Application Instructions For Mississippi EMS Certification

Applicants for EMS Driver Certification:

- Attach completed "Application for Mississippi EMS Certification" form (OEPR-AP07)
- Attach a copy of driver-training certificate.
- Attach a copy of state driver's license
- Attach an official copy of current driver's history from the licensing state.
  If resources are available, BEMS can provide a Mississippi Driver's History Check onsite for a fee of $15.00 beginning April 1, 2017.

Applicants for Medical First Responder Certification:

- Attach a copy of National Registry of Emergency Medical Technicians wallet card.

Applicants for EMT/Paramedic Certification:

- Attach a copy of National Registry of Emergency Medical Technicians wallet card.
- Attach the original, signed Jurisdictional Medical Control Agreement.
  (JMCAs more than 90 days old will cause the application to be returned without action.)
- Attach a copy of the reciprocity agreement from home state. There is a processing fee in the amount of $25.00 for Provider Certification Reciprocity. This is in addition to state certification fee.
  (This applies to those previously certified at any level in another state.)
  All copies must be clear and legible.
- Contact the state office (601-576-7380) if applying for initial Mississippi certification and training was obtained in another state.

Applicants for Critical Care Paramedic Certification:

- Attach a copy of Mississippi Paramedic Certification.
- Attach copy of certification of successful completion of BEMS approved Critical Care Paramedic Training Program. (Certificates more than 24 months old will cause application to be returned without action.)
- Copy of Associates Degree from regionally accredited college/university.
- Copy of Current certification (FP-C or CCP-C);
- Attach the original, signed Jurisdictional Medical Control Agreement.
  (JMCAs more than 90 days old will cause the application to be returned without action.)

Applicants for Critical Care Paramedic Re-Certification:

- Attach a copy of Mississippi Paramedic Certification.
- Copy of Current certification (FP-C or CCP-C);
- Attach the original, signed Jurisdictional Medical Control Agreement.
  (JMCAs more than 90 days old will cause the application to be returned without action.)
- Attach a copy of American Heart Association's Prehospital Trauma Life Support (PHTLS) certification wallet card.
- Proof of completion of 48 BEMS Approved Critical Care Continuing Education Hours.
  (ALS Training Institutions providing the training shall track hours and provide certificate of completion to each student. Each EMS Agency's off-line medical director must verify with his/her signature each critical care paramedic continuing education requirement for submission to BEMS each certification period.)
  Proof of completion of BEMS Approved 24 hour Critical Care Bi-Annual Refresher.

Fees, Fines and Payments:

- All applications shall be submitted with appropriate fees (see table below) and any additional fines or fees are required.
- Fees may be paid by cash, business check or money order. Credit cards, personal checks and ATM cards are not accepted.
- A Provider Reinstatement Fee of $40.00 shall be applied - in addition to all other applicable certification costs - to those EMS personnel recertifying with a lapsed or suspended Mississippi Certification.

Certification Level	Certification Cost	Certification Cost as of 4/1/2017	Recertification Cost	Recertification Cost as of 4/1/2017
EMS Driver	$35.00	$40.00	$35.00	$40.00
EMS Driver 8-Year	$70.00	$80.00	$70.00	$80.00
Medical First Responder	$10.00	$10.00	$10.00	$10.00
EMT	$35.00	$40.00	$35.00	$40.00
Paramedic	$35.00	$40.00	$35.00	$40.00
Critical Care Paramedic	$60.00	$69.00	$60.00	$69.00

- **It is recommended to begin the recertification process <u>three to four months prior</u> to your expiration date.** *(i.e. December prior to expiration year)*
- **Submit the application and fee to the address on the application.**
- ***Application processing takes approximately four to six weeks*. If your application is incomplete, your renewal may be return or delayed.**

Applicant Information:

Legal Name: List your full name: first, middle and last.
Address: List the address to be used to send any information about your credentials. Be sure to include city, state, zip code. This will be your permanent record with the department of Health until notification of change has been received by this office.
Phone: Enter your phone number.
Email: Enter your email address. You must have one on file to utilize the external portal for recertification.
Date of Birth: Provide the month, day and year of your birth. (mm/dd/yy)
Social Security Number: Enter your social security number.
County of Residence: Enter the county which your address (as listed above) is located.
Highest Level of Education Completed: Select the number that best applies to the level of education you received at the time of the application. (E.g. 12/GED – Completed High School, Diploma or GED received.)
Driver's License Number: Enter your Driver's License Number, issuing state and expiration date.
NREMT Number: Enter your National Registry for Emergency Medical Technicians (NREMT) number and expiration date. Your state certification will expire concurrently with your national certification.

Employment and Training:

I will be working at this level: Enter the level you will be employed at primary service.
Agency: Enter Agency Name, county, address, phone, city, state, zip code.
Operations Manager/Supervisor: Enter name of Operations Manager (as listed on JMCA)
Training Site: This section for initial Mississippi certification only, and is not required for recertification.
For initial certification list the name of the training site, the lead instructor, city and state, the name of the physician coordinator, and date of completion.
In the spaces Indicated, enter all states outside of Mississippi where health care provider credentials are or were held. Specifically, list credentials granted as temporary, reciprocity or similar. Attached additional pages if necessary.

Attestation:

Applicant Attestation: Sign and date indicating that all information on this application are true and correction. This section must be complete in order for this office to process your application.

APPLICATION FOR MISSISSIPPI EMS CERTIFICATION

Check One
- ☐ Medical First Responder
- ☐ EMT
- ☐ Paramedic
- ☐ Critical Care Paramedic
- ☐ EMS Driver

Check One
- ☐ Initial
- ☐ Recertification

Complete (type or print in ink) and mail to:
Bureau of Emergency Medical Services
MS State Department of Health
POBox 1700
Jackson, MS 39215-1700

Applicant Information

Full Name: _____ _____ _____
First **M.I.** **Last**

Address: _____ _____
Street Address **Apartment/Unit #**

_____ _____ _____
City **State** **ZIP Code**

Phone: _____ **Email** _____

DOB: _____ **Social Security No.:** _____ **County of Residence** _____

Highest Level Education Completed (Select One): **12/GED** **13** **14** **15** **16** **17** **18+**

Drivers Lic # _____ **Issuing State** _____ **Expiration Date** _____

NREMT # _____ **Expiration** _____

Employment and Training

I will be working at this level: ☐ Full Time ☐ Part Time ☐ Volunteer

Agency: _____ County: _____
Address: _____ Phone: _____
Address2: _____
City: _____ State: _____ Zip: _____

Operations Manager/Supervisor:	_____

Training Site _____ Lead Instructor _____
City/State _____ Physician _____
Date of Completion _____ I have been previously certified in the following states:
_____ _____ _____

This section for initial Mississippi certification only, not required for recertification.

I hereby affirm that all statements on this application are true and correct and that false statements or documents may be sufficient cause for rejection and/or revocation of all Mississippi EMS Certifications.

Signature: _____ **Date**: _____

WARNING: Mississippi Code Annotated 97-7-10: Fraudulent statements and representations provides for severe penalties from misrepresentation or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand ($10,000) and a jail sentence of up to five (5) years.

FOR OFFICIAL USE ONLY				**Date Received:**
Driver Course		Cert Exp		
Cert Level		J M C A		
Cert Approval		Reciprocity Sent Date		