

North Country Regional EMS System
Regional Emergency Medical Services Council
Regional Emergency Medical Advisory Committee
EMS 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 Basic EMT who 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.

Section 2:

REMAC CERTIFICATION CRITERIA

The criteria for REMAC certification will be derived from the standardized North Country EMS Regional 2007 Advanced Life Support Protocols. The evaluation will consist of a written examination based on the above mentioned Regional Protocols as well as evaluation of practical skills.

Section 3:

REMAC CERTIFICATION PROCESS

1. Written examinations are administered by the North Country EMS Program Agency or an approved designee. Off-site exams will be conducted for large groups upon request. Pre-registration is required. Exams are only administered to those who are currently working or volunteering in the North Country EMS Region for an agency.
2. Each applicant must provide the following to the NCEMS Office:
 - A. New York State Certification Card/On-Site scoring verification
 - B. Photo ID
 - C. Letter of employment/Agency verification
 - D. Signed Provider Agreement
3. 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. The retest must be at least five (5) business days after the initial exam date. If the score is still below 80%, 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.
4. After meeting certification requirements, an NCEMS Office Good Standing Notification will be issued to the Primary Agency.

5. 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 -Intermediate	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 31st)

2. Credit will be issued for all regionally approved training courses. The North Country Regional Medical Director or his 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. All hours may be obtained in the first semester for the year
4. 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 his 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, in order that the Agency may advise if CME credits will be authorized.

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 Book 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. The evaluator is acknowledging the provider performed the skills with proficiency with their signature. 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. Providers are required to perform an adult medical and pediatric trauma scenario during the January 1st through June 30th semester, and an adult trauma and pediatric medical scenario during the July 1st to December 31st semester.

Section 5:

REPORTING SYSTEM

1. All CME programs held throughout the North Country Region must be pre-approved. Programs that run routinely 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 Book. 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 send all CME Books to the NCEMS Office.
3. All agencies operating within the North Country Region will be furnished with a CME Manager Packet. The Packet will be used to assist in all of the provider's CME documentation. At the end of a CME semester, the agency will submit all providers' CME Books to the NCEMS Office. 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 will review the following for accuracy and compliance:
 - All providers who are not shown to be in compliance according to the NCEMS database, or who demonstrate discrepancies (examples include: duplications of CME documentation, illegible or incomplete documentation, etc.)
 - An additional 20% random selection of all remaining provider's CME documentation.

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.

North Country Regional suspensions will be issued 15 days after the end of the CME semester.

Section 6:

PRE-APPROVED CME PROGRAMS

EMT-D/ EMT-I/EMT-CC/PARAMEDIC COURSES:

- ◆ EMT Classes – The didactic time from an original or refresher EMT course will satisfy your didactic requirements for any semester in which you are receiving instruction. The

skill requirements from an original or refresher EMT course will satisfy your CME Scenario requirements for any semester in which you successfully complete the practical skills examination for the course.

- ◆ 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.
- ◆ 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.

Miscellaneous CME Programs

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 EVOG 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 (Blood Borne 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

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 1st through June 30th, and July 1st through December 31st. 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.

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, letter(s) of employment/agency verification and photo identification, or any changes regarding your personal demographics to the North Country Regional EMS Office.

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 CREDENTIALAED NCEMS PROVIDER

1. At the end of the each semester, the advanced care provider must have completed all required CME’s. The provider should submit their CME’s to the CME Manager, following the specific reporting requirements of their primary agency. The agency CME Manager will submit all CME’s books to the NCEMS Program Agency. All required documentation is subject to review by the NCEMS Office. The following actions will then take place:

2. **Voluntary Suspension of Advanced Life Support Privileges.** 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, their agency may voluntarily restrict their privileges. If this option is chosen, the NCEMS Office must be notified in writing and the individual must be restricted to providing BLS level care only. An individual placed on voluntary suspension may not be used as the qualifying staff member on an EMS unit that qualifies it as a unit.
3. Individuals and agencies declaring a voluntary suspension will then be given fifteen (15) days past the end of the semester to complete all deficient CME areas. Once completed and verified, the primary agency will forward documentation to the NCEMS Office. Upon receipt, the required documentation will be reviewed and the provider and agency will be notified. If deemed complete the suspension will be revoked, and the individual returned to a normal credentialed status without restriction. CME secured during the current semester for the expressed purpose of completing deficient CME requirements, may only be applied to the previous credentialing period and may not be used in the new credentialing cycle.
4. **Involuntary Suspension of Advanced Life Support Privileges.** If an individual or agency does not elect to voluntarily suspend the privileges of any individual known to be deficient in required CME contact hours, it may result in mandatory suspension or termination of all NCEMS credentials. If during the random reviews, it is determined that an individual from that service has failed to meet the CME requirements, the following will occur:
 - a. The Primary Reporting Agency will immediately submit to a mandatory audit of all of their credentialed staff, instead of the percentage audit previously used. Each agency, having designated a “CME Manager,” will be responsible for either bringing the CME material to the Program Agency, or will send it by registered or certified mail, unless an on-site visit is arranged.
 - b. Any individual found, during the audit, to be deficient in their CME requirements will be immediately suspended. During this time the individual cannot work as, or be counted as, a provider in the NCEMS Region.
 - c. Individuals suspended in this manner will have 30 days to make up all required CME hours.
 - d. Any individual who has gone through an involuntary suspension will be subject to a mandatory CME audit in the next reporting cycle.
5. **Termination of Advanced Life Support Privileges.** Any individual failing to re-qualify for their privileges in the aforementioned manner by the 45th day of the new CME semester will have all privileges terminated. Termination of privileges will result in a mandatory period of six (6) months (after the 45th day) before the individual can apply for privileges. The NCREMAC Chair and the Medical Director of the

individual's Primary Agency will meet to determine if the individual has satisfied all CME requirements for the preceding reporting cycle; as well as completing any other educational requirement(s) which their Medical Director feels is appropriate prior to allowing the individual to sit for a new Protocol Examination.

6. **Disciplinary Action against an Agency using suspended individuals to provide care.** Any agency found to be using suspended individuals to provide advanced level care; will be immediately reported to the NCEMS Director and to the NCREMAC Chair. The Medical Director 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, the NCEMS Director, the Medical Director of the Service in question, the Chief Operating Officer of the agency in question, and two additional NCREMAC members appointed by the NCREMAC Chair who are not affiliated with the agency and/or the agencies primary county of operation. At this meeting, the involved service must provide a written plan of corrective action for review by the NCREMAC. The NCREMAC Chair, the NCEMS Director, and NCREMAC representatives present, 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.

7. **Notification of the Suspension or Revocation of an Individual's privileges.** Any individual, who has had either an involuntary suspension or a mandatory revocation of their privileges, will have their name and I.D. number removed from the list of credentialed providers list at the NCEMS Office. In addition, a letter will be sent to both the agency and the agency Medical Director of the individual's primary service announcing his/her suspension. Upon successful re-qualification, the individual's name and ID will be returned to the listing.