



OMD Clinical Administrative Policy

EMS Provider Credentialing

DRAFT for Review and Action 7/14/2021; Effective 10/1/21, Replaces 5/10/17 & all prior versions
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Every EMS provider that delivers medical care as a member of an organization that receives medical oversight from the Medical Control Board (MCB)/Office of the Medical Director (OMD) must be “credentialed to practice” by the Chief Medical Officer(s) in addition to holding a current Oklahoma State Department of Health License at or above the level as credentialed by the System Chief Medical Officer(s). Additionally, certain providers may also be “qualified” by the System Chief Medical Officer(s) to perform medical care in unique circumstances or environments.

Credentials

All OMD credentialed providers are allowed to provide care under the delegated authority from the Chief Medical Officer(s) doctrine. The Chief Medical Officer(s) delegates clinical authority to make medical decisions and provide clinical care. Delegated authority to provide medical care is a requirement of the Oklahoma State Department of Health (OSDH) and the Uniformed Code for Emergency Medical Services. An individual is “credentialed to practice” when he or she successfully attains and maintains the defined credentialing requirements.

Formal written documentation from OMD that authorizes an individual to function with a specified credential must be obtained prior to that individual utilizing that specified credential in the EMS system.

Unless on duty within this EMS system, regardless of level of system credential, emergency medical care in relation to the MCB treatment protocols may only be provided within the EMR scope of practice. Refer to applicable OSDH regulations (currently OSDH Statute Part 3. Emergency Medical Personnel Licenses 310:641-5-20).

The levels of credentialing are:

Emergency Medical Dispatch (EMD)

- EMD Training Officer (EMD TO)
- EMD Quality Improvement Officer (EMD QI)

Emergency Medical Responder (EMR)

Emergency Medical Technician (EMT)

- EMT Field Training Officer (EMT FTO)

Emergency Medical Technician - Intermediate (EMT-I)/

Advanced Emergency Medical Technician (AEMT)

Paramedic (PM)

- Paramedic Field Training Officer (PM FTO)
- District Chief (DC)/Assistant District Chief (Asst DC)/EMR EMS Officer
- Clinical Educator/Quality Improvement Officer (CE/QI)
- Administrative Paramedic (APM)
- Immunization Qualification (IMM)
- OMD Paramedic (OMD PM)

Special Operations – Tactical Medical Support (SO-TAC)



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Emergency Medical Dispatch (EMD) Credential

- EMD Training Officer (EMD TO)
- EMD Quality Improvement Officer (EMD QI)

EMD credential applies to primary responsibility of providing pre-arrival medical care instructions and determining the priority/configuration of the response as defined by the MCB.

EMD Initial Credentialing Requirements:

- Current International Academy of Emergency Dispatch (IAED) EMD certification
- Current unrestricted EMT (or higher) license by OSDH
- Letter of endorsement to OMD for EMD credentialing completed by the sponsoring system agency's Communications Manager (or equivalent)
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT
- Successful completion of MCB/OMD EMD protocol proficiency examination
- The sponsoring system agency will maintain all records related to initial credentialing of the EMD provider including Credentialing Checklist and Attestation for Candidate

EMD Maintenance of Credentialing Requirements (required no less frequent than every 2 years):

- Current IAED EMD certification
- Current unrestricted EMT (or higher) license by OSDH
- Letter of endorsement to OMD for continuation of EMD credentialing completed by the sponsoring system agency's Communications Manager (or equivalent)
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT
- Successful completion of MCB/OMD EMD protocol proficiency examination
- The sponsoring system agency will maintain all records related to maintenance of credentialing for the EMD provider

EMD Center Training Officer Credential

- All EMD credentialing requirements
- Twelve (12) months continuous communications center experience in this EMS system at EMD credential immediately prior to initial and/or continuing credential as EMD FTO
- Annual EMD protocol proficiency exam, minimum score of 85%
- No current EMD reviews of errors deemed serious by OMD personnel.

EMD Center Quality Improvement Officer

- All EMD credentialing requirements
- All EMD Center Training Officer requirements
- Current International Academy of Emergency Dispatch (IAED) EMD-Q certification



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Emergency Medical Responder (EMR) Credential

EMR credential applies to primary responsibility of providing medical treatment within the EMR scope of practice as designated within the MCB Treatment Protocols.

EMR Initial Credentialing Requirements:

- Current unrestricted EMR or equivalent (or higher) license by OSDH
- Letter of endorsement to OMD for EMR credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMR
- Successful completion of all MCB/OMD EMR protocol proficiency examination
- Successful completion of all MCB/OMD defined EMR skill competency verifications
- The sponsoring system agency will maintain all records related to initial credentialing of the EMR provider including Credentialing Checklist and Attestation for Candidate

EMR Maintenance of Credentialing Requirements (required no less frequent than every 2 years):

- Current unrestricted EMR or equivalent (or higher) license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for continuation of EMR credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMR
- Successful completion of MCB/OMD EMR protocol proficiency examination
- The sponsoring system agency will maintain all records related to the maintenance of credentialing for the EMR provider

EMR Education Module Requirements

- Current MCB/OMD Prehospital Operating Protocols for EMR
- Pit Crew CPR Team Dynamics
- Patient Definition
- Patient Care Report Completion Policy
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EMR Skills Competency Requirements

- Helmet Removal
- Suction, BVM Ventilation and Res-Q-Pod
- Supraglottic Airways
- Oxygen Administration
- Glucometry
- Bleeding Control
- Epi Auto-Injector
- Splinting of Injuries
- Stroke
- Cardiac Arrest Management
- Critical Trauma Management



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Emergency Medical Technician (EMT) Credential - EMT Field Training Officer (EMT FTO)

EMT credential applies to primary responsibility of providing medical treatment within the EMT scope of practice, which includes all EMT scope of practice care, as designated within the MCB Treatment Protocols.

EMT Initial Credentialing Requirements:

- Current unrestricted EMT or equivalent (or higher) license by OSDH
- Letter of endorsement to OMD for EMT credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT
- Successful completion of MCB/OMD EMT protocol proficiency examinations
- Successful completion of all MCB/OMD defined EMT skill competency verifications
- The sponsoring system agency will maintain all records related to initial credentialing of the EMT provider including Credentialing Checklist and Attestation for Candidate

EMT Maintenance of Credentialing Requirements (required no less frequent than every 2 years):

- Current unrestricted EMT or equivalent (or higher) license by OSDH
Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for continuation of EMT credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT
- Successful completion of MCB/OMD EMT protocol proficiency examination
- Successful completion of all MCB/OMD defined EMT skill competency verifications
- The sponsoring system agency will maintain all records related to initial credentialing of the EMT provider including Credentialing Checklist and Attestation for Candidate

EMT Education Module Requirements

- Current MCB/OMD Prehospital Operating Protocols for EMT
- Pit Crew CPR Team Dynamics Video
- Patient Definition Policy
- Patient Care Documentation Guidelines Policy
- EMS Provider Credentialing Policy
- Clinical Errors Event Reporting Policy



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EMT Skills Competency Requirements

- Helmet Removal
- Suction, BVM Ventilation and Res-Q-Pod
- Supraglottic Airways
- Oxygen Administration and Nebulizer Therapy
- NIPPV
- Mechanical Ventilation – Adult
- Glucometry
- ECG Application/ Acquisition of 12 Lead
- Capnography
- Bleeding Control
- Medication Administration
- IM Injection/ Epi Administration
- Splinting of Injuries
- Stroke
- Cardiac Arrest Management
- Critical Trauma Management

EMT Field Clinical Clearance Shifts/Evaluations

- All EMT candidates will complete a minimum of 8 clinical clearance shifts, which will be continuously supervised by the applicable level of FTO. OMD personnel and the System Chief Medical Officer(s) have the discretion to extend the monitored supervised performance phase of the candidate due to identified deficiencies in clinical performance and/or a deficiency in high acuity patient contacts. Unless there are specific and extenuating circumstances, credentials will not be extended to a candidate if he/she is not cleared by **24** shifts. Any time a candidate is scheduled for more than 20 shifts, the Office of the Medical Director is to be notified prior to the 21st shift with a written explanation of the reason(s).
- Once field clinical clearance shifts begin, there shall not be an interruption in the process except for extenuating circumstances, which must be approved by the Office of the Medical Director. The candidate must submit written documentation to OMD outlining the request and reasoning. The document must include signatures from the candidate and the organization's Training Coordinator or EMR EMS Officer, and the OMD Division Director.
- The Credentialed agency will maintain the candidate's field clinical clearance evaluation packets that will consist of, at minimum:
 - Signed letter from Clinical Services/EMR EMS Officer with clear statement of recommendation
 - Total number of responses and of patient contacts with date range
 - FTO evaluations, to include an FTO-signed letter with clear statement of recommendation and all daily evaluations that have been signed by both the candidate and FTO

EMT Field Training Officer (EMT FTO) Credential

- All EMT (at minimum) credentialing requirements
- Six (6) months continuous field experience in this EMS system at EMT credential (or higher) immediately prior to initial and/or continuing credential as EMT FTO
- Annual EMT written protocol proficiency exam score of 85% or higher
- No current clinical care reviews of clinical errors deemed serious by OMD personnel



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Emergency Medical Technician - Intermediate (EMT-I) Credential

EMT-I credential applies to primary responsibility of providing medical treatment within the EMT-I scope of practice, which includes all EMR and EMT scope of practice care, as designated within the MCB Treatment Protocols.

EMT-I Initial Credentialing Requirements:

- Current unrestricted EMT-I (or higher) license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for EMT-I credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT-I
- Successful completion of MCB/OMD EMT-I protocol proficiency examination
- Successful completion of all MCB/OMD defined EMT-I skill competency verifications
- The sponsoring system agency will maintain all records related to initial credentialing of the EMT-I provider including Credentialing Checklist and Attestation for Candidate

EMT-I Maintenance of Credentialing Requirements (required no less frequent than every 2 years):

- Current unrestricted EMT-I (or higher) license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for continuation of EMT-I credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for EMT-I
- Successful completion of MCB/OMD EMT-I protocol proficiency examination
- Successful completion of all MCB/OMD defined EMT-I skill competency verifications
- The sponsoring system agency will maintain all records related to maintenance of credentialing for the EMT-I provider including Credentialing Checklist and Attestation for Candidate

EMT-I Education Module Requirements

- Current MCB/OMD Prehospital Operating Protocols for EMT-I
- Pit Crew CPR Team Dynamics
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EMT-I Skills Competency Requirements

- Helmet Removal
- Suction, BVM Ventilation and Res-Q-Pod
- Supraglottic Airways
- Oxygen Administration and Nebulizer Therapy
- NIPPV
- Mechanical Ventilation – Adult
- Glucometry
- ECG Application/ Acquisition of 12 Lead
- Capnography
- Bleeding Control
- Medication Administration
- IM Injection/ Epi Administration
- Splinting of Injuries
- Vascular Access – Intravenous
- Vascular Access – Intraosseous
- Oral Intubation, Flex-Guide Introducer, and Extubation
- Nasal Intubation
- Acute Coronary Syndrome
- Stroke
- Cardiac Arrest Management
- Critical Trauma Management

EMT-I Field Clinical Clearance Shifts/Evaluations

- All EMT-I candidates will complete a minimum of 8 clinical clearance shifts, which will be continuously supervised by the applicable level of FTO.
- OMD personnel and the System Chief Medical Officer(s) have the discretion to extend the monitored supervised performance phase of the candidate due to identified deficiencies in clinical performance and/or a deficiency in high acuity patient contacts.
- Unless there are specific and extenuating circumstances, credentials will not be extended to a candidate if he/she is not cleared by **24** shifts. Any time a candidate is scheduled for more than 20 shifts, the Office of the Medical Director is to be notified prior to the 21st shift with a written explanation of the reason(s).
- Once field clinical clearance shifts begin, there shall not be an interruption in the process except for extenuating circumstances, which must be approved by the Office of the Medical Director. The candidate must submit written documentation to OMD outlining the request and reasoning. The document must include signatures from the candidate and the organization's Training Coordinator or EMR EMS Officer, and the OMD Division Director.
- The Credentialed agency will maintain the candidate's field clinical clearance evaluation packets that will consist of, at minimum:
 - Signed letter from Clinical Services/EMR EMS Officer with clear statement of recommendation
 - Total number of responses and of patient contacts with date range
 - Total procedures performed, to include, but not be limited to:
 - IV attempts and success %
 - Airway management, supraglottic airway & intubation attempts & success %
 - FTO evaluations, to include an FTO-signed letter with clear statement of recommendation and all daily evaluations that have been signed by both the candidate and FTO



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Advanced Emergency Medical Technician (AEMT) Credential

AEMT credential applies to primary responsibility of providing medical treatment within the AEMT scope of practice, which includes all EMR, EMT, and EMT-I scope of practice care, as designated within the MCB Treatment Protocols.

AEMT Initial Credentialing Requirements:

- Current unrestricted AEMT (or higher) license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for AEMT credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for AEMT
- Successful completion of MCB/OMD AEMT protocol proficiency examination
- Successful completion of all MCB/OMD defined AEMT skill competency verifications
- The credentialed agency will maintain all records related to initial credentialing of the AEMT provider including Credentialing Checklist and Attestation for Candidate

AEMT Maintenance of Credentialing Requirements (required no less frequent than every 2 years):

- Current unrestricted AEMT (or higher) license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for continuation of AEMT credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR program
- Successful completion of all MCB/OMD education modules specified for AEMT
- Successful completion of MCB/OMD AEMT protocol proficiency examination
- Successful completion of all MCB/OMD defined AEMT skill competency verifications
- The sponsoring system agency will maintain all records related to maintenance of credentialing for the AEMT provider including Credentialing Checklist and Attestation for Candidate

AEMT Education Module Requirements

- Current MCB/OMD Prehospital Operating Protocols for AEMT
- Pit Crew CPR Team Dynamics
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AEMT Skills Competency Requirements

- Helmet Removal
- Suction, BVM Ventilation and Res-Q-Pod
- Supraglottic Airways
- Oxygen Administration and Nebulizer Therapy
- NIPPV
- Mechanical Ventilation – Adult
- Glucometry
- ECG Application/ Acquisition of 12 Lead
- Capnography
- Bleeding Control
- Medication Administration
- IM Injection/ Epi Administration
- Splinting of Injuries
- Vascular Access – Intravenous
- Vascular Access – Intraosseous
- Oral Intubation, Flex-Guide Introducer, and Extubation
- Nasal Intubation
- Acute Coronary Syndrome
- Stroke
- Cardiac Arrest Management
- Critical Trauma Management

AEMT Field Clinical Clearance Shifts/Evaluations

- All AEMT candidates will complete a minimum of 8 clinical clearance shifts, which will be continuously supervised by the applicable level of FTO.
- OMD personnel and the System Chief Medical Officer(s) have the discretion to extend the monitored supervised performance phase of the candidate due to identified deficiencies in clinical performance and/or a deficiency in high acuity patient contacts.
- Unless there are specific and extenuating circumstances, credentials will not be extended to a candidate if he/she is not cleared by **24** shifts. Any time a candidate is scheduled for more than 20 shifts, the Office of the Medical Director is to be notified prior to the 21st shift with a written explanation of the reason(s).
- Once field clinical clearance shifts begin, there shall not be an interruption in the process except for extenuating circumstances, which must be approved by the Office of the Medical Director. The candidate must submit written documentation to OMD outlining the request and reasoning. The document must include signatures from the candidate and the organization's Training Coordinator or EMR EMS Officer, and the OMD Division Director.
- The Credentialed agency will maintain the candidate's field clinical clearance evaluation packets that will consist of, at minimum:
 - Signed letter from Clinical Services/EMR EMS Officer with clear statement of recommendation
 - Total number of responses and of patient contacts with date range
 - Total procedures performed, to include, but not be limited to:
 - IV attempts and success %
 - Airway management, supraglottic airway & intubation attempts & success %
 - FTO evaluations, to include an FTO-signed letter with clear statement of recommendation and all daily evaluations that have been signed by both the candidate and FTO



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Paramedic (PM) Credential

- Paramedic Field Training Officer (PM FTO)
- District Chief (DC)/Assistant District Chief (Asst DC)/EMR EMS Officer
- Clinical Educator/Quality Improvement Officer (CE/QI)
- Administrative Paramedic (APM)
- OMD Paramedic (OMD PM)

PM credential applies to primary responsibility of providing medical treatment within the PM scope of practice, which includes all EMR, EMT, EMT-I, and AEMT scope of practice care, as designated within the MCB Treatment Protocols.

PM Initial Credentialing Requirements:

- Current unrestricted PM license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for PM credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR and ACLS (or equivalent) program
- Successful completion of all MCB/OMD education modules specified for PM
- Successful completion of MCB/OMD PM protocol proficiency exam
- Successful completion of all MCB/OMD defined PM skill competency verifications
- The credentialed agency will submit the Credentialing Checklist and Attestation for Candidate form and all necessary documents
- Following submission and review of the PM Candidate's packet the Office of the Medical Director will schedule a clearance interview with the candidate. Upon review of packet and interview with the OMD Division Chief the PM Candidate will be granted probationary credentialing

PM Maintenance of Credentialing Requirements (required no less frequent than every 2 years)

- Current unrestricted PM license by OSDH
- Employee (or volunteer if applicable organization) in good standing with an organization receiving medical oversight from MCB/OMD
- Letter of endorsement to OMD for continuation of PM credentialing completed by the sponsoring system agency
- Current certification through an MCB/OMD approved CPR and ACLS (or equivalent) program
- Successful completion of all MCB/OMD education modules specified for PM
- Successful completion of MCB/OMD PM protocol proficiency examination
- Successful completion of all MCB/OMD defined PM skill competency verifications
- The sponsoring system agency will maintain all records related to maintenance of credentialing for the PM provider including Credentialing Checklist and Attestation for Candidate



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PM Education Module Requirements

- Current MCB/OMD Prehospital Operating Protocols for PM
- Pit Crew CPR Team Dynamics
- Patient Definition
- Patient Care Report Completion Policy
- EMS Provider Credentialing and Authorized Skills
- Clinical Event Review and Preparation of Incident Reports

PM Skills Competency Requirements

- Helmet Removal
- Suction, BVM Ventilation and Res-Q-Pod
- Supraglottic Airways
- Oxygen Administration and Nebulizer Therapy
- NIPPV
- Mechanical Ventilation – Adult
- Glucometry
- ECG Application/ Acquisition of 12 Lead
- Capnography
- Bleeding Control
- Medication Administration
- IM Injection/ Epi Administration
- Splinting of Injuries
- Vascular Access – Intravenous
- Vascular Access – Intraosseous
- Oral Intubation, Flex-Guide Introducer, and Extubation
- Nasal Intubation
- Nasogastric Tube Placement
- Cricothyrotomy – Surgical
- Cricothyrotomy – Control-Cric
- Needle Thoracostomy – Tension Pneumothorax Decompression
- Acute Coronary Syndrome – Adult
- Stroke
- Cardiac Arrest Management
- Critical Trauma Management

PM Field Clinical Clearance Shifts/Evaluations

- All PM candidates will complete a minimum of 8 clinical clearance shifts, which will be continuously supervised by the applicable level of FTO, but will include a minimum of four (4) substantiated by OMD personnel Priority 1 transports in which the on-scene and transport care is performed within the MCB treatment protocol standards.
- PM candidate performance evaluation will consist of case review by the FTO with forms completed by the FTO to have meaningful comments included and must be signed by the FTO and the candidate
- OMD personnel and the System Chief Medical Officer(s) have the discretion to extend the monitored supervised performance phase of the candidate due to identified deficiencies in clinical performance and/or a deficiency in high acuity patient contacts.
- Unless there are specific and extenuating circumstances, credentials will not be extended to a candidate if he/she is not cleared by **24** shifts. Any time a candidate is scheduled for more than 20 shifts, the Office of the Medical Director is to be notified prior



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to the 21st shift with a written explanation of the reason(s).

- Once field clinical clearance shifts begin, there shall not be an interruption in the process except for extenuating circumstances, which must be approved by the Office of the Medical Director. The candidate must submit written documentation to OMD outlining the request and reasoning. The document must include signatures from the candidate and the organization's Training Coordinator or EMR EMS Officer, and the OMD Division Director.
- The system agency will provide the following reports upon submission of the Credentialing Checklist and Attestation for Candidate that will consist of:
 - Total number of responses and of patient contacts with date range
 - Total procedures performed, to include, but not be limited to:
 - IV/IO attempts and success %
 - Airway management, to include:
 - Oral/Nasal Intubation (Total Attempts, First Pass, Second Pass %)
 - Surgical Cricothyrotomy (Total Attempts, Success %)
 - Supraglottic Airway (Total Attempts, First Pass, Second Pass %)
 - NGT/OGT Placement % with advanced airway management
 - Primary Impression of Airway Management Patient Pie Chart
 - Needle Decompression
 - Success %
 - Adverse Effects Encountered
 - Primary Impression of Needle Decompression Patient
 - TXA administration
 - Primary Impression of TXA administration patient
 - Did patient meet administration criteria?
 - Electrical therapy
 - Defibrillations
 - Synchronized cardioversion
 - FTO evaluations, to include an FTO-signed letter with clear statement of recommendation and all daily evaluations that have been signed by both the candidate and FTO

All clinical care is enabled by a credentialing level. Qualifications are added competencies unique to a specialty focus area/type of operation. The following additional qualification authorizations exist:

Paramedic Field Training Officer (PM FTO) Credential

- All PM credentialing requirements
- Twelve (12) months continuous field experience in this EMS system at PM credential immediately prior to initial and/or continuing credential as PM FTO
- Annual PM written protocol proficiency exam score of 85% or higher
- No current clinical care reviews of clinical errors deemed serious by OMD personnel.
- Successful completion of 10 hour clinical rotation in Emergency Department or Field with System Chief Medical Officer(s) or an OMD PM
- Completion and submission of the FTO, District Chief Level Officers, and CE/QI Candidate Form to OMD



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District Chief (DC)/ EMR EMS Officer

- All PM credentialing requirements
- Twenty-four (24) months continuous field experience in this EMS system at PM credential immediately prior to initial and/or continuing credential as DC/EMR EMS Officer
- Annual PM written protocol proficiency exam score of 85% or higher
- No current clinical care reviews of clinical errors deemed serious by OMD personnel.
- Successful completion of 10 hour clinical rotation in Emergency Department or Field with System Chief Medical Officer(s) or OMD PM
- Completion and submission of the FTO, District Chief Level Officers, and CE/QI Candidate Form to OMD

Paramedic Clinical Educator/Quality Improvement Officer (CE/QI) Credential

- All PM credentialing requirements
- Twenty-four (24) months continuous field experience in this EMS system at PM credential immediately prior to initial and/or continuing credential as CE/QI
- Annual PM written protocol proficiency exam score of 85% or higher
- No current clinical care reviews of clinical errors deemed serious by OMD personnel.
- Current OSDH EMS Instructor Certification
- Successful completion of 10 hour clinical rotation in Emergency Department or Field with System Chief Medical Officer(s) or OMD PM
- Completion and submission of the FTO, District Chief Level Officers, and CE/QI Candidate Form to OMD

Administrative Paramedic (APM) Credential

APM credentialing applies to an individual that has been through the complete PM credentialing and now has primary administrative responsibility within their agency. The APM paramedic will have privileges to oversee field care, provide clinical care as a secondary PM (in the presence of a PM), and/or work in the command structure of any incident. The APM may provide guidance to on-scene EMR, EMT, EMT-I, AEMT, or PM.

Administrative Paramedic Initial Credentialing Requirements:

- Current unrestricted PM credential
- Written request to MCB/OMD to transition to APM
- Employee in good standing within MCB/OMD

Administrative Paramedic Maintenance of Credentialing Requirements (required no less frequent than every 2 years)

- Current unrestricted PM (or higher) license by OSDH
- Employee in good standing within MCB/OMD
- Current certification through an MCB/OMD approved CPR and ACLS (or equivalent) program
- Successful completion of all MCB/OMD education modules specified for PM
- Successful completion of all MCB/OMD defined PM skill competency verifications
- Successful completion of MCB/OMD PM protocol proficiency examination



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Immunization (IMM) Qualification

- All PM credentialing requirements.
- Fulfilling all requirements of OMD for immunizations being provided

OMD Paramedic (OMD PM) Credential

OMD PM credential applies to primary responsibility of providing medical oversight functions at the delegation of the System Chief Medical Officer(s) with secondary treatment capabilities within the PM scope of practice, which includes all EMR, EMT, EMT-I, and AEMT scope of practice care, as designated within the MCB Treatment Protocols.

OMD PM Initial Credentialing Requirements:

- All PM initial credentialing requirements
- Current certification through an MCB/OMD approved CPR and ACLS (or equivalent) program
- Successful completion of all MCB/OMD education modules specified for PM
- Successful completion of all MCB/OMD defined PM skill competency verifications

OMD PM Maintenance of Credentialing Requirements (required no less frequent than every 2 years)

- Current unrestricted PM (or higher) license by OSDH
- Employee in good standing within MCB/OMD
- OMD PM candidates will be exempt from the letter of endorsement from system agency and maintenance of credentialing testing requirements



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Special Operations – Tactical Medical Support (SO-TAC) Credential

Special Operations – Tactical Medical Support (SO-TAC)

- All EMT (at minimum, higher credential strongly desired) credentialing requirements.
- Current EMT-Tactical and/or Tactical Combat Casualty Care Course certification (equivalency courses at sole discretion of System Chief Medical Officer/s).
- Fulfilling all requirements of affiliated law enforcement organization for SO-TAC
- Provide documentation to OMD of City and/or County law enforcement organization support for provider participation. The Law Enforcement Sponsoring Agency must be within the geographical boundaries of the EMSA Regulated Service Area.
- Withdrawal of support from OMD, SO-TAC sponsoring organization or law enforcement organization will result in loss of SO-TAC qualification

Special Operations – Disaster Medical Specialist (DMS), OKTF-1, USAR

- All PM credentialing requirements.
- Current DMS certification (or FEMA equivalent) and/or USAR certifications
- Fulfilling all requirements of affiliated Special Operations organization
- Provide documentation to OMD of City and/or County fire department support for provider participation.
- Withdrawal of support from OMD, SO sponsoring organization or fire department will result in loss of qualification.

Special Operations – HAZMAT (HAZMAT) Medic

- All PM credentialing requirements.
- Current Advanced Hazmat Life Support (AHLS) certification
- Fulfilling all requirements of affiliated HAZMAT sponsoring organization
- Provide documentation to OMD of City and/or County fire department support for provider participation.
- Withdrawal of support from OMD, HAZMAT sponsoring organization or fire department will result in loss of qualification.



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Protocol Proficiency Examinations

Every provider that is credentialed to practice within an organization that receives medical oversight from MCB/OMD must successfully pass a protocol proficiency examination in order to obtain initial system credentialing and to maintain their credentialing in accordance with the maintenance requirements defined by the MCB/OMD. The MCB/OMD protocol proficiency examination results will be the only protocol exam results considered for credentialing action by the System Chief Medical Officer(s).

Each candidate must have a current, unrestricted OSDH EMS license at the level of credential requested BEFORE being allowed to take the protocol proficiency examination.

All employees of a system agency receiving medical oversight from MCB/OMD that require clinical credentials will be required to take and successfully pass a protocol proficiency exam no less frequent than every 24 months.

If the initial protocol proficiency exam attempt is unsuccessful, specifically scoring is less than 80%, then the following applies:

- A candidate will be afforded no more than a total of six (6) attempts to achieve the minimum score. This is inclusive of any attempts on an exam appropriate for a credentialing level lower than the candidate's originally desired level.
- Failure to achieve the required minimum score within the first three (3) attempts will result in the candidate being disqualified from all credentialing processes for a minimum of three (3) months from the date of the last exam attempt.
EMT-I, AEMT, or PM candidates that elect to use a third exam attempt to credential at a lower level than initially tested, and are successful at that lower level, must remain out of any higher level credentialing processes for a minimum of three (3) months from the date of the third attempt.
- A candidate that is unsuccessful in the initial three (3) attempts shall remain out of the credentialing process for the prescribed three (3) month period, and if the candidate is unsuccessful in the subsequent three (3) attempts, they will be disqualified from all credentialing processes for a minimum of twelve (12) months from the date of the last exam attempt.
- Incumbents who are testing for the FTO, DC, EMR EMS Officer and/or CE/QI are limited to a total of two (2) attempts within a 30 day period to achieve the minimum qualification score of 85%. If the incumbent fails to achieve the 85% minimum score after the initial two (2) attempts, he or she will be disqualified for retesting for any of the FTO, DC, EMR EMS Officer and/or CE/QI for a period of a period of six (6) months from the date of the last exam attempt.
- During any process to obtain the FTO, DC, EMR EMS Officer and/or CE/QI credential, the incumbent must achieve the 80% minimum score for a field clinical credential to maintain the delegated practice to work unsupervised.
- Providers wishing to score a qualifying protocol score for promotion to FTO, DC, EMR EMS Officer and/or CE/QI will be allowed 1 attempt to test to gain the 85% or greater score. If the candidate does not pass with an 80% and retests to regain clinical privileges the subsequent score will not qualify the candidate to promote if that score is 85% or greater. The candidate may retake the protocol test 3 months from the date of the first attempt to qualify.
- If an incumbent FTO, DC, EMR EMS Officer and/or CE/QI fails to pass or score an 85% or greater they will have 2 additional attempts to gain the required 85% to retain their position.



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- The most recent written protocol proficiency examination score will always be used as the FTO, DC, EMR EMS Officer and/or CE/QI attempt and credential score.
- There must be a minimum of 24 hours between any attempts to take a protocol proficiency exam.
- All attempts must be completed within a 30-day period of the initial exam date. During the time between attempts, the incumbent may continue to function, as long as they are being directly supervised by individuals with equivalent or higher levels of system credentials and are not one of the two primary transport or EMR apparatus crew members.
- Any extension of the 30-day exam period requires prior approval by the Office of the Medical Director and such extensions are exceedingly rare, typically only considered in situations of extended serious illness or active-duty military deployments. Request for extension must be in writing and with sufficient detail as to the reason(s) the extension is being requested with a specific date for retesting being included. The request must be received on or before the end of the 30-day exam period and include signatures from the candidate and the agencies Training Coordinator, Chief Officer or EMR Administrator and an OMD Division Chief. Failure to submit the request for extension as described, or to abide by the terms of the extension, will result in the candidate being disqualified from that or any related credentialing process for a minimum of three (3) months from the date of the last exam attempt.
- A candidate or incumbent that is unsuccessful in the exam process or is disqualified from the process for failing to abide by the requirements relating to extending the 30-day exam period, but is already credentialed by MCB/OMD, will lose his or her current credential level.
- When a protocol revision occurs within a candidate's 30-day exam period, the version of the protocol, in effect at the time of the first exam will be the basis for all exam attempts.
- When an approved request for extension of the 30-day exam period is in place; the version of the protocol in effect on the date testing resumes will be the basis for the subsequent exam attempts, regardless of attempt number or level.
- If it is determined that a candidate has cheated during a protocol exam, the System Chief Medical Officer/s may suspend or permanently revoke the candidate's current credential and/or bar the candidate from the credentialing process for a minimum of one (1) year, extending to permanently, based upon the degree of dishonesty perceived.
- In all events where there is a dispute or discrepancy, MCB/OMD reserves the right of final decision for disposition of the written protocol proficiency testing procedures and processes.
- For EMT-I, AEMT, and/or PM candidates, upon successful completion of the required skills verifications, the OMD extends the privilege to practice at the desired credential level provided the candidate is in the presence of and supervised by a designated FTO who is credentialed at the candidates desired credentialing level or above.



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Field Clinical Clearance Shifts/Evaluations

- All candidates in clinical clearance shifts will be continuously supervised by the applicable level of FTO.
- OMD personnel and the System Chief Medical Officer(s) have the discretion to extend the monitored supervised performance phase of the candidate due to identified deficiencies in clinical performance and/or a deficiency in high acuity patient contacts.
- Unless there are specific and extenuating circumstances, e.g. unmet Priority 1 transports, credentials will not be extended to a candidate if he/she is not cleared by **24** shifts. Any time a candidate is scheduled for more than 20 shifts, the Office of the Medical Director is to be notified prior to the 21st shift with a written explanation of the reason(s).
- Once field clinical clearance shifts begin, there shall not be an interruption in the process except for extenuating circumstances, which must be approved by the Office of the Medical Director. The candidate must submit written documentation to OMD outlining the request and reasoning. The document must include signatures from the candidate and the organization's Training Coordinator or EMR EMS Officer, and the OMD Division Chief.
- Candidate evaluations will be completed by the sponsoring system agency and submitted to the Office of the Medical Director. All forms will be organized in chronological order and will include the patient care form, monitor strips, (if the OMD has remote access to the agency's EHR, the submission is not necessary of individual EHR) and total number of procedures performed with success rate for procedures calculated. The sponsoring system agency shall complete an assessment on the FTO's findings and submit a recommendation for or against the candidate's release from supervised rides. The assessment shall clearly indicate the recommendation and must be signed by the individual officer submitting the Credentialing Checklist and Attestation for Candidate.
- FTO evaluations, when submitted for a candidate's credentialing, must include an FTO-signed letter with clear statement of recommendation and all daily evaluations and completed skill competency forms that have been signed by both the candidate and FTO
- Formal written credentialing to advance to probationary status from the Office of the Medical Director is required prior to any candidate functioning independently at the level of credentialing they are applying to receive. Once the candidate's packet is completed as above and submitted to OMD, OMD Division Director(s) will review the packet and provide a determination, with involvement of the System Chief Medical Officer(s), within five (5) full business days from the time the accurately completed packet was submitted. Packets submitted after noon on Fridays will be considered a Monday submission.
- All EMT-I, AEMT, and Paramedic candidates cleared by OMD to probationary status will remain in probationary status while fulfilling additional requirements in the 6-month period following their granting of probationary status by OMD. During this 6-month period, the probationary EMT-I, AEMT, or Paramedic's Clinical Services Officers or EMR EMS Officers shall supply OMD evidence that their organization's probationary candidates are maintaining satisfactory clinical competencies through information to include, though not limited to:
 - 100% review of all Priority 1 transports with EHR and EHR summations.
 - 25% random review of all patient contacts with EHR summations & OMD access to EHRs.
 - No transport percentage of patient contacts.
 - Vascular access success/attempts. The expectation of probationary candidates in



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this period is a minimum of 15 vascular access procedures per month. If such is not obtained in a given month, then the probationary candidate must complete the procedures of IV and IO in a clinical educator or FTO supervised environment demonstrating skill proficiency on a manikin.

- Intubation success/attempts. The expectation of probationary candidates in this period is a minimum of 1 intubation per month. If such is not obtained in a given month, then the probationary candidate must complete the procedures of oral endotracheal intubation in a clinical educator or FTO supervised environment demonstrating skill proficiency on a manikin.
- Monthly reports, submitted to OMD, to include all clinical care and professional-related conduct/behavior issues.
- No probationary candidate will receive full clinical credentials from the System Medical Director(s) and OMD until all requirements as specified above are met.
- Transport/EMR Internal Upgrades to Paramedic: are eligible to use their Clinical Internships to qualify as Field Clinical Clearance Shifts/Evaluations.



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Suspension or Revocation of Credentials

On occasion, circumstances arise that may lead to a change in credential status, such as suspension or revocation.

As in any practice of medicine, there are critical actions (or failures to act) that are deemed unacceptable for any provider involved in the medical care of patients. If substantiated through a process of appropriate investigation led by OMD, any credentialed personnel found to be committing or abetting any of these actions, but not limited to these actions, will be permanently decertified from patient care in this EMS system

Key actions leading to permanent de-credentialing are, but are not limited to:

- Intentionally verbally or physically harming a patient. This specifically excludes harm that could result when acting in self-defense in avoidance of being assaulted by a patient.
- Providing patient care while legally intoxicated with alcohol or under the influence of illicit substances (examples; cocaine, marijuana, heroin, etc.).
- Intentionally falsifying a patient care record or clinically-related document utilized in our EMS system.
- Intentionally falsifying written or verbal statements made in the course of clinical care reviews conducted by the Office of the Medical Director.
- Intentionally withholding clinically appropriate care from a patient.
- Theft, misappropriation or personal usage of any controlled medication substance.
- Multiple uncorrected failures in duty or failures to remediate during OMD initiated or OMD supported Corrective Action Plans in twelve (12) months from the first such failure.

The following first-occurrence actions, upon substantiation, will result in prescribed remediation and a 30-day temporary suspension of credentials above the EMR/EMT level:

- Defibrillating a conscious, pulsatile patient.
- Failure to adequately troubleshoot/confirm the placement of an airway device designed or capable for endotracheal placement (endotracheal tubes, supraglottic airway, or cricothyrotomy tubes) per MCB treatment protocols.

Second occurrences of any of these two events will result in additional prescribed remediation and a minimum 45-day temporary suspension of credentials above the EMT level.

Third occurrences of any two of these events will result in permanent revocation of credentials above the EMT level.

The actions detailed above will not affect any other substantive rights afforded to providers in regards to further review as established by the EMS Interlocal Agreement as amended and the appropriate ordinances.



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Lapse, Loss, or Suspension of OSDH EMS License

In the event that a provider's OSDH EMS license is allowed to lapse or is not renewed for whatever reason, the following process will apply:

Unless confirmation of renewal (written documentation from the OSDH), or upgrade can be verified, the provider's credential to practice will be revoked. The provider will not be able to participate in any credentialing processes until the license is renewed or upgraded.

Separation from System Agency

In order for a provider to be credentialed, he/she must be associated with an organization that receives medical oversight from MCB/OMD. The following outlines the process for providers who leave or disassociate from such an organization:

- The provider's organization is required to immediately notify the OMD when the provider is no longer associated with their initial sponsoring agency.
- If the credentialed provider returns or affiliates with a another System Agency to the clinical level in less than 90 days, no credentialing testing is required. However, the provider must be updated on current OMD/MCB Policies and/or Treatment Protocols. If the credentialed provider returns to the clinical setting after greater than 90 days but less than 180 days the provider is required to pass the applicable protocol proficiency examinations and skills competency verification requirements for their certification level AND complete a minimum of four (4) supervised shifts with a qualified FTO at the appropriate level.
- If the credentialed provider returns to the clinical setting after 180 days or greater the provider must fulfill the initial credentialing requirements.

Periods of Absence

For all credentialed field and communication personnel who have not actively participated in the clinical setting at the credentialed level the following policy will apply for reinstatement of credentialed status. This does not apply to providers who are in non-field level positions, such as EMD, Training, or Administrative positions.

- If the credentialed provider returns to the clinical level in less than 90 days no credentialing testing is required. However, the provider must be updated on current OMD/MCB Policies and/or Treatment Protocols.
- If the credentialed provider returns to the clinical setting after greater than 90 days but less than 180 days the provider is required to pass the applicable protocol proficiency examinations and skills competency verification requirements for their certification level AND complete a minimum of four (4) supervised shifts with a qualified FTO at the appropriate level.
- If the credentialed provider returns to the clinical setting after 180 days or greater the provider must fulfill the initial credentialing requirements.



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Activity That May Pose a Threat to Public Health

Criminal or Regulatory activity that may pose a threat to public health, or other circumstances as deemed appropriate, will be reviewed by the Chief Medical Officer/s.

Individual providers and their respective agencies are responsible to report any arrests of the provider involving alcohol, drugs, or a felony directly to the OMD on or before the first business day after the arrest is made. Failure to do so may result in immediate suspension of the personnel involved. Reporting the event to the OSDH EMS Division is the responsibility of the individual provider and must occur in accordance to specified OSDH rules within the prescribed timeframe.

Action Taken by the OSDH EMS

Any action taken (administrative review, suspension, revocation, tax holds, etc.) by OSDH EMS must be reported and documentation forwarded to the Office of the Medical Director on or before the first business day after notification by OSDH. Failure to do so may result in immediate suspension of the personnel involved.

Credential status is at the discretion of the Chief Medical Officer(s) in such occurrences.

In all events concerning these issues, the Chief Officer, Director, or Program Manager of the Responder's agency Organization will be advised.



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Emergency Medical Responder Organizations

All System Emergency Medical Responder Agencies Organizations must be registered with the OMD and licensed with the OSDH at the Basic level at minimum.

A non-ambulance EMR Organization with an authorized uniformed personnel strength of 300 or more must have at least $\frac{1}{2}$ of the total members of any apparatus crew credentialed at all times. Apparatus designated for EMS response, or apparatus that may be required to respond to an EMS incident, that has a minimum manning requirement of two (2), must have both members credentialed.

A non-ambulance EMR Organization with an authorized uniformed personnel strength of 299 or less must have at least one (1) of the crew credentialed at all times for all apparatus. As a point of clarification a frontline system transport ambulance must have at least two (2) credentialed members at all times, with at least one being credentialed at the paramedic level if operating as an ALS ambulance.

Level One EMR Organization – EMT scope of practice limited

- The organization must have a minimum of ten (10) providers eligible to credential at the EMR and/or EMT level.
- The organization must commit to equipping their BLS providers with the required supplies and equipment necessary to provide patient care at the EMR and/or EMT level as defined by the MCB treatment protocols scope of practice.
- Provide each credentialed provider organizational support as needed for:
 - System educational initiatives.
 - Initial and ongoing credentialing requirements at this level
 - Ongoing OSDH licensing requirements at this level
 - Credential and skill level appropriate supplies and equipment
- Attending and providing representation at least 66% of the monthly OMD CQI and educational meetings each quarter. (Defined as attending two (2) of the three (3) scheduled meetings each quarter).

Level Two EMR Organization

EMT-I, AEMT, and/or PM OSDH registration/license level are optional as long as the OSDH Individual Application for Protocols procedure is followed as specified by OSDH.

- The Agency must have a minimum of ten (10) providers eligible to credential at the EMR and/or EMT level.
- Any change to the agencies level of care as recognized by MCB/OMD, clinically related staffing level or deployment plan must be pre-approved by the System Chief Medical Officer.
- The Agency must commit to equipping all their providers with the required supplies, medications, and equipment necessary to provide patient care at the appropriate levels as defined by the MCB treatment protocols scope of practice.
- Provide each credentialed provider organizational support as needed for:
 - System educational initiatives.
 - Initial and ongoing credentialing requirements at the credentialed levels.



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- Ongoing OSDH licensing requirements at the credentialed levels.
- Credential and skill level appropriate supplies and equipment. Credential and skill level appropriate supplies and equipment including simulation devices/manikins to facilitate training, competency assessments, and credentialing at the EMT-I, AEMT, and/or PM level.
- Attending and providing representation at least 66% of the monthly OMD CQI and educational meetings each quarter. (Defined as attending two (2) of the three (3) scheduled meetings each quarter).
- Paramedic level organizations will be compliant with all MCB/OMD, DEA, OBND controlled substance regulations, requirements, and registration.

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Forms



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Credentialing Checklist and Attestation for Candidate

Credentialing candidates, appropriately affiliated with a Medical Control Board Affiliated Agency and desiring to obtain System Credentials must complete the following:

System Provider Credential Level: EMD EMR EMT EMT-I AEMT PM

- License verification
- Background Check passed
- OMD designated Mandatory Education Modules and Skill Competencies.
- MCB/OMD exam score
 - Attempt # 1 _____%
 - Attempt # 2 _____%
 - Attempt # 3 _____%

All items listed below should include appropriate documentation and/or reports.

- Total number of responses and of patient contacts with date range
- Procedure reports as required for level of credentialing
- EHRs reflects 4 high acuity patient encounters (PM only)
- Applicable Resuscitation Annotations during field training
- FTO report(s) and endorsement letter (EMT or higher)
- Summary of field orientation from sponsoring system agency

_____ (candidate) has completed all requirements set forth within the
OMD/MCB credentialing policy and is being recommended for credentialing by
_____ (sponsoring agency).

Print name: _____

Title: _____

Signature: _____

Date: _____



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Field Training Officer, District Chief Level Officer, and Clinical Educator/Quality Improvement Officer Candidate Form

Candidate: _____

1. All PM credentialing requirements. Date Cleared initial Credentialing_____
2. Twelve (12) months continuous field experience in this EMS system at PM credential immediately prior to initial and/or continuing credential as PM FTO. **Y/N**
3. Annual PM written protocol proficiency exam score of 85% or higher.

Score and Date_____

4. No current clinical care reviews of clinical errors deemed serious by OMD personnel. **Y/N**
5. Successful completion of 10-hour clinical rotation in Emergency Department or Field with System Chief Medical Officer(s) or an OMD PM.

Date Completed_____ OMD Approval signature_____

*Successful completion of 10-hour clinical rotation in Emergency Department or Field with System Chief Medical Officer(s) or his/her designee, limited to OMD PM
Current as of 10/1/16 District Chief (DC), EMR EMS Officer, and/or Asst. District Chief personnel are exempted from #5 immediately above.