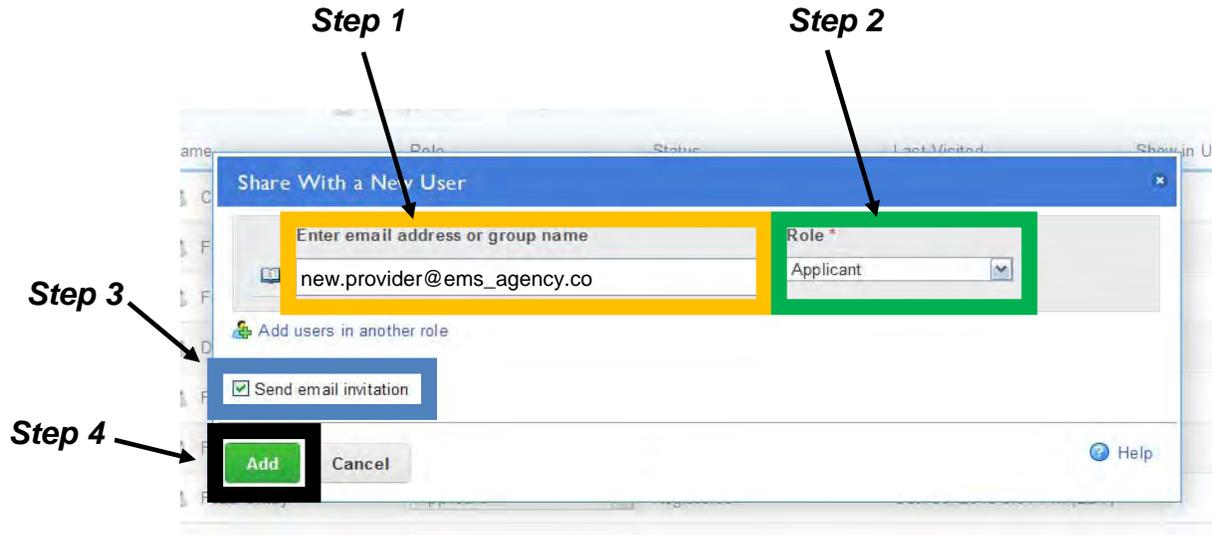


This takes you to the “Manage Users” page. Here you will see a listing of user names in the system. Just below the tab bar is a green button labeled “+ Share app with new user” (highlighted in yellow below).



After you click the button, a new pop-up dialog box will appear. If you do not see a new dialog box, check and make sure that you have pop-ups enabled for this site in your web browser.

In the dialog box, you will need to enter the e-mail address of the new EMS provider (outlined in yellow and marked as “Step 1” below). Next, make sure that in the “Role” drop-down box that “Applicant” is selected (outlined in green and marked as “Step 2” below). Third, make sure there is a checkmark in the “Send email invitation” checkbox (outlined in blue and marked as “Step 3” below). Finally, click on the green ‘Add’ button (outlined in black and marked as “Step 4” below).



Once you click the “Add” button, an e-mail will be sent to the provider listed in the address box. That e-mail will appear much as the one that you received. The new user will then need to access the web site and complete the application process.

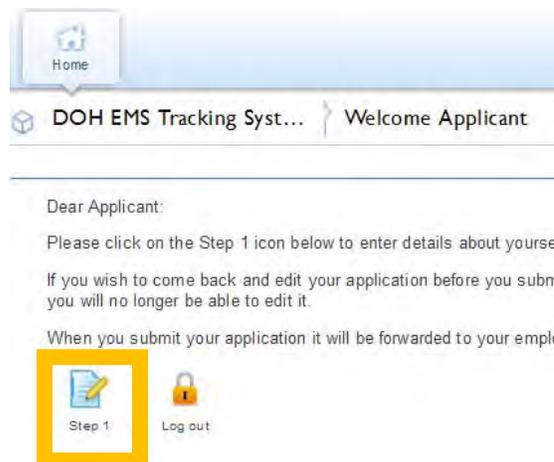
EMS Provider

This section details how a new EMS provider will enter their personal information into the system, and then complete the certification application section. For the new EMS provider, this is a two-step process, with both steps needing to be completed before the application can be submitted for review. Once the EMS provider enters their personal information, it does not need to be entered again. The EMS provider can update the information as changes occur. With the application for certification, the EMS provider will need to complete this section each time they apply for a new certification or the renewal of an existing certification.

Applicant's Personal Information

When an EMS provider accesses the site, there is only a single tab available to them, labeled as "Home". The provider is instructed to click on the "Step 1" icon to begin their registration process. (highlighted in yellow in the graphic on the right).

Once the provider clicks on the "Step 1" icon, they are taken to the "Add Applicant" page. This page contains basic demographic information, including the applicant's name, their mailing address, work phone, cell phone and home phone numbers, their e-mail address and a dropdown box to select gender.



Below this is a textbox to allow the user to enter their Social Security number. It is important that the user omit the dashes from the number as it is entered into the system. If the dashes are entered, the number will be displayed incorrectly.

The last item on this page is the Provider Photo. The Department of Health requires that you submit a passport style photo as part of the application process. Clicking on the link on the web site (http://travel.state.gov/passport/pptphotoreq/pptphotoreq_5333.html) will take you to the US Department of State Passport Photo Requirements. This page will provide the general instructions for how to take a passport photo. They also have a web page that outlines the digital image requirements (http://travel.state.gov/passport/pptphotoreq/digitalimagereq/digitalimagereq_5306.html). Once you have a photo that meets these requirements, click on the "Browse" button (highlighted in yellow in the graphic on the next page) at the bottom of the page to select and upload your photo to the web site.

Once you have completed entering in this information, you will need to click the green save button in the upper right corner of the web page. If you do not save this information, you will not be able to move to the next step and submit an application for EMS certification.

The next page is a screenshot of the Add Applicant page.



Applicants > Add Applicant

First Name *	Middle Initial	Last Name *	User Account *
<input type="text"/>	<input type="text"/>	<input type="text"/>	applicant, test <input type="button" value="v"/>

Other Names Used

Address *

Address 2

City *	State *	Zip Code *
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>

Work Phone *
 ext.

Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>

Email

Gender *

Social Security Number (No Dashes) *

Social Security Number Display	Birthdate *	Current Age
XXX-XX-	MM-DD-YYYY <input type="button" value="📅"/>	

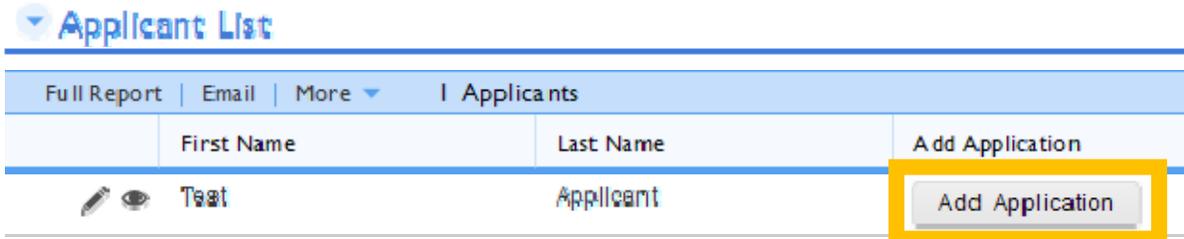
For guidelines on the photo to upload please click this link [Photo Guidelines](#)

Provider Photo

No file selected.

Applicant's Provider Application

Once the provider has their personal information entered, they can complete the application to request a certification card. From the Home page, the applicant should see a section labeled "Applicant List." Below that there should be a line displaying the applicant's name and a button labeled "Add Application" (highlighted in yellow in the graphic below). Click on that button to begin the second step of the application process.



When the "Add Application" web page is displayed, the "Applicant Information" section contains the EMS provider's personal information that is on file. You should check to make sure that the information contained on this page is correct (If it is not, return to the Add Applicant screen and make any necessary corrections). Near the bottom of this section is an area for the provider to enter their certification information when holding a non-District EMS certification card (outlined in yellow in the graphic below).

The screenshot shows the "Add Application" form. At the top, there is a breadcrumb "Provider Applications" and a "Save" button. Below is the "Applicant Information" section. It contains several fields: "First Name" (Applicant, Test), "Middle Initial", "Last Name" (Applicant), "Gender" (Male), "Other Names Used", "Social Security Number" (xxx-xx-1111), "Birthdate" (01-01-1970), "Address" (1234 Anywhere Street), "Address 2", "City" (Silver Spring), "State" (MD), "Zip Code" (21224), "Home Phone", "Work Phone" ((202) 888-1212), "Cell Phone", and "Email". At the bottom, there is a section titled "Out of State Certification Only" which is highlighted with a yellow border. It contains two fields: "Current EMS Certification/License #" and "Current EMS Cert/License Exp Date" (MM-DD-YYYY). To the right of these fields is a "Copy of current EMS Certification/License #" field with a "Browse..." button and the text "No file selected."

The section highlighted above is only to be completed by those providers who hold a non-District EMS certification and are seeking District EMS certification. The applicant will need to enter their non-District EMS certification date, the date it expires, and a scanned/photo of the certification card. Click on the “Browse” button next to the “Current EMS Certification/License” textbox to select and upload your certification card image to the web site.

Important!

It is recommended that during this process you save your work frequently. This can be performed by clicking the green “Save” button near the top of the web page.



Application Information

The next section consists of two drop-down boxes (see below). The first is the Application Type. Here you would select either “Initial Certification” or “Out of State”. From the next dropdown box select the appropriate EMS provider certification level:

- EMR (Emergency Medical Responder)
- EMT (Emergency Medical Technician)
- AEMT (Advanced Emergency Medical Technician)
- EMT-I (Emergency Medical Technician – Intermediate)
- Paramedic

Sponsoring Organization (Employer)

In this section you will need to select the name of your “Sponsoring Organization” (employer) from the dropdown box. The next item to enter is the date you began working for your sponsoring organization in the “Employment Start Date.” DO NOT enter a date into the “Employment End Date” text box.

Certification Credentials

In this section you will enter your current certifications that are required for District certification. This includes your National Registry card number and the date it expires.

If you are applying for initial certification and have graduated from a District EMS Educational Institution, select the name of the institution from the drop-down list named “Name of educational institution where EMS certification course was completed” (highlighted in yellow below). If you are applying from out-of-state, enter the name of the name of the educational institution in the text box titled “Name of non-district agency where EMS certification course was completed” (highlighted in red below). You also need to enter the date you graduated from EMT school in the text box “EMS Certification course completion date.”

Next, you should check the box to indicate that you have completed an American Heart Association CPR “Course C – Health Care Provider” or equivalent course, and indicate the date the card expires in the text box marked “CPR Expiration Date”.

Lastly, you need to upload copies of your NREMT certification card and your CPR card. Scan or photograph each card (front of the NREMT card, front and back of the CPR card – make sure it is signed). Save each card’s image as a file on your computer. To upload the NREMT card, click on the “Browse” button under “Upload NREMT card” (highlighted in blue below). A file dialog box will appear. Locate the image of your NREMT card on your computer, highlight it, and select “Open.” This will load and attach the image to the application. To upload your CPR card, click on the “Browse” button under “Upload CPR card” (highlighted in green below) and follow the same procedure as with your NREMT card image.

The screenshot shows the 'Certification Credentials' section of a web form. It includes several input fields and buttons:

- NREMT Card#**: A text input field.
- NREMT Expiration**: A date input field with a calendar icon.
- Upload NREMT card**: A button labeled 'Browse...' with the text 'No file selected.' below it.
- Name of educational institution where EMS certification course was completed**: A dropdown menu, highlighted in yellow.
- Name of non-district agency where EMS certification course was completed**: A text input field, highlighted in red.
- EMS Certification course completion date**: A date input field with a calendar icon.
- CPR (Course C)**: A checkbox.
- CPR Expiration Date**: A date input field with a calendar icon.
- Upload CPR card**: A button labeled 'Browse...' with the text 'No file selected.' below it, highlighted in green.

Professional History

As a new applicant, it is unlikely that anything will be displayed here. This section will be populated later by your employer, showing the District EMS agencies that have sponsored you.

The screenshot shows the 'Professional History' section. It features a table with the following headers: Company Name, Position/Title, State Date, and End Date. Below the table, the text 'No employment records found' is displayed.

Disclosure Statements

The next section contains a series of questions that you must answer in order to have your application accepted for submission to the Department of Health. If you leave any of these questions unanswered, the application is considered incomplete, and the computer will not allow you to proceed any further. To complete this section, simply click on the “Yes” or “No” option button at the bottom of each section.

The answer you provide to these questions may result in additional questions being asked. You must answer any of these additional questions in order to submit your application.

Professional Disclosure

1. Do you hold, or have you ever held a health professional license/certification? *

- Yes
 No

Criminal Background Check Disclosure

2. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility or of any other violation of the public trust? *

- Yes
 No

Financial Disclosure

3. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:

- a. Litter Control Administrative Act of 1985 (D.C. Official Code 8-801 et seq);
- b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code 8-901 et seq);
- c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code 50-2301.01 et seq);
- d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code 2-1801.01 et seq);
- e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code 50-301 et seq);
- f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code 31-2401 et seq);
- g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code 50-1501.02(i))

or
Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? *

- Yes
 No
-

Certification Statement

The last section on the application is the Certification Statement. Please read the statement carefully before selecting your answer and entering your name and the current date.

▼ Certification Statement

This Electronic Signature Agreement is intended to record a physical copy of my signature as a part of the documentation requirements for the EMS Division certification activities. I understand that my hardcopy signature will be replaced by my electronic signature for EMS Division activities that are completed online using the EMS Database. I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct.

I have read and understand the statements, above, and I agree that I will comply with these statements. *

- Yes
- No

Name

Date

Saving and Submitting the Application

You can save the application as you work on it and return to it at a later time. This is accomplished by clicking on the green “Save” button at the top of the screen or by clicking the floppy disk icon under “Save and Return Later” (highlighted in yellow below).

At the very bottom of the application is a statement verifying that the information you are submitting is true and complete (highlighted in red below). Please read this statement carefully prior to submitting the application to the Department of Health. By submitting the application you are indicating that you agree to the information in the statement. To submit the application, click on the floppy disk icon under “Save & Go To Payment” (highlighted in green below).

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application may be punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within thirty (30) days upon separation from my sponsoring EMS agency.

Save & Return Later



Save & Go To Payment



Application Fee

The next section covers how to pay the fee to submit the application. After you click on the “Save and Go To Payment” icon, you will be shown a screen that shows the fee that is due to the Department of Health. At the bottom of the page is a button labeled “Click here to pay application fee.” Once you click on this button you will no longer be able to change your application.

Application Fee Details

PayFlow Item Name	DOH CMO Payment
Base Application	\$15.00
Initial Certification	\$30.00
Total	\$45.00

Application Fee Payment

Note: After acceptance of payment info, the provider application will not be user viewable.

PayFlow Transaction Confirmation

Total Application Fee:
\$45.00

Have you verified all information in this application?

By submitting payment for my application I understand that I cannot make any changes to this application. An error on my application will require me to complete and submit a new application with a fee.

[Click here to pay application fee.](#)

Important!

Once you click on the “Click here to pay application fee” option, you **CANNOT** return to the application to make any corrections.

Once you click on the button you will be sent to a new web page where you can enter the payment information. It may take a few minutes to bring this page up, so please be patient.

Application Payment

When you arrive at the payment site, you will be asked to provide your name and credit card information. The amount being charged to your credit card will be displayed at the bottom under “Transaction Amount.” At the bottom is a button marked “Pay.”

Register Online (*) - Required field

DCII EMS Payment

Licensee Information:	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Payment Information:	
Credit Card Type:	<input type="text"/>
Card Number:	<input type="text"/>
Card Expiration Date:	<input type="text"/>
Transaction Amount:	\$ 45.00

Pay

Important!

Clicking this button more than once may result in **multiple charges to your credit card!** Click the button **ONCE** and wait for the system to process the fee.

Application Submission Complete

Once the transaction is complete, you will see a screen that confirms your application fee has been charged to your credit card and that your application is now beginning the review process (see graphic below).

Applicant End of Form

Congratulations! Your application is complete and will be reviewed.

Payment Confirmation Display Message

Provider Application Number: E-13910
Total Application Fee: \$45
Payflow Confirmation Number: A71A5C8B06C9
Provider Application Record ID#: 50

As an applicant, you can log in to see where your application is located in the review process. Once the application has completed the review process, the applicant will be notified.

Application Review Status Detail:
In Process - Applicant Provider Application
Pending - Medical Director Review
Pending - Employer Review
Pending EMS Review

Application Notification & Certification Card

Once the application is reviewed by the Medical Director, the Sponsoring Agency Representative, and the Department of Health, the applicant will receive an e-mail indicating that the application has either been approved or rejected. If the application is approved, the Department of Health will create the certification card and issue it to the applicant's sponsoring agency.

EMS Agency Medical Director

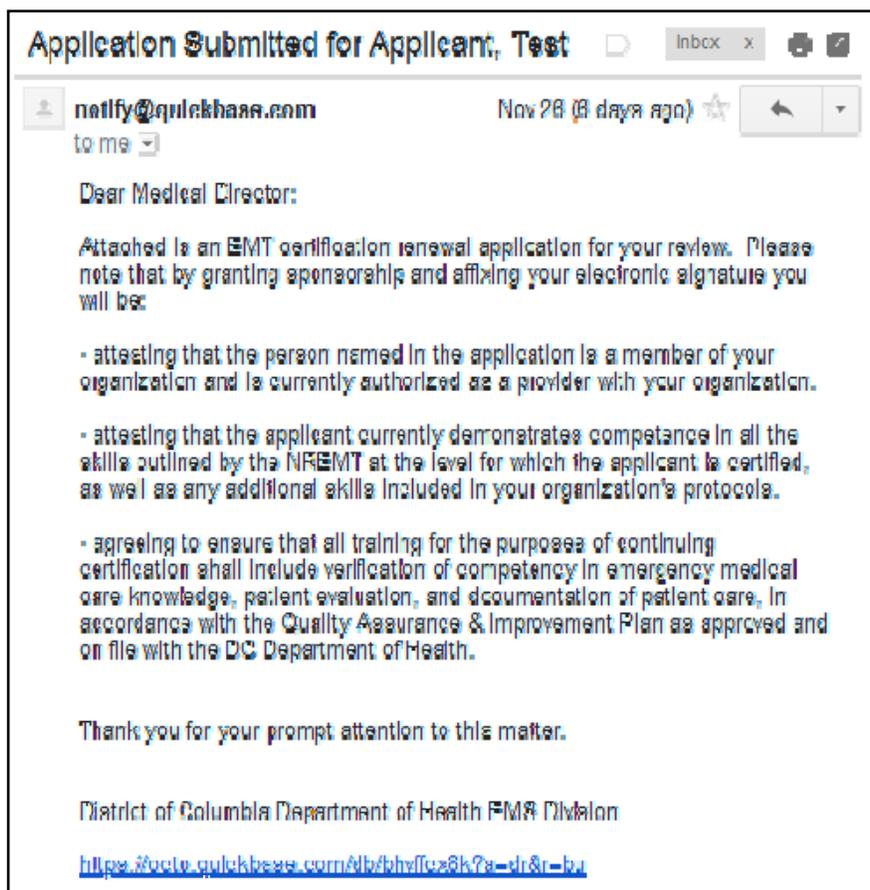
This section details how the Medical Director of an EMS Agency will be notified of a new application, how to review that application and then approve a new EMS provider's application into the system.

Getting Into the System

Like the EMS Provider, a Medical Director will first receive an e-mail indicating that they should set up an account on the system. This e-mail is sent by the sponsoring agency, in the same fashion as was done for the new EMS provider. Once the medical director has an account setup, they will begin to receive e-mails advising them of new applications in the system that need to be reviewed.

Notification E-mail

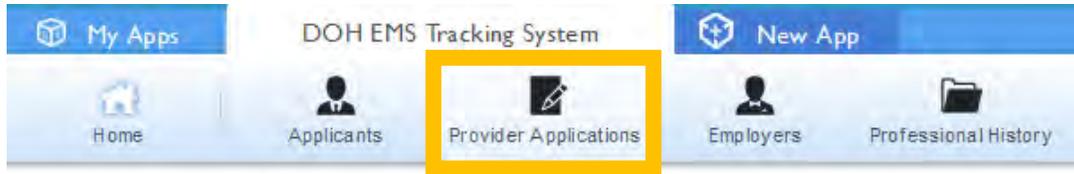
As the Medical Director, you will receive an e-mail every time an application is submitted to the system. This may be for a new applicant, renewal of an existing certification, or reinstatement of a previous certification. The graphic below shows the typical e-mail that the Medical Director can expect to receive.



Clicking on the link in the e-mail will open the Medical Director's section of the web site so that the application can be reviewed and approved (you may see the log-in screen first).

Reviewing the Application

Once you log into the system, click on the Provider Applications tab (outlined in yellow below) at the top of the page.



After clicking on the tab, a list of applications will be displayed. Any new applications will have a green “NEW” tag at the beginning of the line (outlined in green below). To view the application, click in the ‘eye’ icon (outlined in blue below). To be able to edit the Medical Director’s section of the application, click on the pencil icon (outlined in yellow below).

2 Provider Applications									
	Related Employer	Sponsoring Organization (Employer) Name	Related Applicant	First Name	Last Name	Application Type	Certification Level	EMS Certification #	Employment Start Date
	7	Test Agency 2	24	Test	Applicant	Out of State	EMT	E-13909	10-21-2013
	7	Test Agency 2	25	Test	Applicant	Initial Certification	EWT	E-13910	

Applicant Information

The first section to review is the applicant’s information. This section includes basic demographic data. It also includes any out of state certification or license information.

[Applicant Information](#)

Please click the edit button to the upper right to set approval options, and the save button just below the sponsorship / approval statement to save changes and to finalize approval.

First Name Test	Middle Initial	Last Name Applicant	Gender Female
Other Names Used	Social Security Number xxx-xx-9-99	Birthdate 01-01-1975	
Address 1234 Anywhere Street	Address 2	City Silver Spring	State MD Zip Code 21234
Home Phone	Work Phone (202) 555-1212	Cell Phone	Email
EMS Certification # E-13910	EMS Certification Expiration Date		
Out of State Certification Only:			
Current EMS Certification/License # EMT-00012-MG	Copy of current EMS Certification/License #		
Current EMS Cert/License Exp Date 12-31-2014			

Application Information

This section contains only two entries. The type of application being submitted (initial application, out of state application, renewal application and reinstatement) and the level of certification (Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic).

Application Information

Application Type	Certification Level
Initial Certification	EMT

Sponsoring Organization (Employer)

This section contains information about the Medical Director’s agency. Please make sure that your agency is the one listed, and if it is not, notify DOH immediately.

Sponsoring Organization (Employer)

Employer Name	Employment Start Date	Employment End Date
Test Agency 2		
Medical Director		
Dr. EMS Agency		
Employer Representative		
Test, Provider		

Certification Credentials

The Credentials section contains the provider’s current EMS certification, including their National Registry card, their CPR card, and their ACLS card (for EMT Intermediates and Paramedics). While it is optional if the provider would like to submit their PALS card, it is recommended.

Certification Credentials

NREMT Card# E1234567	NREMT Expiration	Upload NREMT card
Name of educational institution where EMS certification course was completed Westlink	EMS Certification course completion date 12-31-2014	
CPR (Course C)	CPR Expiration Date 12-31-1999	Upload CPR card

Professional History

In this section the provider’s employment history is displayed. For new applicants, this will be blank.

Professional History

Company Name	Position/Title	Start Date	End Date
--------------	----------------	------------	----------

No employment records found

Professional Disclosure

In this section, the applicant is asked to answer questions about any past disciplinary actions. The applicant's answer (highlighted in yellow below) is directly below the question.

Professional Disclosure

1. Do you hold, or have you ever held a health professional license/certification?

Yes

1a. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

No

1b. Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issue to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

No

Professional Disclosure Upload

Criminal Background Check Disclosure

This section, like the one above, has the applicant's responses to a question concerning past criminal activity. The applicant's answer (highlighted in yellow below) is directly below the question.

Criminal Background Check Disclosure

2. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility or of any other violation of the public trust?

No

Criminal Background Check Disclosure Upload

Financial Disclosure

This section ask the applicant if they currently owe the District Government more than \$100 in fines, penalties, interest, etc. The applicant's answer (highlighted in yellow below) is directly below the question.

Financial Disclosure

3. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:

a. Litter Control Administrative Act of 1986 (D.C. Official Code 8-801 et seq);

b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code 8-901 et seq);

c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code 60-2301.01 et seq);

d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1988 (D.C. Official Code 2-1801.01 et seq);

e. District of Columbia Taxicab Commission Establishment Act of 1986 (D.C. Official Code 60-301 et seq);

f. Compulsory/No Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code 31-2101 et seq);

g. Fines assessed to car dealers pursuant to section 2(f) of the District of Columbia Revenue Act of 1937 (D.C. Official Code 60-1801.02(f)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes?

No

Certification Statement

The last part of the application review is the certification statement which is digitally signed by the applicant. The applicant's responses are highlighted in yellow below

▼ Certification Statement

This Electronic Signature Agreement is intended to record a physical copy of my signature as a part of the documentation requirements for the EMS Division certification activities. I understand that my hardcopy signature will be replaced by my electronic signature for EMS Division activities that are completed online using the EMS Database. I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct.

I have read and understand the statements, above, and I agree that I will comply with these statements.

Yes

Name

Test Applicant

Date

11-26-2013

Medical Director's Statement

The final section on the Medical Director's page is the "Medical Director Statement." In the first part of this section the Medical Director verifies the applicant's submissions including certification information. The second part includes background information, professional disclosure, and debt disclosure answers submitted by the applicant. The third part is the "Sponsorship Statement" which indicates your verification that the applicant is a member of your agency.

Verification of Applicant Submissions

As the Medical Director you will need to indicate through the "Yes/No" drop-down box whether you have verified the provider's certifications as being current and valid. This will need to be performed for all of the provider's certifications, including NREMT, CPR and ACLS (if a Paramedic or Intermediate EMT). While the PALS certification disclosure is optional, if it is disclosed it must be verified as being current and valid. If you answer "No" to any of the certification questions, you must enter comments into the appropriate Comments text box. You need to indicate why the certification card submitted by the applicant is not valid.

The second part requires the Medical Director to review the statements submitted and verify that the applicant is or is not recommended for certification. If you answer "No" to any of the statement questions, you must enter comments into the appropriate Comments text box. You need to indicate why the applicant is not recommended for certification approval.

The third part is the Sponsorship Statement. The Medical Director must select if they are or are not granting sponsorship through the dropdown box. The Sponsorship Statement indicates that the applicant is a member of the agency, that the Medical Director provides supervision and protocols for the applicant, that the applicant is competent in all of the required skills of NREMT certification, and that the Medical Director will continue to provide oversight of the applicant's continuing education and competency. After you have selected a response from the drop-down

text box, entered the Medical Director's name, check the box under Medical Director Authorization, and click on the "Click to Save:" icon at the bottom of the page.

Sponsorship Statement

As Physician Medical Director I do hereby affix my electronic signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. The applicant operates under my supervision and approved protocols. I have verified the credentials on this application. The applicant currently demonstrates competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization's protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.

	Name of Medical Director	Signing Date
<input type="text"/>	<input type="text"/>	11-28-2013 

Medical director authorization

Click to Save:



Once the application is saved, an e-mail is sent to the Sponsoring Agency's representative. This concludes the Medical Director's portion of the application process.

EMS Sponsoring Agency Representative

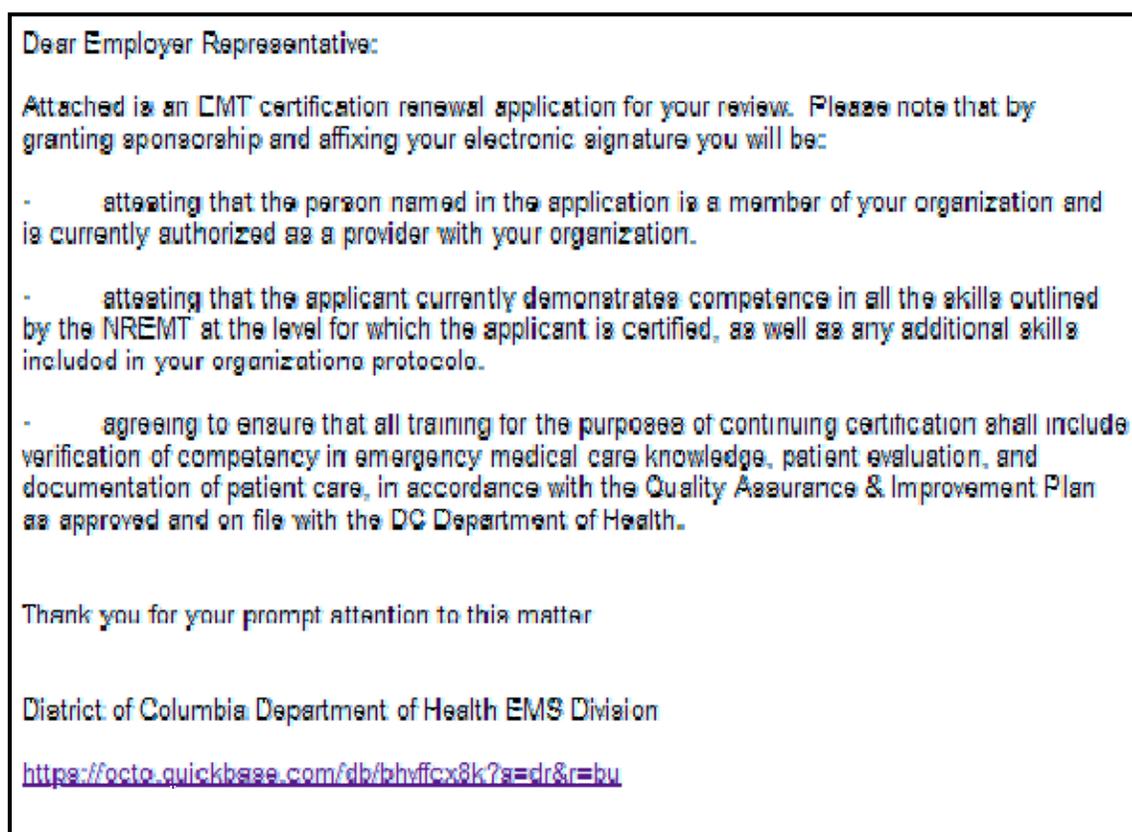
The next section details how the Representative of a Sponsoring EMS Agency will be notified of a new application, how to review that application and then approve a new EMS provider's application into the system. The process is very similar to that of the Medical Director.

Getting Into the System

Like the EMS Provider, a Sponsoring Agency Representative will first receive an e-mail indicating that they should set up an account on the system. This e-mail is sent by the Department of Health. Once the Representative has an account setup, they will begin to receive e-mails advising them of new applications in the system that need to be reviewed.

Notification E-mail

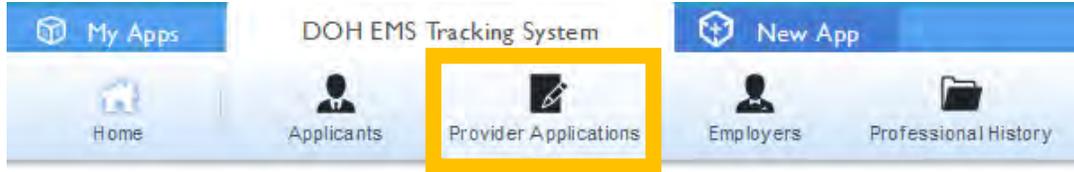
As the Sponsoring Agency Representative, you will receive an e-mail every time an application is submitted to the system. This may be for a new applicant, renewal of an existing certification, or reinstatement of a previous certification. The graphic below shows the typical e-mail that the Representative can expect to receive.



Clicking on the link in the e-mail will open the Sponsoring Agency Representative section of the web site so that the application can be reviewed and approved (you may see the log-in screen first).

Reviewing the Application

Once you log into the system, click on the Provider Applications tab (outlined in yellow below) at the top of the page.



After clicking on the tab, a list of applications will be displayed. Any new applications will have a green “NEW” tag at the beginning of the line (outlined in green below). To view the application, click in the ‘eye’ icon (outlined in blue below). To be able to edit the Medical Director’s section of the application, click on the pencil icon (outlined in yellow below).

2 Provider Applications									
	Related Employer	Sponsoring Organization (Employer) Name	Related Applicant	First Name	Last Name	Application Type	Certification Level	EMS Certification #	Employment Start Date
	7	Test Agency	24	Test	Applicant	Out of State	EMT	E-13909	10-21-2013
	7	Test Agency	25	Test	Applicant	Initial Certification	EWT	E-13910	

Applicant Information

The first section to review is the applicant’s information. This section includes basic demographic data. It also includes any out of state certification or license information.

[Applicant Information](#)

Please click the edit button to the upper right to set approval options, and the save button just below the sponsorship / approval statement to save changes and to finalize approval.

First Name Test	Middle Initial	Last Name Applicant	Gender Female
Other Names Used	Social Security Number xxx-xx-9-99	Birthdate 01-01-1975	
Address 1234 Anywhere Street	Address 2	City Silver Spring	State MD
		Zip Code 21234	
Home Phone	Work Phone (202) 555-1212	Cell Phone	Email
EMS Certification # E-13910	EMS Certification Expiration Date		
Out of State Certification Only:			
Current EMS Certification/License # EMT-00012-MG	Copy of current EMS Certification/License #		
Current EMS Cert/License Exp Date 12-31-2014			

Application Information

This section contains only two entries. The type of application being submitted (initial application, out of state application, renewal application and reinstatement) and the level of certification applied for (Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic).

Application Information

Application Type	Certification Level
Initial Certification	EMT

Sponsoring Organization (Employer)

This section contains information about the Medical Director’s agency. Please make sure that your agency is the one listed, and if it is not, notify DOH immediately.

Sponsoring Organization (Employer)

Employer Name	Employment Start Date	Employment End Date
Test Agency 2		
Medical Director		
Dr. EMS Agency		
Employer Representative		
Test, Provider		

Certification Credentials

The Credentials section contains the provider’s current EMS certification, including their National Registry card, their CPR card, and their ACLS card (for EMT Intermediates and Paramedics). It is optional if the provider would like to submit their PALS card, but it is recommended.

Certification Credentials

NREMT Card# E1234567	NREMT Expiration	Upload NREMT card
Name of educational institution where EMS certification course was completed Westlink	EMS Certification course completion date 12-31-2014	
CPR (Course C)	CPR Expiration Date 12-31-1999	Upload CPR card

Professional History

In this section the provider’s employment history is displayed. For new applicants, this will be blank.

Professional History

Company Name	Position/Title	Start Date	End Date
--------------	----------------	------------	----------

No employment records found

Professional Disclosure

In this section, the applicant is asked to answer questions about any past disciplinary actions. The applicant's answer (highlighted in yellow below) is directly below the question.

Professional Disclosure

1. Do you hold, or have you ever held a health professional license/certification?

Yes

1a. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

No

1b. Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

No

Professional Disclosure Upload

Criminal Background Check Disclosure

This section, like the one above, has the applicant's responses to a question concerning past criminal activity. The applicant's answer (highlighted in yellow below) is directly below the question.

Criminal Background Check Disclosure

2. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility or of any other violation of the public trust?

No

Criminal Background Check Disclosure Upload

Financial Disclosure

This section ask the applicant if they currently owe the District Government more than \$100 in fines, penalties, interest, etc. The applicant's answer (highlighted in yellow below) is directly below the question.

Financial Disclosure

3. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:

a. Litter Control Administrative Act of 1986 (D.C. Official Code 8-801 et seq);

b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code 8-901 et seq);

c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code 60-2301.01 et seq);

d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1988 (D.C. Official Code 2-1801.01 et seq);

e. District of Columbia Taxicab Commission Establishment Act of 1986 (D.C. Official Code 60-301 et seq);

f. Compulsory/No Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code 31-2101 et seq);

g. Fines assessed to car dealers pursuant to section 2(f) of the District of Columbia Revenue Act of 1937 (D.C. Official Code 60-1801.02(f)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes?

No

Certification Statement

The next part of the application review is the certification statement which is digitally signed by the applicant. The applicant's responses are highlighted in yellow below

▼ Certification Statement

This Electronic Signature Agreement is intended to record a physical copy of my signature as a part of the documentation requirements for the EMS Division certification activities. I understand that my hardcopy signature will be replaced by my electronic signature for EMS Division activities that are completed online using the EMS Database. I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct. I have read and understand the statements, above, and I agree that I will comply with these statements.

Yes

Name

Test Applicant

Date

11-26-2013

Application Fee Payment

This is the first of two sections dealing with the Application Fee. The Application Fee Payment shows a confirmation number indicating that the fee was paid by the applicant, and the total fees paid. Lastly, this section shows that the payment was made to DOH through the PayFlow system.

▼ Application Fee Payment

PayFlow Transaction Confirmation

A71A5C8B06C9

Application Fee

\$45.00

PayFlow Item Name

DOH EMS Payment

Thank you for making your payment, your application is now complete and will be reviewed.

Application Fee Details

This section simply breaks down the total fee into the various components, including the Application Fee, the specific certification fee, and the total fee.

▼ Application Fee Details

Base Application \$15.00

Initial Certification \$30.00

Total \$45.00

Medical Director Statement

This section displays the Medical Director’s responses to the application that has been submitted. This includes verification of certifications and responses to application questions. At the bottom of this section it will be indicated if the Medical Director has agreed to grant sponsorship to this individual.

Employer Representative Statement

The last section on this page is the statement by the Sponsoring Agency Representative. It is similar to the Medical Director’s statement and is further confirmation (or rejection) of the applicant’s certification status and sponsorship by the agency. In the dropdown box (outlined in yellow below) select either “Yes” to grant sponsorship or “No” to deny sponsorship. Add the current date in the “Employer – Date” text box (outlined in blue below) and then click the checkbox next to “Employer Representative Authorization (outlined in red below).” Once this has been accomplished, click on the “Click to Save:” icon (outlined in green below) to save the record and submit it to the Department of Health.

Employer Representative Statement

Employer Representative

As Employer Representative I do hereby affix my electronic signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization’s protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.

Yes. I am granting sponsorship. 

Employer Representative authorization

Click to Save: 

Sponsor - Employer Representative
Test, Provider

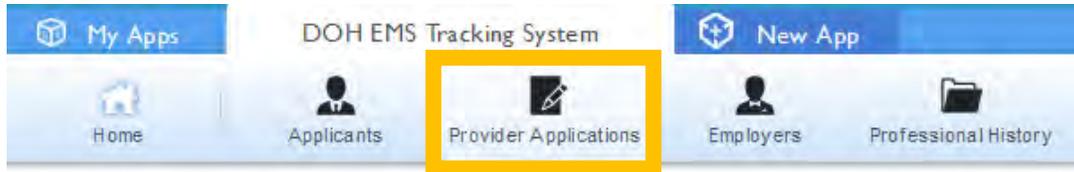
Employer - Date
01-01-2013 

Department of Health (DOH) Representative

This section details how the DOH Representative will review an application and then approve/reject a new EMS provider’s application into the system. The process is very similar to that of the Sponsoring Agency.

Reviewing the Application

Once you log into the system, click on the Provider Applications tab (outlined in yellow below) at the top of the page.



After clicking on the tab, a list of applications will be displayed. Any new applications will have a green “NEW” tag at the beginning of the line (outlined in green below). To view the application, click on the ‘eye’ icon (outlined in blue below). To be able to edit the Medical Director’s section of the application, click on the pencil icon (outlined in yellow below).

2 Provider Applications									
	Related Employer	Sponsoring Organization (Employer) Name	Related Applicant	First Name	Last Name	Application Type	Certification Level	EMS Certification #	Employment Start Date
	7	Test Agency 8	24	Test	Applicant	Out of State	EMT	E-13909	12-21-2013
	7	Test Agency 2	25	Test	Applicant	Initial Certification	EWT	E 13010	

TOT

Applicant Information

The first section to review is the applicant’s information. This section includes basic demographic data. It also includes any out of state certification or license information.

Applicant Information

Please click the edit button to the upper right to set approval options, and the save button just below the sponsorship / approval statement to save changes and to finalize approval.

First Name Test	Middle Initial	Last Name Applicant	Gender Female	
Other Names Used	Social Security Number xxx-xx-9-99	Birthdate 01-01-1975		
Address 1234 Anywhere Street	Address 2	City Silver Spring	State MD	Zip Code 21234
Home Phone	Work Phone (202) 555-1212	Cell Phone	Email	
EMS Certification # E-13910	EMS Certification Expiration Date			
Out of State Certification Only:				
Current EMS Certification/License # EMT-00012-MG	Copy of current EMS Certification/License #			
Current EMS Cert/License Exp Date 12-31-2014				

Application Information

This section contains only two entries. The type of application being submitted (initial application, out of state application, renewal application and reinstatement) and the level of certification applied for (Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic).

Application Information

Application Type	Certification Level
Initial Certification	EMT

Applicant Sign/Date Section

This section displays the date when the applicant signed the application and submitted it for review and approval

Applicant Sign / Date Section

Name	Date
Test Applicant	11-26-2013

Medical Director Sign/Date Section

This section displays the Medical Director’s review of the application. It identifies the date and time the application was reviewed and submitted by the medical director (outlined in yellow below). If the Medical Director has authorized sponsorship of the provider, the “Medical director authorization” box will be checked (outlined in green below). The Medical Director’s response to the review of the criminal background information (outlined in red below), professional disclosure information (outlined in blue below) and debt disclosure information (outlined in purple below) are listed to the left. Any comments by the Medical Director will be displayed to the right of the responses (outlined and shaded in gray below).

Medical Director Sign / Date

Sponsoring Organization (Employer) - Medical Director Name Test Medical Director	Sponsoring Organization (Employer) Medical Director - Date 10-28-2013
<input checked="" type="checkbox"/> Medical director authorization	Date 11-04-2013 01:22 PM
Medical Director Comments I have verified the applicant's criminal background information on file with this agency and recommend approval for certification <input checked="" type="checkbox"/> Yes I reviewed the applicant's professional disclosure information and recommend approval for certification <input checked="" type="checkbox"/> Yes I reviewed the applicant's debt disclosure information and recommend approval for certification <input checked="" type="checkbox"/> Yes	Criminal Background Check Verification Comments Professional Disclosure Comments Debt Disclosure Exception Comments

Sponsoring Organization (Employer)

This section contains the responses from the applicant’s sponsoring agency. If the Sponsoring Agency has authorized sponsorship of the provider, the “Employer Representative authorization” box will be checked (outlined in green below). The date and time the application was reviewed and submitted by the Sponsoring Agency (outlined in yellow below) is to the right of the checkbox. Any comments by the Sponsoring Agency representative will be located at the bottom of the section (outlined and shaded in gray below).

Employer Organization Sign / Date

Sponsor - Employer Representative	Sponsor - Date
<input checked="" type="checkbox"/> Employer Representative authorization	Date 11-04-2013 01:50 PM
<input type="checkbox"/> Fee Exempt	
Employer Representative Comments	

Certification Credentials

The Credentials section contains the provider’s current EMS certification, including their National Registry card, their CPR card, and their ACLS card (for EMT Intermediates and Paramedics). It is optional if the provider would like to submit their PALS card, but it is recommended.

▼ Certification Credentials

NREMT Card# E1234567	NR/MET Expiration 12-31-2014	Upload NREMT card
Name of educational institution where EMS certification course was completed Westlink	EMS Certification course completion date 12-31-2014	
✓ CPR (Course C)	CPR Expiration Date 12-31-1999	Upload CPR card

Application Fee Payment

This is the first of two sections dealing with the Application Fee. The Application Fee Payment shows a confirmation number indicating that the fee was paid by the applicant, and the total fees paid. Lastly, this section shows that the payment was made to DOH through the PayFlow system.

▼ Application Fee Payment

PayFlow Transaction Confirmation
A71A5C8B06C9

Application Fee
\$45.00

PayFlow Item Name
DOH EMS Payment

Thank you for making your payment, your application is now complete and will be reviewed.

Application Fee Details

This section simply breaks down the total fee into the various components, including the Application Fee, the specific certification fee, and the total fee.

▼ Application Fee Details

Base Application	\$15.00
Initial Certification	\$30.00
Total	\$45.00

EMS Application Review

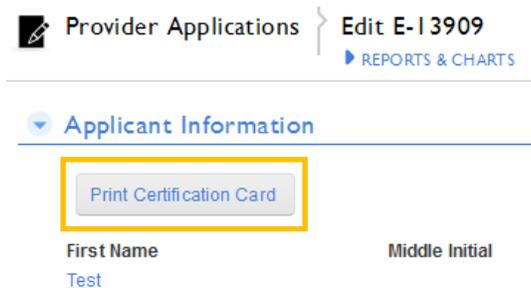
The final section on this page is the DOH approval or rejection of the application. There are two drop-down boxes. The first indicates if the application is approved or rejected (outlined in yellow below). The second box identifies the type of certification to be issued – Active, Inactive, Provisional I or Provisional II (outlined in red below).

▼ EMS Application Review

Application Approval Status Approved	Certification Type Standard
Application Status Date	

Printing the Certification Card

After the application has been approved, the DOH representative will need to print the provider's card. At the top of the web page, in the "Applicant Information" section a "Print Certification Card" button should be visible on the left side of the screen (outlined in yellow below). Each card must be printed individually.



After clicking on the button, a new window will open in the browser. This window will display the provider's certification card.



The card can now be printed. How you print the card will depend on the web browser being used. Browsers tested included Internet Explorer 8, Firefox 25, and Chrome 31.

Microsoft Internet Explorer – Version 8

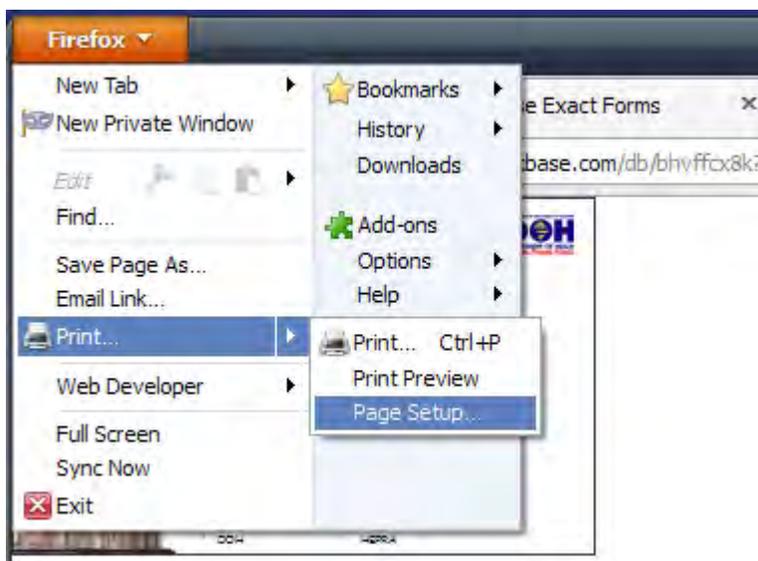
The default web browser on the HEPRA computers is Internet Explorer, Version 8. **This web browser cannot be used to print the certification cards.** If the only web browser you have on your computer is Internet Explorer Version 8, you should install either Mozilla Firefox or Google Chrome on your system.

Note: This has not been tried with any other version of Internet Explorer.

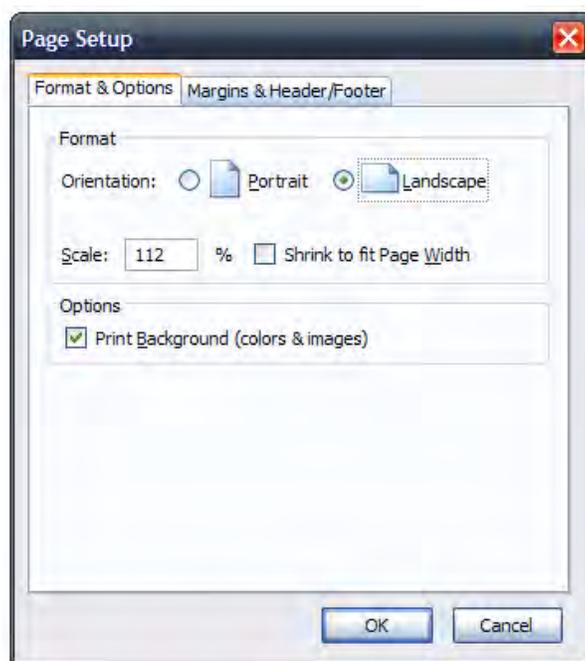
Mozilla Firefox – Version 25

Satisfactory results can be obtained using the Mozilla Firefox browser. To print the card:

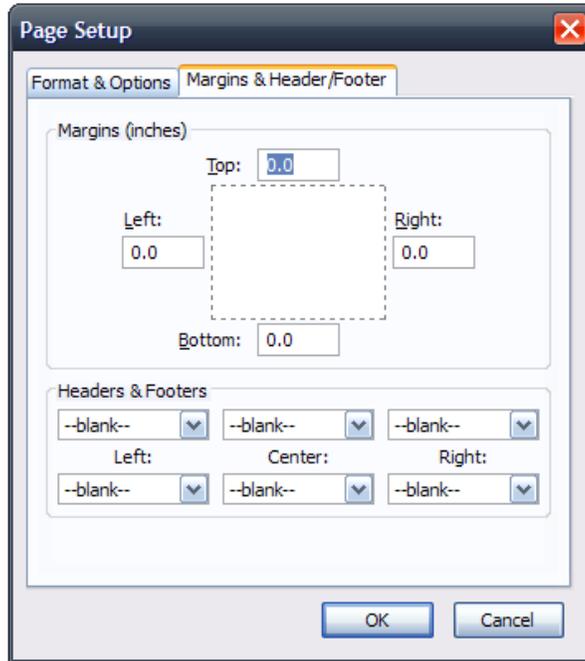
1. Click on the Orange Firefox button in the top left corner of the browser.
2. Scroll down to the arrow next to the “Print...” menu selection.
3. Scroll down the sub-menu and click on the “Page Setup...” option.



A “Page Setup” dialog box will appear. The first tab is “Format & Options.” On this tab, set Orientation to “Landscape,” Scale to “112%,” and make sure that the “Print Background” box is checked.

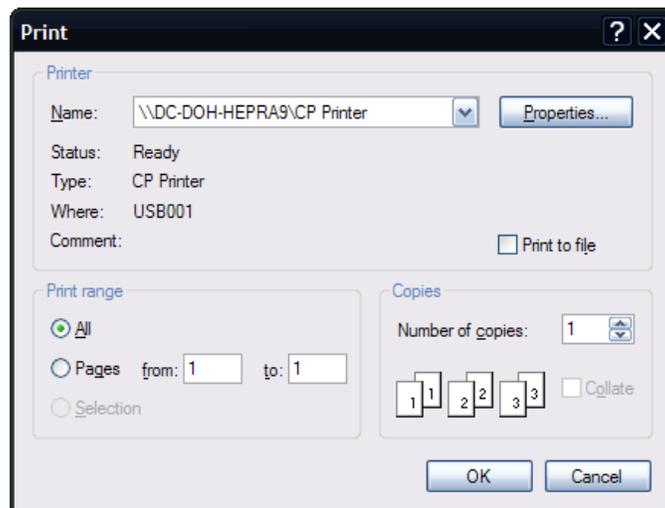


Next, click on the “Margins & Header/Footer” tab. Make sure all of the Margins are set to “0” (zero), and that “- - blank - -” is selected in each of the “Headers & Footers” drop-down boxes. Once all of these options has been set, click on the “OK” button.



Typically you only have to do this setup once in Firefox. Once these options have been set, they will remain unless you change them sometime in the future.

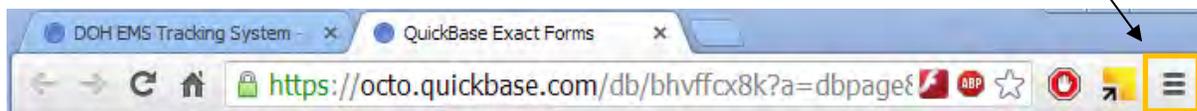
Now go back to the orange Firefox button and this time click on the “Print...” menu option. A “Print” dialog box will be displayed. Make sure that the card printer (\\DC-DOH-HEPRA9\CP Printer) is selected from the drop-down box. The page range should be set to all, and copies should be set to one. You should not need to adjust any settings made available through the “Properties...” button. Click “OK” and the card should begin printing.



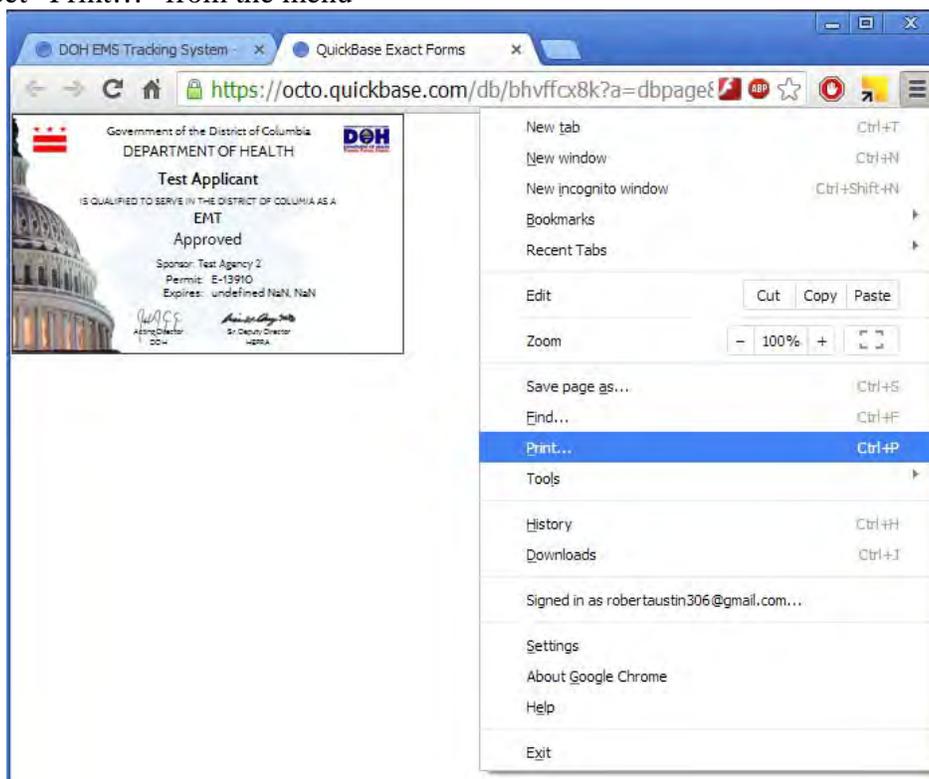
Google Chrome – Version 31

Satisfactory results can be obtained when using Google Chrome to print the certification cards. To utilize Chrome, use the following process each time you need to print a card:

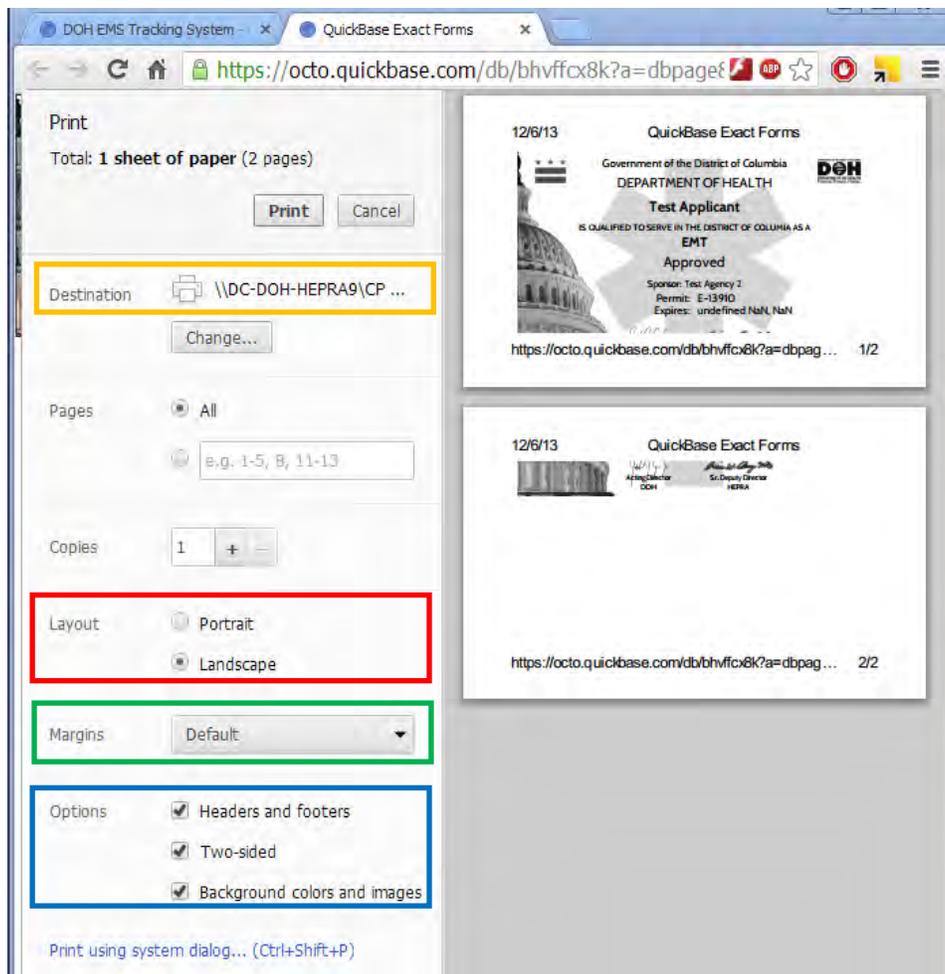
1. On the far right side of the toolbar, click on the button with three solid lines (outlined in yellow below). This will bring up the Chrome menu.



2. Select “Print...” from the menu

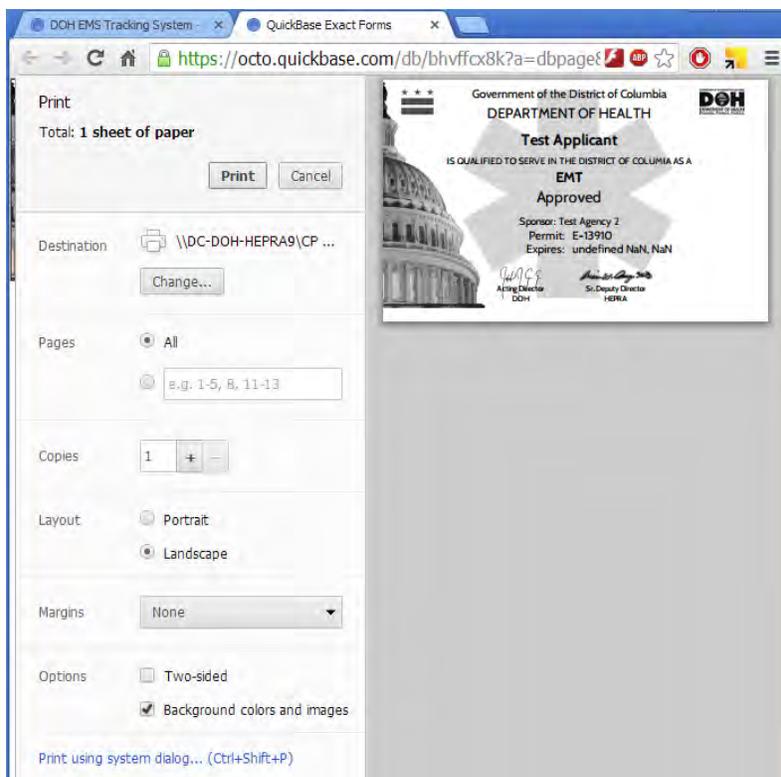


3. A new web page will open up and display a preview of the card as it will be printed. You will notice that initially the card takes up two pages, has headers and footers, and is displayed in black and white. ***The following changes need to be made prior to printing each card.***



4. To correct these issues, perform the following:
 - a. Make sure that the “Destination” (outlined in yellow above) is set to the card printer \\DC-DOH-HEPRA9\CP Printer.
 - b. Make sure that “Layout” (outlined in red above) is set to “Landscape”.
 - c. The “Margins” drop-down box (outlined in green above) needs to be changed from “Default” to “None”
 - d. The “Headers and footers” box should be unchecked (this should occur automatically once “Margins” is set to “None”) (outlined in blue above)
 - e. The “Two-sided” box should be unchecked (outlined in blue above)
 - f. The “Background colors and images” box should remain checked (outlined in blue above).

Once this is complete, the print box should appear as seen in the graphic on the next page.



5. You can now click on the Print button at the top of the page to print out the card.
Note: You must go through this process each time you need to print a certification card.

Printed Certification Cards

Depending on the web browser used to print the cards, the results may be slightly different.



Card printed through Mozilla Firefox



Card printed through Goggle Chrome

Issuing the Certification Cards

Once the cards have been printed, they will need to be grouped by sponsoring agency. The DOH Representative will also need to create a receipt identifying the cards that were picked up by the sponsoring agency, and who picked those cards up. This is the same process that has been used in the past, except that the receipt must now be created by the DOH representative.

Once the receipt is completed, the DOH Representative should contact the sponsoring agency and notify them the cards are ready for pickup. A copy of the receipt should be retained at DOH and a copy be given to the Sponsoring Agency Representative.