

North Country Regional EMS System  
Regional Emergency Medical Services Council  
Regional Emergency Medical Advisory Committee  
FDRHPO NCEMS Program Agency



**Provider Credentialing  
and Certification Process**

**Policy and Procedure Manual**

Developed by the  
North Country Regional Medical Advisory Committee

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**Section 1:**

## **PROGRAM ADMINISTRATION**

Any pre-hospital care provider that operates above the level of a New York State Certified First Responder that is sponsored by a certified agency authorized to operate in the North Country EMS Region, or any Emergency Department Physician wishing to obtain applicable Medical Control privileges in the North Country Region, must be evaluated by the criteria established by the North Country Regional Medical Advisory Committee. Agencies must ensure that all providers above the New York State Certified First Responder level are in good standing within the region.

**Section 2:**

## **REMAC CERTIFICATION CRITERIA**

The criteria for REMAC certification will be derived from the standardized NYS EMS Collaborative Protocols for ALS and NYS BLS protocols. The evaluation will consist of an online examination based on the above mentioned Regional Protocols as well as an evaluation of practical skills.

**Section 3:**

## **REMAC CERTIFICATION PROCESS**

1. New or returning provider (not credentialed in the online system within the last year) must register online utilizing the agency code of the agency that will be their primary agency. (CME manager for primary agency will receive automatic notification). Online registration verifies active participation in the agency as a provider.
2. CME manager must send the NCEMS program agency a copy of the new or returning provider's NYS EMT Card.
3. NCEMS Program Agency will verify the provider in the system. The agency CME manager and provider will receive an automatic notice that they are verified.
4. Provider must then complete the appropriate protocol exam for their level of care
5. Protocol examinations are to be completed online at [www.fdrhpo.org/ems](http://www.fdrhpo.org/ems) (instructions included at end of document).
6. Each applicant through the agency CME manager must provide the following to the NCEMS Office:
  - A. New York State EMT Certification Card

7. A passing grade of 80% or better must be obtained. If the provider does not achieve a passing grade the first time, he/she may take the exam a second time. If provider does not achieve a passing grade on the second attempt, he/she must be remediated by an agency representative and wait 5 additional business days to retest. Written documentation of remediation must be presented to the Regional office prior to their next exam. A third failure will result in a retest waiting period of 90 days.
8. CME managers will receive automatic notice of provider's test results and once the tests are complete they will be considered credentialed in the North Country Region.
9. A listing of all NCEMS Office credentialed providers will be maintained by the Program Agency Office.

**Section 4:**

**MAINTAINING REMAC CERTIFICATION**

1. All pre-hospital care providers operating under Medical Control in the North Country EMS Region will be required to complete CME training in various categories every year. The category requirements are as follows:

*Figure 1*

	BLS Minimum Required Hours Per Year	ALS Minimum Required Hours Per Year	Total Hours Per Year
EMT	Skills only	0	0
AEMT	5	5	10
EMT -Critical Care	10	10	20
EMT -Paramedic	12	12	24

(All hours may be ALS and may be obtained during the first semester for the year ending December 31<sup>st</sup>)

2. Credit will be issued for all regionally approved training courses. The North Country Regional Medical Director or their designee must approve any courses not included on the pre-approved course list. County EMS Offices and Medical Control Hospitals are encouraged to provide CME programs throughout the year.
3. Providers must complete at least half of the required hours in the first semester and at least half of those hours must be ALS for advanced providers. All hours may be obtained in the first semester for the year.

4. Providers who are actively providing care with an air medical service may use their air medical training to satisfy CME requirements- See special situations.
5. Providers may request CME credit for Quality Improvement (CQI) Committee participation that involves direct interaction with their Service Medical Director.
  - CME credit will be awarded on an hour for hour basis up to a maximum of 2.0 credit hours per CME semester (Max 4 hours per year). The Service Medical Director must sign the provider's CME Booklet for verification.

### **Continuing Medical Education Credits (CME)**

1. Each provider must complete the required hours of CME Training based on their level of care. Teaching, attending courses, seminars or other continuing medical education sessions relating to the field of prehospital care, can fulfill these credits.
2. The Regional Medical Director or their designee may award credits for any programs outside the scope of this document. It is mandatory that notice be given to the North Country EMS Program Agency Office in advance of attendance in courses which are not listed so that the Agency may advise if CME credits will be authorized.

### **Maximum Credit Hours: (Advanced Providers)**

- A maximum of 12 hours may be credited to a specific class.
- A maximum of 24 hours may be credited for teaching EMS related training courses.

### **Instructor Credit**

1. CME hours may also be earned through instruction. In order to receive CME credits through instruction, you must be a credentialed instructor. Personnel credentialed as instructors by the American Heart Association, American Red Cross, American Safety and Health Institute, American Academy of Pediatrics, American College of Emergency Physicians, National Safety Council, New York State Department of Health (CLI or CIC only), National Ski Patrol Outdoor Emergency Care, National Association of EMT's, or any other International or Nationally accredited medical training institute are pre-approved to claim CME credit through instruction. Personnel with instructor credentialing not listed above may seek approval through the NCEMS Office Medical Director. CME credit will be granted in the same category as listed on the CME roster on an hour by hour basis.
2. In order to receive credit, the instructor must have their NCEMS CME sheet signed by the supervising instructor (i.e. CIC, Course Director, etc).

### **Skills Testing**

1. Providers are required to demonstrate their ability to perform various skills pertinent to their level of training with reasonable proficiency. With their signature, an evaluator is acknowledging the provider performed the skills with proficiency. The evaluator has the right to refuse to sign any provider's skill sheet that they feel did not perform a skill proficiently.
2. Skills will generally be assessed in a scenario based format that attempts to create an ever evolving environment similar to those experienced in real patient situations. Evaluators may request a provider to perform a static skill similar to practical sheets.
3. AEMT, Critical Care and Paramedic are required to perform an adult medical and pediatric trauma scenario during the January 1<sup>st</sup> through June 30<sup>th</sup> semester, and an adult trauma and pediatric medical scenario during the July 1<sup>st</sup> to December 31<sup>st</sup> semester. See CME sheet for specific skills to be completed.
4. EMT's are required to complete an Adult Cardiac Arrest scenario with defibrillation or have CME manager verify completion of a nationally recognized CPR course within the semester. Additionally, they must complete a scenario for any adjunct that they are trained in and their primary agency is credentialed for through the REMAC. If a secondary agency is approved for adjuncts above and beyond their primary agency they should complete the scenarios and document the agency they are credentialed to perform the skill in.

#### **Section 5:**

### **REPORTING SYSTEM**

1. All CME programs held throughout the North Country Region must be pre-approved. Programs that run routinely and are approved for CME credit as outlined in the schedule. (See Section 6) New programs are approved after a course outline has been submitted and CME credits are assigned. These programs will be maintained for future reference at the NCEMS Office and need not be submitted for approval again, unless there is a change to the course content. Other programs offered by various agencies, institutions or instructors, may be approved on an individual basis once a course outline has been submitted.
2. To receive credit, individuals need to secure documentation of their attendance, either by way of a Completion Certificate, or preferably on the NCEMS approved CME Sheet. This document needs to be submitted to the provider's primary agency affiliation. At the end of the CME semester, the CME Manager will be required to record all CME hours for each of their providers who are primary to that agency in the online CME system and confirm that they have completed all didactic and skill requirements for the semester by the semester end date. Documentation should be maintained in the

providers training files at the agency and will be subject to inspection by the NCEMS Program Agency.

3. If a provider relationship should end, regardless of the reason, the agency is required to provide the provider's name, effective date, and any forwarding information to the NCEMS Office.
4. The NCEMS Office or REMAC will review the following for accuracy and compliance:
  - Providers training files for CME sheets randomly as determined by the NCEMS Program Agency

Although all EMS agencies must monitor their own personnel for compliance, the NCEMS Office will determine whether providers are active, in "good standing" and credentialed to practice privileges in the North Country Region. In the event a discrepancy is determined and a provider has not met the requirements the primary agency and provider will be notified in writing via certified mail or email.

North Country Regional non-credentialed letters will be issued within 15 days after the end of the CME semester.

#### Section 6:

## **PRE-APPROVED CME PROGRAMS**

### **EMT/ AEMT /EMT-CC/PARAMEDIC COURSES:**

- ◆ Original or refresher course practical skills exam –The skill requirements from an original or refresher course will satisfy your CME Scenario requirements for any semester in which you successfully complete the practical skills examination for the course. This must be documented on the regional CME form and provided to your primary agency CME manager (within the CME year for BLS providers).
- ◆ ACLS course - The skill requirements from an original or refresher ACLS course will satisfy your ADULT CME Scenario requirements for the semester in which you take the course. You must complete the Pediatric CME Scenario. This must be documented on the regional CME form and provided to your primary agency CME manager
- ◆ PALS course - The skill requirements from an original or refresher PALS course will satisfy your PEDIATRIC CME Scenario requirements for the semester in which you take the course. You must complete the Adult CME Scenario. This must be documented on the regional CME form and provided to your primary agency CME manager.

### **Miscellaneous CME Programs**

Regional EMS conferences (Credit awarded based on actual length of presentation attended)

- CPR original or Instructor Course **(8 hrs)**
- CPR review /refresher course **(3 hrs)** (maximum of one course per year)
- Basic Trauma Life Support-original **(16 hrs)**
- Basic Trauma Life Support-refresher **(8 hrs)**
- Pre-Hospital Trauma Life Support-original **(16 hrs)**
- Pre-Hospital Trauma Life Support-refresher **(8 hrs)**
- Advanced Cardiac Life Support-original **(16 hrs)**
- Advanced Cardiac Life Support-refresher **(8 hrs)**
- Pediatric Advanced Life Support-original **(16 hrs)**
- Pediatric Advanced Life Support-refresher **(8 hrs)**
- Neonate Advanced Life Support-original **(16 hrs)**
- Neonate Advanced Life Support refresher **(8 hrs)**
- New York State CLI or CIC **(20 hrs)**
- CEVO or EVOE driving instruction
- (Hour for Hour CME Credit to a maximum of 16 hrs)**

**OSHA annual refresher training**

**NOTE:** There will be a 3-hour CME maximum per year for (Bloodborne Pathogens, Respiratory Protection, Fire Extinguisher Operations and HAZMAT)

**NOTE:** All current and future courses or programs that are approved by the following organizations will be given primary consideration when a request is made to the North Country EMS Program Agency Office for CME credit:

- |  |  |
|--|--|
| American Heart Association               | New York State Department of Health        |
| American Safety and Health Institute     | National Safety Council                    |
| American Red Cross                       | National Ski Patrol Outdoor Emergency Care |
| American Academy of Pediatrics           | National Association of EMT's              |
| American College of Emergency Physicians |  |

Any international or nationally accredited medical training institute or nationally recognized EMS Conference.

**Section 7:**

**PRO-RATING CME CREDIT REQUIREMENTS:**

1. Providers that obtain NCEMS regional privileges after the start of a CME semester will be required to complete pro-rated CME didactic hours based on the date the provider successfully completes the NCEMS Regional requirements as indicated in (Figure 1 Page 3).
  - a. CME credit will be pro-rated at a rate of 2 CME credits per month

- b. Completion of the Regional Scenarios/skills will be required unless proof of completion during a pre-approved program can be provided.

**Section 8:**

## **REMAC RE-CERTIFICATION PROCESS**

NCEMS credentials are offered on a two (2) semester, one (1) year cycle. The semesters are January 1<sup>st</sup> through June 30<sup>th</sup>, and July 1<sup>st</sup> through December 31<sup>st</sup>. Providers who complete all of the mandatory NCEMS CME requirements, maintain their current New York State provider certification and remain in “good standing” will automatically receive updated NCEMS credentials. BLS providers will need to complete defibrillation and adjunct skills annually prior to December 31<sup>st</sup>.

ALL CME verification will be maintained and coordinated by the provider’s primary agency affiliation. It is the responsibility of the provider to complete all mandatory NCEMS CME requirements and to provide the primary agency affiliation with verification of all CME’s completed. The provider will not be notified by the North Country Regional EMS Office to do so.

NCEMS credentials are only valid when accompanied by current New York State Provider Certification. It is the responsibility of the provider to submit current verification of a valid New York State Provider Certification to the North Country Regional EMS Office through their primary agency CME manager. Personal demographics can and should be updated by the EMS provider on the online CME system.

**The New York State Department of Health Bureau of EMS does not send certification cards to anyone other than to the provider.**

**Section 9:**

## **NON-COMPLIANCE OF CME REQUIREMENTS BY A CREDENTIALLED NCEMS PROVIDER**

At the end of each semester, the provider must have completed all required CME’s. The provider should submit their completed CME form to the CME Manager, following the specific reporting requirements of their primary agency. The agency CME Manager will document all CME’s under the notes section in the online CME system and verify completion of didactic and skill requirements on the online CME system. The completed CME form should be kept on file at the agency in the providers training file and made available upon request of the NCEMS Office. Failure to do so will be reported to the NCREMAC for review and potential revocation of the service’s qualification to provide ALS level care.



1. **Failure to comply with regional CME requirements:** If by the end of the CME semester an individual has been found to be deficient in the required CME credit hours to maintain his or her credentials, the provider will be restricted to providing care at the BLS level. BLS providers will not be able to provide any adjunct treatments that their agency is approved for. (Albuterol, Narcan, CPAP, Blood Glucometry)

**Providers will be charged a \$25.00 fee to come back online if the provider is issued a regional non-credentialed letter for the second occurrence within three years**

**a. Reinstatement of:**

- a. **Providers placed on inactive status at their own request:** any provider may be placed on self-declared inactive status following a written request to the Regional Medical Director. In order to be reinstated the following must be completed or submitted to the North Country EMS Program Agency
  - Update user account information via the [www.ncemsprogramagency.org](http://www.ncemsprogramagency.org) website.
  - Completion of protocol exam at the appropriate level
  - Verification of New York State EMT certification
  - Skills demonstration commensurate with certification level by agency training officer approved at a scheduled Agency CME session.
- b. Provider placed on inactive status and prohibited from practice due to failure to complete CME requirements
  - Update user account information via the [www.ncemsprogramagency.org](http://www.ncemsprogramagency.org) website.
  - Completion of protocol exam at the appropriate level
  - Verification of New York State EMT certification
  - CME didactic hours that were not completed for the year. (after one year the provider must come back as a returning provider, see section 3)
  - Skills demonstration commensurate with certification level, approved at a scheduled Agency CME session.

2. **Notification of deficient CME's, resulting in Revocation of an Individual's privileges.** Any individual, who is deficient in completing their CME's will be notified of revocation of their privileges and will be disaffiliated from the list of credentialed providers at the NCEMS Office. In addition, a letter or email will be sent to both the agency and the agency Medical Director of the individual's primary service announcing

his/her disaffiliation. Upon successful re-qualification, the individual's name and ID will be returned to the listing.

3. **Disciplinary Action against an Agency using regionally non-credentialed individuals to provide care.** Any agency found to be using individuals that are deficient in completing their CME's to provide advanced level care; will be immediately reported to the NCEMS Director and to the NCREMAC Chair. The Medical Director and chief operating office of agency will ensure that the service immediately ceases to utilize the suspended individual(s), and a mandatory meeting will be scheduled for no more than five (5) business days after the reported violation is received by the NCEMS Office. The meeting must involve the NCREMAC Medical director, the NCEMS Director, the Medical Director of the Service in question and the Chief Operating Officer of the agency in question. At this meeting, the involved service must provide a written plan of corrective action for review by the NCREMAC. The NCREMAC Chair and the NCEMS Director will decide if any further action is indicated, or if the matter is to be remanded to the full NCREMAC for possible revocation of the service's qualification to provide ALS level care.
  - a. **Agencies who bill cannot submit to CMS for reimbursement if utilizing providers who are regionally non-credentialed within the region.**

## Section 10:

### Special Situations

1. **Medical Leave-** Upon return to active status within one-year providers need to complete any outstanding CME didactic hours and skills. CME managers should note that a provider is on medical leave in the comment section online when entering CME's. Providers on medical leave for over 1 year will be disaffiliated from the online system and will need to update their account information online and follow the returning provider guidelines in section 3 of this manual.
2. **Military Leave-** Providers who are deployed, may resume as an active provider within the region upon verification of their skills when they return. All didactic requirements will be prorated from their date of return to the agency (see Section 7). CME managers should note that a provider is on medical leave in the comment section online when entering CME's.
3. **Air Medical Providers-** Providers who actively provide care for an air medical service within the region may utilize their required air medical skills competencies to fulfil their regional CME requirements-
  - a. CME managers should document in the comments.
    - **Air Medical Provider-** Air Medical Service Name.
    - The Program Agency will verify that they are in good standing with the air medical service medical director at the completion of the semester.