



**To:** Members of the State Board of Health

**From:** Marschall Smith, Emergency Medical and Trauma Services Branch, Professional Standards Section Manager

**Through:** D. Randy Kuykendall, Health Facilities and Emergency Medical Services, Division Director, D.R.K.

**Date:** February 15, 2017

**Subject:** **Request for Rulemaking Hearing**  
Proposed Amendments to 6 CCR 1015-3 Emergency Medical Services, Chapter One - Rules Pertaining to EMS Education and Certification with a request for a rulemaking hearing to be set for April of 2017

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House Bill 16-1034 was signed into effect on June 10, 2016. The bill authorizes the oversight of emergency medical responders (EMRs), formerly called first responders, to move from the Department of Public Safety (DPS) to the Department of Public Health and Environment (Department). This move is to recognize that EMRs are part of the emergency medical services and trauma system and oversight should occur all in one department. EMRs answer emergency calls, render aid to ill and injured patients, prepare the scene for the arrival of the ambulance and emergency service providers, and provide assistance to emergency medical service providers as directed. HB 16-1034 did not expand the emergency medical service (EMS) provider current certification levels to include EMRs; therefore, the EMRs will continue to be unable to provide direct emergency medical care and treatment to patients transported in an ambulance.

Under the proposed rule language, EMRs can voluntarily register through an application process similar to the current EMS provider certification application. House Bill 16-1034 requires the Department to have the voluntary registration program in place by July 1, 2017. EMRs will be required to attend a Department-recognized EMR training program, pass the National Registry of Emergency Medical Technicians (NREMT) EMR test, and submit to a fingerprint based background check. EMRs currently registered with DPS will have their certification transferred to the Department's registry. Upon the expiration of their transferred certification from DPS, they will have the option of renewing. To renew a registration, an EMR will submit evidence of compliance with the criminal history record check, evidence of current and valid professional level basic CPR course completion from a national or local organization approved by the Department, and proof of continuing education or a valid EMR certification from the NREMT. EMRs that choose not to renew their voluntary registrations with the Department, cannot hold themselves out as state registered EMRs. However, they will be able to continue to act as EMRs.

There will be no cost to apply with the Department for EMR registration, just as there is no cost to EMS providers to apply for certification. There will, however, be cost to the individual in taking the NREMT test (\$75) and obtaining the fingerprint based background check (\$17.50 for Colorado only and \$39.50 for Colorado and FBI background checks, paid directly to CBI). An applicant may request a provisional registration while awaiting the CBI/FBI fingerprint background check for a fee of \$23.00, paid to the Department. Individuals may still obtain training and act as EMRs without registering with the Department. In that situation, however, those individuals cannot hold themselves out as state registered EMRs.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to

6 CCR 1015-3 Emergency Medical Services, Chapter One - Rules Pertaining to EMS Education and Certification

Basis and Purpose.

House Bill 16-1034 moves the emergency medical responders (EMRs), formerly called first responders, certification from the Department of Public Safety (DPS) to a registry at the Department of Public Health and Environment (Department). EMRs are considered to be part of the emergency medical services and trauma system because they answer emergency calls, render aid to ill and injured patients, prepare the scene for the arrival of the ambulance and emergency medical service providers, and provide assistance to emergency medical service providers as directed. By moving oversight from DPS to the Department, EMRs will be more integrated into the EMS and trauma system by creating a registry process that is parallel to the emergency medical service (EMS) provider certification process. The bill does not, however, expand the definition of EMS provider to include EMRs.

The bill directs the Department to create a voluntary registry of EMRs by July 1, 2017. EMRs who opt to register with Department after this date will have completed training at a recognized EMR training program, submitted a fingerprint-based criminal background check and taken and passed the National Registry of Emergency Medical Technician (NREMT) EMR test. Following an initial 3 year registration, registration can be renewed by a demonstration of continuing education, either by continuing to hold a valid EMR certification issued by NREMT or meeting a minimum number of state approved continuing education credits, and proof of a professional level basic CPR course completion.

Currently certified DPS EMRs will be transferred to the Department registry for the remainder of their current certification cycle. They will then have the option of renewing their registration by demonstrating continuing education by either maintaining an EMR certification with the NREMT or meeting continuing education as described in rule, submitting a fingerprint-based criminal background check, and proof of a professional level basic CPR course completion.

The Department requests a July 1, 2017 effective date. DPS rules governing EMRs certification will remain in effect until the July 1, 2017 registry effective date, per § 25-3.5-1103, C.R.S.

Specific Statutory Authority.

These rules are promulgated pursuant to the following statutes:

§ 25-3.5-1103, C.R.S

§ 25-3.5-1104, C.R.S

Is this rulemaking due to a change in state statute?

Yes, the bill number is HB 16-1034. Rules are \_\_\_ authorized  required.

No

Is this rulemaking due to a federal statutory or regulatory change?

Yes

No

Does this rule incorporate materials by reference?

Yes

No

If "Yes," the rule needs to provide the URL of where the material is available on the internet (CDPHE website recommended) or the Division needs to provide one print or electronic copy of the incorporated material to the State Publications Library. § 24-4-103(12.5)(c), C.R.S.

Does this rule create or modify fines or fees?

Yes

No

## REGULATORY ANALYSIS

### for Amendments to

#### 6 CCR 1015-3 Emergency Medical Services, Chapter One - Rules Pertaining to EMS Education and Certification

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

As of November 2016, the Department of Public Safety (DPS) had 638 emergency medical responders (EMR) registered. EMRs are part of the emergency medical and trauma services system who answer emergency calls, render aid to ill and injured patients, prepare the scene for the arrival of the ambulance and emergency service providers, and provide assistance to emergency medical service providers as directed. They are not, however, considered to be emergency medical service providers themselves.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

EMRs currently certified with DPS will have their certifications transferred to the Department's registry. Upon the expiration of their transferred certification from DPS, they will have the option of renewing. To renew a registration, an EMR will submit evidence of compliance with a criminal history record check, evidence of current and valid professional level basic CPR course completion from a national or local organization approved by the Department, and continuing education met through either EMR certification by the National Registry of Emergency Medical Technicians (NREMT) or by meeting continuing education standards set by the Department. EMRs that choose not to renew their registrations cannot hold themselves out as state registered EMRs; however, they will be able to continue to act as EMRs.

With the move of the EMR program from DPS to the Department, individuals who attend EMR training at a recognized training program will be eligible to sit for the test offered by the NREMT. Currently, under the Colorado agreement with the NREMT, only the Department can recognize programs that are eligible to train students for any certification offered by the NREMT.

Under DPS, the fee to take the test to be recognized by the state as an EMR was \$30. With the move to the Department, individuals will have to pay the CBI directly for the cost for background checks (\$17.50 for Colorado only and \$39.50 for Colorado and FBI background checks), as well as \$75 to sit for the NREMT EMR test. There may also be costs to the individual associated with continuing education. Individuals may request a provisional registration so that they may hold themselves out as state registered EMRs prior to a fingerprint-based criminal background being completed. In this instance, there will also be a \$23 fee paid to the Department for the provisional registration. The Department sees approximately 5 provisional EMS certifications a year, and predicts that EMR provisional registration will be similar.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The Department requires an additional 0.5 FTE for the Investigations Unit of the Emergency Medical and Trauma Services Branch due to the increase in review and processing of criminal background checks. Funds to support this program will come from the EMS Account, which is funded by a \$2 fee placed on the registration of motor vehicles. In 2016, the Department was granted an increase in spending authority that allows for the

increase in FTE without impacting any of the other programs that rely on the EMS Account for funding.

The implementation costs of the program will be absorbed as part of the continuing maintenance of the computer system used for the certification of EMS providers.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

HB 16-1034 requires the implementation of the EMR program by July 1, 2017.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The registration process of EMRs mirrors closely the already existing process for emergency medical service (EMS) providers' certification. By using the existing platforms built for EMS provider certification, the Department has minimized cost.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

HB 16-1034 requires rule to implement the transfer of the EMR certification from DPS to the Department maintained registry. The proposed amendments are written to correspond to the existing EMS provider certification process in order to integrate the processing of EMR personnel as seamlessly as possible.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

There are 638 EMRs currently certified by DPS and a final reconciliation will take place just prior to July 1, 2017. Transferring the oversight of EMRs to the Department allows for their registration process to be more fully integrated with the emergency medical services and trauma system. This transition is very similar to the process used in 2005 to transition EMS providers from state testing to NREMT testing and background checks. In that instance, there was no change in the number of EMS providers certified by the Department and, within two years, there was an increase in the total numbers of providers statewide.

## STAKEHOLDER COMMENTS

for Amendments to

### 6 CCR 1015-3 Emergency Medical Services, Chapter One - Rules Pertaining to EMS Education and Certification

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

#### Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Starting in November 2016, The Department made the draft proposed rules available to the following groups, and many of these individuals are EMRs trainers.

1. Colorado Fire Service Training and Certification Advisory Board
  - a. Mark Quick - Department of Public Safety
  - b. Scott Rogers - West Metro Fire
  - c. Kristy Olme
  - d. John Bennett - Telluride Fire
  - e. John Hall - Grand Junction Fire Department
  - f. Kevin Darrah - Department of Public Safety
  - g. Laura Renville - Department of Public Safety
  - h. Mark Carlson
  - i. Mike Cook
  - j. Mark Schuman
  - k. Perry Otero - City of Thornton
  - l. Philip Tiffany - Ft. Lupton Fire
  - m. Randall Souther
  - n. Mike Morgan - Department of Public Safety
  - o. Lisa Pine - Department of Public Safety
2. Colorado Fire Training Officers Association
3. EMR education programs as identified by DPS
  - a. Nicholas Betz, Aims Community College
  - b. Garard Lutz, Brighton Fire Protection District
  - c. Joe Ceuorvst, Coal Creek Canyon Fire Protection District
  - d. Theresa Kelliher, Colorado Northwestern Community College
  - e. Cindy Brown, First Response Team Training LLC
  - f. Anthony Rowe, Grand Valley Fire Protection District
  - g. Erik Forythe, Gunnison Valley EMS
  - h. Jeff Edelson, Mountain Rescue Aspen
  - i. Troy Salazar, Pueblo Community College
  - j. Ed Ward, Colorado First Aid
  - k. Drew Baske, Aurora Community College
  - l. Julia Kalish, Foothills Fire & Rescue
  - m. Don Enninga, Morgan Community College
  - n. Rich Solomon, Sable Altura Fire Rescue
  - o. Dominic Verquer, Trinidad Ambulance District
  - p. Barry Wilson, Jefferson Como Fire Protection District
  - q. Ed Castellon, Colorado Fire Camp
  - r. Christopher Weaver, Venturing ER Team 911 EMR
  - s. Molly Hunsberger, Arapahoe Community College
  - t. Sheryl Hummel, Ellicott Fire Department
  - u. Kathleen Stevenson, Sugar Loaf Fire Protection District

The Department also reached out to these additional stakeholders:

1. The Emergency Medical Practice Advisory Council
  - a. Will Dunn
  - b. Kevin Weber
  - c. Stein Bronsky
  - d. Bill Hall
  - e. Diana Koelliker
  - f. Jason Kotas
  - g. Kevin McVaney
  - h. Michelle Flemmings
  - i. Art Kanowitz
  - j. Jeff Beckman
  
2. The Regional Medical Directors group
  - a. Marc Burdick
  - b. Peter Vellman
  - c. Eugene Eby
  - d. Erica Douglass
  - e. Stein Bronsky
  - f. Kevin Weber
  
3. Regional Emergency Medical and Trauma Advisory Councils (RETACs) at their quarterly forum in December 2016

The Department has posted the proposed rules to the coems.info website and sent notice out in the weekly EMTS on the Go newsletter with a link to the rules since Nov. 16, 2016. This newsletter is sent to over 1,000 individuals.

#### Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

- Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.
- Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The stakeholders have been generally supportive of the move of the EMR program from DPS to the Department. During legislative testimony, no parties testified against the bill. Comments received on the bill have been procedural questions related to being recognized as an EMR training program or center and seeking clarification of the voluntary registration versus being a non-registered EMR.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

The voluntary registration of EMRs has no impact on health equity and environmental justice. Currently, EMRs are in use across the state and will be able to continue in their roles. There will

be a higher one time cost associated with taking the NREMT test and obtaining a finger-print based background check; however, application for registration with the Department will be free.

Excerpt from House Bill 16-1034

§ 25-3.5-1103. Registration - rules - funds

(1) On and after July 1, 2017, the department shall administer a voluntary registration program for emergency medical responders. A person shall not hold himself or herself out as a registered emergency medical responder, providing care or services as identified in national guidelines for emergency medical response as approved by the department, unless the person meets the requirements set forth in this part 11; except that a person may function as a good samaritan pursuant to section 13-21-116, C.R.S.

(2) The board shall adopt rules for the administration of the emergency medical responder registration program, which rules shall include, at a minimum, the following:

(a) Requirements for emergency medical responder registration, which include certification of the applicant through a nationally recognized emergency responder certification organization approved by the department;

(b) The period of time for which the registration as an emergency medical responder is valid;

(c) Registration renewal requirements;

(d) Training requirements for new and renewing registrants;

(e) Provisions governing national and state criminal history record checks for new and renewing registrants and the use of the results of the checks by the department to determine the action to take on a registration application. Notwithstanding section 24-5-101, C.R.S., these provisions must allow the department to consider whether the applicant has been convicted of a felony or misdemeanor involving moral turpitude and the pertinent circumstances connected with the conviction and to make a determination whether any such conviction disqualifies the applicant from registration.

(f) Disciplinary sanctions, which may include provisions for the denial, revocation, probation, and suspension, including summary suspension, of registration and of education program recognition; and

(g) An appeal process consistent with sections 24-4-104 and 24-4-105, C.R.S., that is applicable to department decisions in connection with sanctions.

(3) Rules promulgated by the department of public safety remain in effect until superceded by rules duly adopted pursuant to this part 11.

(4)

(a) The department may issue a provisional registration to an applicant for registration as an emergency medical responder who requests issuance of a provisional registration and who pays a fee authorized under rules adopted by the board. A provisional registration is valid for not more than ninety days.

(b) The department may not issue a provisional registration unless the applicant satisfies the requirements for registration established in rules of the board. If the department finds that an emergency medical responder who has received a provisional registration has violated any requirements for registration, the department may revoke the provisional registration and prohibit the registration of the emergency medical responder.

(c) The department may issue a provisional registration to an applicant whose fingerprint-based criminal history record check has not yet been completed. The department shall require the applicant to submit a name-based criminal history record check prior to issuing a provisional registration.

(d) The board shall adopt rules as necessary to implement this subsection (4), including rules establishing a fee to be charged to applicants seeking a provisional registration. The department

shall deposit any fee collected for a provisional registration in the emergency medical services account created in section 25-3.5-603.

(5)

(a) The department shall acquire a fingerprint-based criminal history record check from the Colorado bureau of investigation to investigate the holder of or applicant for an emergency medical responder registration. The department may acquire a name-based criminal history record check for a registrant or an applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable. Notwithstanding paragraph (b) of this subsection (5), if a person submitted to a fingerprint-based criminal history record check at the time of initial registration or registration renewal, the person shall not be required to submit to a subsequent fingerprint-based criminal history record check.

(b) If, at the time of application for registry or for renewal, an individual has lived in the state for three years or less, the department shall require the applicant to submit to a federal bureau of investigation fingerprint-based national criminal history record check; except that the department may acquire a national name-based criminal history record check for an applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable. The department shall be the authorized agency to receive and disseminate information regarding the result of any national criminal history record check.

#### § 25-3.5-1104. Training programs - rules

(1) The board shall adopt rules regarding the recognition by the department of education programs that provide initial training and continued competency education for emergency medical responders.

(2) The receipt of a certificate or other document of course completion issued by an education program or national certification organization is not deemed state licensure, approval, or registration.



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

*State Emergency Medical and Trauma  
Services Advisory Council*

Jan. 12, 2017

Mr. Tony Capello, President  
State Board of Health  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, EDO-A5  
Denver, CO 80246-1530

Dear Mr. Capello:

At the Jan. 12, 2017 meeting of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) of the Colorado Department of Public Health and Environment, proposed revisions to 6 C.C.R. 1015-3 Emergency Medical Services Chapter 1 - Rules Pertaining to EMS Education and Certification, were reviewed and discussed. This rule revision creates a voluntary registration process for emergency medical responders as required by House Bill 16-1034. A motion was made and passed to approve the proposed revisions.

Sincerely yours,

Chief Rich Martin  
Chairman



**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**EMERGENCY MEDICAL SERVICES**

**6 CCR 1015-3**

Adopted by the Board of Health on \_\_\_\_\_, 2017. Effective \_\_\_\_\_, 2017.

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1 **CHAPTER ONE – RULES PERTAINING TO EMS AND EMR EDUCATION, EMS CERTIFICATION,**  
2 **AND EMR REGISTRATION**

3 **Section 1 – Purpose and Authority for Rules**

4 1.1 These rules address the recognition process for emergency medical services (EMS) AND  
5 **EMERGENCY MEDICAL RESPONDER (EMR)** education programs; the certification process for  
6 all levels of EMS Providers; **THE REGISTRATION PROCESS FOR EMERGENCY MEDICAL**  
7 **RESPONDERS**; and the procedures for denial, revocation, suspension, limitation, or modification  
8 of a certificate **OR REGISTRATION**.

9 1.2 The authority for the promulgation of these rules is set forth in Section 25-3.5-101 et seq., C.R.S.

10 **Section 2 – Definitions**

11 2.1 All definitions that appear in Section 25-3.5-103, C.R.S., shall apply to these rules.

12 2.2 “Advanced Cardiac Life Support (ACLS)” - A course of instruction designed to prepare students in  
13 the practice of advanced emergency cardiac care.

14 2.3 “Advanced Emergency Medical Technician (AEMT)”- An individual who has a current and valid  
15 AEMT certificate issued by the Department and who is authorized to provide limited acts of  
16 advanced emergency medical care in accordance with the Rules Pertaining to EMS Practice and  
17 Medical Director Oversight.

18 2.4 “Basic Cardiac Life Support (CPR)” – A course of instruction designed to prepare students in  
19 cardiopulmonary resuscitation techniques.

20 2.5 “Board for Critical Care Transport Paramedic Certification (BCCTPC)”- a non-profit organization  
21 that develops and administers the Critical Care Paramedic Certification and Flight Paramedic  
22 Certification exam.

23 2.6 “Certificate” – Designation as having met the requirements of Section 5 of these rules, issued to  
24 an individual by the Department. Certification is equivalent to licensure for purposes of the state  
25 Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

26 2.7 “Certificate Holder” – An individual who has been issued a certificate as defined above.

27 2.8 “Continuing Education” - Education required for the renewal of a certificate **OR REGISTRATION**.

28 2.9 “Department” - Colorado Department of Public Health and Environment.

29 2.10 “Emergency Medical Practice Advisory Council (EMPAC)” – The council established pursuant to  
30 Section 25-3.5-206, C.R.S., that is responsible for advising the Department regarding the

31 appropriate scope of practice for EMS Providers and for the criteria for physicians to serve as  
32 EMS medical directors.

33 2.11 "EMERGENCY MEDICAL RESPONDER (EMR)" – AN INDIVIDUAL WHO HAS  
34 SUCCESSFULLY COMPLETED THE TRAINING AND EXAMINATION REQUIREMENTS FOR  
35 EMERGENCY MEDICAL RESPONDERS AND WHO PROVIDES ASSISTANCE TO THE  
36 INJURED OR ILL UNTIL MORE HIGHLY TRAINED AND QUALIFIED PERSONNEL ARRIVE.

37 2.12 "Emergency Medical Technician (EMT)" - An individual who has a current and valid EMT  
38 certificate issued by the Department and who is authorized to provide basic emergency medical  
39 care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight.  
40 For the purposes of these rules, EMT includes the historic EMS Provider level of EMT-Basic  
41 (EMT-B).

42 2.13 "Emergency Medical Technician Intermediate (EMT-I)" - An individual who has a current and valid  
43 EMT-I certificate issued by the Department and who is authorized to provide limited acts of  
44 advanced emergency medical care in accordance with the Rules Pertaining to EMS Practice and  
45 Medical Director Oversight. For the purposes of these rules, EMT-I includes the historic EMS  
46 Provider level of EMT-Intermediate (EMT-I or EMT-I 99).

47 2.14 "Emergency Medical Technician with IV Authorization (EMT-IV)" – An individual who has a  
48 current and valid EMT certificate issued by the Department and who has met the conditions  
49 defined in the Rules Pertaining to EMS Practice and Medical Director Oversight relating to IV  
50 authorization.

51 2.15 "EMR EDUCATION CENTER" - A STATE-RECOGNIZED PROVIDER OF INITIAL COURSES,  
52 EMR CONTINUING EDUCATION TOPICS AND/OR REFRESHER COURSES THAT QUALIFY  
53 GRADUATES FOR THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIAN'S  
54 EMR CERTIFICATION.

55 2.16 "EMR EDUCATION GROUP" – A STATE-RECOGNIZED PROVIDER OF EMR CONTINUING  
56 EDUCATION TOPICS AND/OR REFRESHER COURSES THAT QUALIFY INDIVIDUALS FOR  
57 RENEWAL OF A NATIONAL REGISTRY EMR CERTIFICATION

58 2.17 "EMS Education Center" - A state-recognized provider of initial courses, EMS continuing  
59 education topics and/or refresher courses that qualify graduates for state and/or National Registry  
60 EMS provider certification.

61 2.18 "EMS Education Group" - A state-recognized provider of EMS continuing education topics and/or  
62 refresher courses that qualify individuals for renewal of a state and/or National Registry EMS  
63 provider certification.

64 2.19 "Education Program" - A state-recognized provider of EMS AND/OR EMR education including a  
65 recognized education group or center.

66 2.20 "Education Program Standards" - Department approved minimum standards for EMS OR EMR  
67 education that shall be met by state-recognized EMS OR EMR education programs.

68 2.21 "EMS Provider" – Means an individual who holds a valid emergency medical service provider  
69 certificate issued by the Department and includes Emergency Medical Technician, Advanced  
70 Emergency Medical Technician, Emergency Medical Technician Intermediate and Paramedic.

71 2.22 "Graduate Advanced Emergency Medical Technician" - A certificate holder who has successfully  
72 completed a Department recognized AEMT education course but has not yet successfully  
73 completed the AEMT certification requirements set forth in these rules.

74 2.23 "Graduate Emergency Medical Technician Intermediate" - A certificate holder who has  
75 successfully completed a Department recognized EMT-I education course but has not yet  
76 successfully completed the EMT-I certification requirements set forth in these rules.

- 77 2.24 "Graduate Paramedic" – A certificate holder who has successfully completed a Department  
78 recognized Paramedic education course but has not yet successfully completed the Paramedic  
79 certification requirements set forth in these rules.
- 80 2.25 "Initial Course" - A course of study based on the Department approved curriculum that meets the  
81 education requirements for issuance of a certificate **OR REGISTRATION** for the first time.
- 82 2.26 "Initial Certification" - First time application for and issuance by the Department of a certificate at  
83 any level **AS AN EMS PROVIDER**. This shall include applications received from persons holding  
84 any level of **EMS** certification issued by the Department who are applying for either a higher or  
85 lower level certificate.
- 86 2.27 **"INITIAL REGISTRATION" – FIRST TIME APPLICATION FOR AND ISSUANCE BY THE  
87 DEPARTMENT OF A REGISTRATION AS AN EMR. THIS SHALL INCLUDE APPLICATIONS  
88 RECEIVED FROM PERSONS HOLDING ANY LEVEL OF EMS CERTIFICATION ISSUED BY  
89 THE DEPARTMENT WHO ARE APPLYING FOR REGISTRATION**
- 90 2.28 "Letter of Admonition" - A form of disciplinary sanction that is placed in an **EMS PROVIDER'S** or  
91 **EMR's** file and represents an adverse action against the certificate holder.
- 92 2.29 "Medical Director" – For the purposes of these rules, a physician licensed in good standing who  
93 authorizes and directs, through protocols and standing orders, the performance of students-in-  
94 training enrolled in Department-recognized EMS **OR EMR** education programs and/or **EMS**  
95 certificate holders who perform medical acts, and who is specifically identified as being  
96 responsible to assure the performance competency of those EMS Providers as described in the  
97 physician's medical continuous quality improvement program.
- 98 2.30 "National Registry of Emergency Medical Technicians (NREMT)" - A national non-governmental  
99 organization that certifies entry-level and ongoing competency of EMS providers **AND EMRS**.
- 100 2.31 "Paramedic" - An individual who has a current and valid Paramedic certificate issued by the  
101 Department and who is authorized to provide acts of advanced emergency medical care in  
102 accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight. For the  
103 purposes of these rules, Paramedic includes the historic EMS Provider level of EMT-Paramedic  
104 (EMT-P).
- 105 2.32 "Paramedic with Critical Care Endorsement (P-CC)" – An individual who has a current and valid  
106 Paramedic certificate issued by the Department and who has met the conditions defined in the  
107 Rules Pertaining to EMS Practice and Medical Director Oversight relating to critical care.
- 108 2.33 "Practical Skills Examination" - A skills test conducted at the end of an initial course and prior to  
109 application for national or state certification.
- 110 2.34 "Provisional Certification" - A certification, valid for not more than 90 days, that may be issued by  
111 the Department to an **EMS PROVIDER** applicant seeking certification.
- 112 2.35 **"PROVISIONAL REGISTRATION" – A REGISTRATION, VALID FOR NOT MORE THAN 90  
113 DAYS, THAT MAY BE ISSUED BY THE DEPARTMENT TO AN EMR APPLICANT SEEKING  
114 REGISTRATION.**
- 115 2.36 "Refresher Course" - A course of study based on the Department approved curriculum that  
116 contributes in part to the education requirements for renewal of a certificate **OR REGISTRATION**.
- 117 2.37 **"REGISTERED EMERGENCY MEDICAL RESPONDER (EMR)" - AN INDIVIDUAL WHO HAS  
118 SUCCESSFULLY COMPLETED THE TRAINING AND EXAMINATION REQUIREMENTS FOR  
119 EMRS, WHO PROVIDES ASSISTANCE TO THE INJURED OR ILL UNTIL MORE HIGHLY  
120 TRAINED AND QUALIFIED PERSONNEL ARRIVE, AND WHO IS REGISTERED WITH THE  
121 DEPARTMENT PURSUANT TO SECTION 6 OF THESE RULES.**

122 2.38 “Rules Pertaining to EMS Practice and Medical Director Oversight” - Rules adopted by the  
123 Executive Director or Chief Medical Officer of the Department upon the advice of the EMPAC that  
124 establish the responsibilities of medical directors and all authorized acts of EMS certificate  
125 holders, located at 6 CCR 1015-3, Chapter Two.

126 2.39 “State Emergency Medical and Trauma Services Advisory Council (SEMTAC)” – A council  
127 created in the Department pursuant to Section 25-3.5-104, C.R.S., that advises the Department  
128 on all matters relating to emergency medical and trauma services.

### 129 Section 3 - State Recognition of Education Programs

#### 130 3.1 Specialized Education Curricula

131 3.1.1 The specialized education curricula established by the Department include but are not  
132 limited to the following:

- 133 A ) EMR INITIAL AND REFRESHER COURSES
- 134 B ) EMT initial and refresher courses
- 135 C ) Intravenous therapy (IV) and medication administration course
- 136 D ) AEMT initial and refresher courses
- 137 E ) EMT-I initial and refresher courses
- 138 F ) Paramedic initial and refresher courses

#### 139 3.2 Application for State Recognition as an Education Program

140 3.2.1 The Department may grant recognition for any of the following types of education  
141 programs:

- 142 A ) EMR EDUCATION CENTER
- 143 B ) EMR EDUCATION GROUP
- 144 C ) EMT education center
- 145 D ) EMT education group
- 146 E ) EMT IV education group
- 147 F ) AEMT education center
- 148 G ) AEMT education group
- 149 H ) EMT-I education center
- 150 I ) EMT-I education group
- 151 J ) Paramedic education center
- 152 K ) Paramedic education group

153 3.2.2 An education program recognized as an education center at any level shall also be  
154 authorized to serve as an education group at the same level(s).

- 155 3.2.3 AN education program recognized prior to the effective date of these rules shall be  
156 authorized to continue providing services at the same level(s) for the remainder of the  
157 current recognition period.
- 158 3.2.4 EMS education programs recognized at the EMT-I level shall also be authorized to  
159 provide services at the AEMT level for the remainder of the current recognition period.
- 160 3.2.5 Any education provider seeking to prepare graduates for EMS certification OR EMR  
161 REGISTRATION shall apply for state recognition as described IN SECTION 3.2.11,  
162 below.
- 163 3.2.6 Initial education program recognition shall be valid for a period of three (3) years from the  
164 date of the Department's written notice of recognition.
- 165 3.2.7 Education programs shall utilize personnel who meet the qualification requirements in the  
166 Department's EMS OR EMR education program standards.
- 167 3.2.8 State-recognized EMS education programs are required to present the Rules Pertaining  
168 to EMS Practice and Medical Director Oversight at 6 CCR 1015-3, Chapter Two,  
169 including the current Colorado EMS scope of practice content as established in those  
170 rules, within every initial and refresher course.
- 171 3.2.9 EMS education centers that provide initial education at the Paramedic level shall obtain  
172 accreditation from the Commission on Accreditation of Allied Health Education Programs  
173 (CAAHEP). The EMS education center shall provide the Department with verification that  
174 an application for accreditation has been submitted to CAAHEP prior to the EMS  
175 education center initiating a second course.
- 176 3.2.10 EMS education centers that provide initial education at the Paramedic level shall maintain  
177 accreditation from CAAHEP. Loss of CAAHEP accreditation by an EMS education center  
178 shall result in proceedings for the revocation, suspension, limitation or modification of  
179 state recognition as an EMS education program.
- 180 3.2.11 Applicants for education program recognition shall submit the following documentation to  
181 the Department:
- 182 A) a completed application form provided by the Department;
- 183 B) a personnel roster, to include a current resume for the program director and  
184 medical director;
- 185 C) a description of the facilities to be used for course didactic, lab, and clinical  
186 instruction and a listing of all education aids and medical equipment available to  
187 the program;
- 188 D) program policies and procedures, which at a minimum shall address:
- 189 1) admission requirements;
- 190 2) attendance requirements;
- 191 3) course schedule that lists as separate elements the didactic, lab, clinical,  
192 skills and written testing criteria of the education program;
- 193 4) discipline/counseling of students;
- 194 5) grievance procedures;
- 195 6) successful course completion requirements;

- 196 7) testing policies;
- 197 8) tuition policy statement;
- 198 9) infection control plan;
- 199 10) description of insurance coverage for students, both personal liability and  
200 worker's compensation;
- 201 11) practical skills testing policies and procedures;
- 202 12) a continuous quality improvement plan: and
- 203 13) recognition of continuing medical education provided by outside parties  
204 including, but not limited to, continuing medical education completed by  
205 members of the armed forces or reserves of the United States or the  
206 National Guard, military reserves or naval militia of any state.

207 3.2.12 After receipt of the application and other documentation required by these rules, the  
208 Department shall notify the applicant of recognition or denial as an education program, or  
209 shall specify a site review or modification of the materials submitted by the applicant.

210 3.2.13 If the Department requires a site visit, the applicant shall introduce staff, faculty, and  
211 medical director, and show all documentation, equipment, supplies and facilities.

212 3.2.14 Applications determined to be incomplete shall be returned to the applicant.

213 3.2.15 The Department shall provide written notice of education program recognition or denial of  
214 recognition to the applicant. The Department's determination shall include, but not be  
215 limited to, consideration of the following factors:

216 A) fulfillment of all application requirements;

217 B) demonstration of ability to conduct education, **AT THE REQUESTED LEVEL**, in  
218 compliance with the Department's education program standards;

219 C) demonstration of necessary professional staff, equipment and supplies to provide  
220 the education.

221 3.2.16 Denial of recognition shall be in accordance with Section 4 of these rules.

### 222 3.3 Education Program Recognition Renewal

223 3.3.1 Renewal of recognition shall be valid for a period of five (5) years from the date of the  
224 Department's notice of recognition renewal and shall be based upon satisfactory past  
225 performance and submission of an updated application form.

226 3.3.2 Additional information as specified in Section 3.2.11 may be required by the Department.  
227 The Department may require a site review in conjunction with the renewal application.

### 228 3.4 Incorporation by Reference

229 3.4.1 These rules incorporate by reference the Commission on Accreditation of Allied Health  
230 Education Programs (CAAHEP) Standards and Guidelines for the Accreditation of  
231 Educational Programs in the Emergency Medical Services Professions as revised in  
232 2005. Such incorporation does not include later amendments to or editions of the  
233 referenced material. The Health Facilities and Emergency Medical Services Division of  
234 the Department maintains copies of the incorporated material for public inspection during  
235 regular business hours, and shall provide certified copies of any non-copyrighted material

236 to the public at cost upon request. Information regarding how the incorporated material  
237 may be obtained or examined is available from the Division by contacting:

238 EMTS ~~Section~~ BRANCH Chief

239 Health Facilities and EMS Division

240 Colorado Department of Public Health and Environment

241 4300 Cherry Creek Drive South

242 Denver, CO 80246-1530

243 3.4.2 The incorporated material may be obtained at no cost from the website of the Committee  
244 on Accreditation of Education Programs for the Emergency Medical Services Professions  
245 at [www.coaemsp.org/standards.htm](http://www.coaemsp.org/standards.htm).

246

#### 247 **Section 4 - Disciplinary Sanctions and Appeal Procedures for Education Program Recognition**

248 4.1 The Department, in accordance with the State Administrative Procedure Act, Section 24-4-101, et  
249 seq., C.R.S., may initiate proceedings to deny, revoke, suspend, limit or modify education  
250 program recognition for, but not limited to, the following reasons:

251 4.1.1 the applicant fails to meet the application requirements specified in Section 3 of these  
252 rules.

253 4.1.2 the applicant does not possess the necessary qualifications to conduct an education  
254 program in compliance with THE DEPARTMENT'S education program standards.

255 4.1.3 the applicant fails to demonstrate access to adequate clinical or internship services as  
256 required BY THE DEPARTMENT'S education program standards.

257 4.1.4 fraud, misrepresentation, or deception in applying for or securing education program  
258 recognition.

259 4.1.5 failure to conduct the education program in compliance with THE DEPARTMENT'S  
260 education program standards.

261 4.1.6 failure to notify the Department of changes in the program director or medical director.

262 4.1.7 providing false information to the Department with regard to successful completion of  
263 education or practical skill examination.

264 4.1.8 failure to comply with the provisions in Section 3 of these rules.

265 4.2 If the Department initiates proceedings to deny, revoke, suspend, limit or modify an education  
266 program recognition, the Department shall provide notice of the action to the education program  
267 (or program applicant) and shall inform the program (or program applicant) of its right to appeal  
268 and the procedure for appealing. Appeals of Departmental actions shall be conducted in  
269 accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

270 \*\*\*\*\*

#### 271 **SECTION 6 - EMERGENCY MEDICAL RESPONDER REGISTRATION**

272 6.1 GENERAL REQUIREMENTS

273 6.1.1 AN EMR CERTIFIED WITH THE DEPARTMENT OF PUBLIC SAFETY PRIOR TO JULY  
274 1, 2017 WILL BE A REGISTERED EMR FOR THE REMAINDER OF HIS OR HER  
275 CURRENT CERTIFICATION PERIOD, AFTER WHICH, TO REMAIN REGISTERED, AN  
276 APPLICANT WILL NEED TO MEET THE REQUIREMENTS IN SECTION 6.3 BELOW,  
277 FOR RENEWAL OF REGISTRATION.

278 6.1.2 AN EMR MAY REGISTER WITH THE DEPARTMENT ON A VOLUNTARY BASIS BY  
279 MEETING REGISTRATION REQUIREMENTS INCLUDED IN THIS SECTION.

280 A) REGISTRATION IS NOT REQUIRED TO PERFORM AS AN EMR.

281 B) REGISTRATION PROVIDES RECOGNITION THAT AN EMR HAS  
282 SUCCESSFULLY COMPLETED THE TRAINING FROM A RECOGNIZED  
283 EDUCATION PROGRAM, PASSED THE NREMT EMR EXAMINATION, AND  
284 UNDERGONE A FINGERPRINT-BASED CRIMINAL HISTORY RECORD  
285 CHECK BY THE DEPARTMENT.

286 6.1.3 NO PERSON SHALL HOLD HIM OR HERSELF OUT AS A REGISTERED EMR  
287 UNLESS THAT PERSON HAS REGISTERED WITH THE DEPARTMENT IN  
288 ACCORDANCE WITH THIS SECTION.

289 6.1.4 REGISTRATIONS SHALL BE EFFECTIVE FOR A PERIOD OF THREE (3) YEARS  
290 AFTER THE REGISTRATION DATE. THE REGISTRATION DATE SHALL BE  
291 DETERMINED BY THE DATE THE DEPARTMENT APPROVES THE APPLICATION.

## 292 6.2 INITIAL REGISTRATION

293 6.2.1 APPLICANTS FOR INITIAL REGISTRATION SHALL BE NO LESS THAN 16 YEARS OF  
294 AGE AT THE TIME OF APPLICATION.

295 6.2.2 APPLICANTS FOR INITIAL REGISTRATION SHALL SUBMIT TO THE DEPARTMENT  
296 A COMPLETED APPLICATION PROVIDED BY THE DEPARTMENT, INCLUDING THE  
297 APPLICANT'S SIGNATURE IN A FORM AND MANNER AS DETERMINED BY THE  
298 DEPARTMENT, WHICH CONTAINS THE FOLLOWING:

299 A) EVIDENCE OF COMPLIANCE WITH CRIMINAL HISTORY RECORD CHECK  
300 REQUIREMENTS:

301 1) IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN  
302 THREE (3) YEARS AT THE TIME OF APPLICATION, THE APPLICANT  
303 IS REQUIRED TO SUBMIT TO A FINGERPRINT-BASED CRIMINAL  
304 HISTORY RECORD CHECK GENERATED BY THE CBI.

305 2) IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE (3)  
306 YEARS OR LESS AT THE TIME OF APPLICATION, THE APPLICANT  
307 SHALL SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY  
308 RECORD CHECK GENERATED BY THE FEDERAL BUREAU OF  
309 INVESTIGATIONS (FBI) AND PROCESSED THROUGH THE CBI.

310 3) IF, IN ACCORDANCE WITH SUBPARAGRAPHS 1 OR 2 ABOVE, AN  
311 APPLICANT HAS TWICE SUBMITTED TO A FINGERPRINT-BASED  
312 CRIMINAL HISTORY RECORD CHECK AND THE FBI OR CBI HAS  
313 BEEN UNABLE TO CLASSIFY THE FINGERPRINTS, THEN THE  
314 DEPARTMENT MAY ACCEPT A CBI AND/OR FBI NAME-BASED  
315 CRIMINAL HISTORY REPORT GENERATED THROUGH THE CBI.

316 B) PROOF OF ADEQUATE TRAINING AND EDUCATION WITH A CURRENT AND  
317 VALID CERTIFICATION FROM THE NREMT AT THE EMR LEVEL.

318

319 C) EVIDENCE OF CURRENT AND VALID PROFESSIONAL LEVEL BASIC CPR  
320 COURSE COMPLETION FROM A NATIONAL OR LOCAL ORGANIZATION  
321 APPROVED BY THE DEPARTMENT.

322 D) EVIDENCE OF LAWFUL PRESENCE IN THE UNITED STATES.

### 323 6.3 RENEWAL OF REGISTRATION

#### 324 6.3.1 GENERAL REQUIREMENTS

325 A) UPON THE EXPIRATION OF AN EMR REGISTRATION, THE REGISTRATION  
326 IS NO LONGER VALID AND THE INDIVIDUAL SHALL NOT HOLD HIM OR  
327 HERSELF OUT AS A REGISTERED EMR.

328 B) PERSONS WHO HAVE PERMITTED THEIR REGISTRATION TO EXPIRE FOR  
329 A PERIOD NOT TO EXCEED SIX (6) MONTHS FROM THE EXPIRATION  
330 DATE MAY RENEW THEIR REGISTRATION BY COMPLYING WITH THE  
331 PROVISIONS OF SECTION 6.3 OF THESE RULES (RENEWAL OF  
332 REGISTRATION).

333 C) PERSONS WHO HAVE PERMITTED THEIR REGISTRATION TO EXPIRE FOR  
334 A PERIOD OF GREATER THAN SIX (6) MONTHS FROM THE EXPIRATION  
335 DATE SHALL NOT BE ELIGIBLE FOR RENEWAL AND SHALL COMPLY WITH  
336 THE PROVISIONS OF SECTION 6.2 OF THESE RULES (INITIAL  
337 CERTIFICATION).

338 D) ALL REGISTRATIONS RENEWED BY THE DEPARTMENT SHALL BE VALID  
339 FOR THREE (3) YEARS FROM THE DATE OF REGISTRATION.

340 E) REGISTRATION DATE IS THE DATE OF RENEWAL APPLICATION  
341 APPROVAL BY THE DEPARTMENT, EXCEPT, FOR APPLICANTS  
342 SUCCESSFULLY COMPLETING THE RENEWAL OF REGISTRATION  
343 REQUIREMENTS DURING THE LAST SIX (6) MONTHS PRIOR TO THEIR  
344 REGISTRATION EXPIRATION DATE, THE REGISTRATION DATE SHALL BE  
345 THE EXPIRATION DATE OF THE CURRENT VALID REGISTRATION BEING  
346 RENEWED.

347 F) PURSUANT TO SECTION 24-4-104(7), C.R.S., OF THE STATE  
348 ADMINISTRATIVE PROCEDURE ACT, IF A REGISTERED EMR HAS MADE  
349 TIMELY AND SUFFICIENT APPLICATION FOR REGISTRATION RENEWAL  
350 AND THE DEPARTMENT FAILS TO TAKE ACTION ON THE APPLICATION  
351 PRIOR TO THE REGISTRATION'S EXPIRATION DATE, THE EXISTING  
352 REGISTRATION SHALL NOT EXPIRE UNTIL THE DEPARTMENT ACTS  
353 UPON THE APPLICATION. THE DEPARTMENT, IN ITS SOLE DISCRETION,  
354 SHALL DETERMINE WHETHER THE APPLICATION WAS TIMELY AND  
355 SUFFICIENT.

#### 356 6.3.2 APPLICATION FOR RENEWAL OF REGISTRATION

357 AN APPLICANT FOR REGISTRATION RENEWAL SHALL:

358 A) SUBMIT TO THE DEPARTMENT A COMPLETED APPLICATION FORM  
359 PROVIDED BY THE DEPARTMENT, INCLUDING THE APPLICANT'S  
360 SIGNATURE IN A FORM AND MANNER AS DETERMINED BY THE  
361 DEPARTMENT;

362 B) SUBMIT TO THE DEPARTMENT WITH A COMPLETED APPLICATION FORM  
363 ALL OF THE FOLLOWING:

- 364  
365
- 1) EVIDENCE OF COMPLIANCE WITH CRIMINAL HISTORY RECORD CHECK REQUIREMENTS:
- 366  
367  
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369  
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- a. THE APPLICANT IS NOT REQUIRED TO SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME OF APPLICATION AND THE APPLICANT HAS SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK THROUGH THE COLORADO BUREAU OF INVESTIGATIONS (CBI) FOR A PREVIOUS COLORADO EMR REGISTRATION APPLICATION.
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- b. IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME OF APPLICATION AND HAS NOT SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AS DESCRIBED IN SUBPARAGRAPH A ABOVE, THE APPLICANT SHALL SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK GENERATED BY THE CBI.
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- c. IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE (3) YEARS OR LESS AT THE TIME OF APPLICATION, THE APPLICANT SHALL SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK GENERATED BY THE FEDERAL BUREAU OF INVESTIGATIONS (FBI) THROUGH THE CBI.
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- d. IF, IN ACCORDANCE WITH SUBPARAGRAPHS B OR C ABOVE, AN APPLICANT HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AND THE FBI OR CBI HAS BEEN UNABLE TO CLASSIFY THE FINGERPRINTS, THEN THE DEPARTMENT MAY ACCEPT A CBI AND/OR FBI NAME-BASED CRIMINAL HISTORY REPORT GENERATED THROUGH THE CBI.
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- 2) EVIDENCE OF CURRENT AND VALID PROFESSIONAL LEVEL BASIC CPR COURSE COMPLETION FROM A NATIONAL OR LOCAL ORGANIZATION APPROVED BY THE DEPARTMENT.
- 397
- 3) EVIDENCE OF LAWFUL PRESENCE IN THE UNITED STATES.
- 398
- C) COMPLETE ONE OF THE FOLLOWING TRAINING REQUIREMENTS:
- 399
- 1) CURRENT AND VALID NREMT CERTIFICATION AT THE EMR LEVEL.
- 400  
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402  
403  
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406
- 2) APPROPRIATE LEVEL REFRESHER COURSE AS DESCRIBED IN SECTION 6.3.3 CONDUCTED OR APPROVED THROUGH SIGNATURE OF A DEPARTMENT-RECOGNIZED EMR EDUCATION PROGRAM REPRESENTATIVE AND SKILL COMPETENCY AS ATTESTED TO BY SIGNATURE OF MEDICAL DIRECTOR OR DEPARTMENT-RECOGNIZED EMR EDUCATION PROGRAM REPRESENTATIVE.
- 407  
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413
- 3) THE MINIMUM NUMBER OF EDUCATION HOURS AS DESCRIBED IN SECTION 6.3.3 COMPLETED OR APPROVED THROUGH SIGNATURE OF A DEPARTMENT-RECOGNIZED EMR EDUCATION PROGRAM REPRESENTATIVE AND SKILL COMPETENCY AS ATTESTED TO BY SIGNATURE OF MEDICAL DIRECTOR OR DEPARTMENT-RECOGNIZED EMR EDUCATION PROGRAM REPRESENTATIVE.

414 6.3.3 EDUCATION REQUIREMENT TO RENEW A REGISTRATION WITHOUT THE USE OF  
415 A CURRENT AND VALID NREMT CERTIFICATION

416 A) FOR RENEWAL OF A REGISTRATION WITHOUT THE USE OF A CURRENT  
417 AND VALID NREMT EMR CERTIFICATION, THE FOLLOWING EDUCATION IS  
418 REQUIRED:

419 1) EDUCATION REQUIRED FOR THE RENEWAL OF AN EMR  
420 REGISTRATION SHALL BE NO LESS THAN TWELVE (12) HOURS  
421 AND SHALL BE COMPLETED THROUGH ONE OF THE FOLLOWING:

422 a. A REFRESHER COURSE AT THE EMR LEVEL CONDUCTED OR  
423 APPROVED BY A DEPARTMENT-RECOGNIZED EMR  
424 EDUCATION PROGRAM PLUS ADDITIONAL CONTINUING  
425 EDUCATION TOPICS SUCH THAT THE TOTAL EDUCATION  
426 HOURS IS NO LESS THAN TWELVE (12) HOURS.

427 b. CONTINUING EDUCATION TOPICS CONSISTING OF NO LESS  
428 THAN TWELVE (12) HOURS OF EDUCATION THAT IS  
429 CONDUCTED OR APPROVED THROUGH A DEPARTMENT-  
430 RECOGNIZED EMR EDUCATION PROGRAM CONSISTING OF  
431 THE FOLLOWING MINIMUM CONTENT REQUIREMENTS:

432 i. ONE (1) HOUR OF PREPARATORY CONTENT THAT MAY  
433 INCLUDE SCENE SAFETY, QUALITY IMPROVEMENT,  
434 HEALTH AND SAFETY OF EMRS, OR MEDICAL LEGAL  
435 CONCEPTS.

436 ii. TWO (2) HOURS OF AIRWAY ASSESSMENT AND  
437 MANAGEMENT

438 iii. TWO (2) HOURS OF PATIENT ASSESSMENT

439 iv. THREE (3) HOURS OF CIRCULATION TOPICS

440 v. THREE (3) HOURS OF ILLNESS AND INJURY TOPICS

441 vi. ONE (1) HOUR OF CHILDBIRTH AND PEDIATRIC TOPICS

442 6.3.4 IN SATISFACTION OF THE REQUIREMENTS OF SECTION 6.3.3 ABOVE, THE  
443 DEPARTMENT MAY ACCEPT CONTINUING MEDICAL EDUCATION, TRAINING, OR  
444 SERVICE COMPLETED BY A MEMBER OF THE ARMED FORCES OR RESERVES OF  
445 THE UNITED STATES OR THE NATIONAL GUARD, MILITARY RESERVES OR  
446 NAVAL MILITIA OF ANY STATE, UPON PRESENTATION OF SATISFACTORY  
447 EVIDENCE BY THE APPLICANT FOR RENEWAL OF CERTIFICATION.

448 A) SATISFACTORY EVIDENCE MAY INCLUDE BUT IS NOT LIMITED TO THE  
449 CONTENT OF THE EDUCATION, METHOD OF DELIVERY, LENGTH OF  
450 PROGRAM, QUALIFICATIONS OF THE INSTRUCTOR AND METHOD(S)  
451 USED TO EVALUATE THE EDUCATION PROVIDED.

452 6.4 PROVISIONAL REGISTRATION

453 6.4.1 GENERAL REQUIREMENTS

454 A) THE DEPARTMENT MAY ISSUE A PROVISIONAL REGISTRATION TO AN  
455 APPLICANT WHOSE FINGERPRINT-BASED CRIMINAL HISTORY RECORD  
456 CHECK HAS NOT BEEN RECEIVED BY THE DEPARTMENT AT THE TIME OF  
457 APPLICATION FOR REGISTRATION.

- 458 B) TO BE ELIGIBLE FOR A PROVISIONAL REGISTRATION, THE APPLICANT  
459 SHALL, AT THE TIME OF APPLICATION, HAVE SATISFIED ALL  
460 REQUIREMENTS IN THESE RULES FOR INITIAL OR RENEWAL  
461 REGISTRATION.
- 462 C) A PROVISIONAL REGISTRATION SHALL BE VALID FOR NOT MORE THAN  
463 NINETY DAYS.
- 464 D) THE DEPARTMENT MAY IMPOSE DISCIPLINARY SANCTIONS PURSUANT  
465 TO THESE RULES IF THE DEPARTMENT FINDS THAT AN EMR WHO HAS  
466 RECEIVED A PROVISIONAL REGISTRATION HAS VIOLATED ANY  
467 REQUIREMENTS FOR REGISTRATION OR ANY OF THESE RULES.
- 468 E) ONCE A PROVISIONAL REGISTRATION BECOMES INVALID, AN APPLICANT  
469 MAY NOT HOLD HIM OR HERSELF OUT AS A REGISTERED EMR UNLESS  
470 AN INITIAL OR RENEWAL REGISTRATION HAS BEEN ISSUED BY THE  
471 DEPARTMENT TO THE APPLICANT.

472 6.4.2 APPLICATION FOR PROVISIONAL REGISTRATION

473 AN APPLICANT FOR A PROVISIONAL REGISTRATION SHALL:

- 474 A) SUBMIT TO THE DEPARTMENT A COMPLETED APPLICATION FORM  
475 PROVIDED BY THE DEPARTMENT.
- 476 1) THE APPLICANT SHALL REQUEST A PROVISIONAL  
477 REGISTRATION.
- 478 B) SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK  
479 AS PROVIDED IN SECTIONS 6.2.2 AND 6.3.2 OF THESE RULES. AT THE  
480 TIME OF APPLICATION, THE APPLICANT SHALL HAVE ALREADY  
481 SUBMITTED THE REQUIRED MATERIALS TO THE CBI TO INITIATE THE  
482 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK.
- 483 C) SUBMIT TO THE DEPARTMENT WITH A COMPLETED APPLICATION FORM  
484 ALL OF THE FOLLOWING:
- 485 1) A FEE IN THE AMOUNT OF \$23.00.
- 486 2) A NAME-BASED CRIMINAL HISTORY RECORD CHECK.
- 487 a. IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE  
488 THAN THREE (3) YEARS AT THE TIME OF APPLICATION, A  
489 NAME-BASED CRIMINAL HISTORY REPORT CONDUCTED  
490 BY THE CBI, INCLUDING A CRIMINAL HISTORY REPORT  
491 FROM AN INTERNET-BASED SYSTEM ON CBI'S WEBSITE,  
492 OR OTHER NAME-BASED REPORT AS DETERMINED BY  
493 THE DEPARTMENT.
- 494 b. IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE  
495 (3) YEARS OR LESS AT THE TIME OF APPLICATION, A  
496 NAME-BASED CRIMINAL HISTORY REPORT FOR EACH  
497 STATE IN WHICH THE APPLICANT HAS LIVED FOR THE  
498 PAST THREE (3) YEARS, CONDUCTED BY THE  
499 RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR  
500 EQUIVALENT STATE-LEVEL LAW ENFORCEMENT AGENCY,  
501 OR OTHER NAME-BASED REPORT AS DETERMINED BY  
502 THE DEPARTMENT.

503 c. ANY NAME-BASED CRIMINAL HISTORY REPORT PROVIDED  
504 TO THE DEPARTMENT FOR PURPOSES OF THIS  
505 PARAGRAPH C SHALL HAVE BEEN OBTAINED BY THE  
506 APPLICANT NOT MORE THAN 90 DAYS PRIOR TO THE  
507 DEPARTMENT'S RECEIPT OF A COMPLETED APPLICATION.

508 **Section 7 - Disciplinary Sanctions and Appeal Procedures for EMS Provider Certification OR EMR**  
509 **REGISTRATION**

510 7.1 For good cause, the Department may deny, revoke, suspend, limit, modify, or refuse to renew AN  
511 EMS PROVIDER certificate OR EMR REGISTRATION, may impose probation on a certificate  
512 OR REGISTRATION holder, or may issue a letter of admonition in accordance with the State  
513 Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

514 7.2 Good cause for disciplinary sanctions listed above shall include, but not be limited to:

515 7.2.1 failure to meet the requirements of these rules pertaining to issuance and renewal of  
516 certification OR REGISTRATION.

517 7.2.2 fraud, misrepresentation, or deception in applying for or securing certification OR  
518 REGISTRATION.

519 7.2.3 aiding and abetting in the procurement of certification OR REGISTRATION for any  
520 person not eligible for certification OR REGISTRATION.

521 7.2.4 utilizing NREMT certification that has been illegally obtained, suspended or revoked, to  
522 obtain a state certification OR REGISTRATION.

523 7.2.5 unlawful use, possessing, dispensing, administering, or distributing controlled  
524 substances.

525 7.2.6 driving an emergency vehicle in a reckless manner, or while under the influence of  
526 alcohol or other performance altering substances.

527 7.2.7 responding to or providing patient care while under the influence of alcohol or other  
528 performance altering substances.

529 7.2.8 demonstrating a pattern of alcohol or other substance abuse.

530 7.2.9 materially altering any Department certificate OR REGISTRATION, or using and/or  
531 possessing any such altered certificate OR REGISTRATION.

532 7.2.10 having ANY CERTIFICATE, LICENSE, OR REGISTRATION RELATED TO PATIENT  
533 CARE suspended or revoked in Colorado or in another state or country.

534 7.2.11 unlawfully discriminating in the provision of services.

535 7.2.12 representing qualifications at any level other than the person's current EMS Provider  
536 certification level.

537 7.2.13 representing oneself to others as a certificate holder or providing medical care without  
538 possessing a current and valid certificate issued by the Department.

539 7.2.14 REPRESENTING ONESELF TO OTHERS AS A REGISTERED EMR WITHOUT BEING  
540 CURRENTLY REGISTERED WITH THE DEPARTMENT.

541 7.2.15 failing to follow accepted standards of care in the management of a patient, or in  
542 response to a medical emergency.

- 543 7.2.16 failing to administer medications or treatment in a responsible manner in accordance with  
544 the medical director's orders or protocols.
- 545 7.2.17 failing to maintain confidentiality of patient information.
- 546 7.2.18 failing to provide the Department with the current place of residence or failing to promptly  
547 notify the Department of a change in current place of residence or change of name.
- 548 7.2.19 a pattern of behavior that demonstrates routine response to medical emergencies without  
549 being under the policies and procedures of a designated emergency medical response  
550 agency and/or providing patient care without medical direction when required.
- 551 7.2.20 performing medical acts not authorized by the Rules Pertaining to EMS Practice and  
552 Medical Director Oversight and in the absence of any other lawful authorization to  
553 perform such medical acts.
- 554 7.2.21 **PERFORMING MEDICAL ACTS REQUIRING AN EMS PROVIDER CERTIFICATION**  
555 **WHILE HOLDING ONLY A VALID EMR REGISTRATION.**
- 556 7.2.22 failing to provide care or discontinuing care when a duty to provide care has been  
557 established.
- 558 7.2.23 appropriating or possessing without authorization medications, supplies, equipment, or  
559 personal items of a patient or employer.
- 560 7.2.24 falsifying entries or failing to make essential entries in a patient care report, EMS **OR**  
561 **EMR** education document, or medical record.
- 562 7.2.25 falsifying or failing to comply with any collection or reporting required by the state.
- 563 7.2.26 failing to comply with the terms of any agreement or stipulation regarding certification **OR**  
564 **REGISTRATION** entered into with the Department.
- 565 7.2.27 violating any state or federal statute or regulation, the violation of which would jeopardize  
566 the health or safety of a patient or the public.
- 567 7.2.28 unprofessional conduct at the scene of an emergency that hinders, delays, eliminates, or  
568 deters the provision of medical care to the patient or endangers the safety of the public.
- 569 7.2.29 failure by a certificate holder **OR REGISTERED EMR** to report to the Department any  
570 violation by another certificate holder **OR REGISTERED EMR** of the good cause  
571 provisions of this section when the certificate holder knows or reasonably believes a  
572 violation has occurred.
- 573 7.2.30 committing or permitting, aiding or abetting the commission of an unlawful act that  
574 substantially relates to performance of a certificate holder **OR REGISTERED EMR's**  
575 duties and responsibilities as determined by the Department.
- 576 7.2.31 committing patient abuse including the willful infliction of injury, unreasonable  
577 confinement, intimidation, or punishment, with resulting physical harm, pain, or mental  
578 anguish, or patient neglect, including the failure to provide goods and services necessary  
579 to attain and maintain physical and mental well-being.
- 580 7.3 Good cause for disciplinary sanctions also includes conviction of, or a plea of guilty, or of no  
581 contest, to a felony or misdemeanor that relates to the duties and responsibilities of a certificate  
582 **OR REGISTRATION** holder, including patient care and public safety. For purposes of this  
583 paragraph, "conviction" includes the imposition of a deferred sentence.
- 584 7.3.1 The following crimes set forth in the Colorado Criminal Code (Title 18, C.R.S.) are  
585 considered to relate to the duties and responsibilities of a certificate holder:

- 586 A) offenses under Article 3 - offenses against a person.
- 587 B) offenses under Article 4 - offenses against property.
- 588 C) offenses under Article 5 - offenses involving fraud.
- 589 D) offenses under Article 6 - offenses involving the family relations.
- 590 E) offenses under Article 6.5 - wrongs to at-risk adults.
- 591 F) offenses under Article 7 - offenses related to morals.
- 592 G) offenses under Article 8 - offenses - governmental operations.
- 593 H) offenses under Article 9 - offenses against public peace, order and decency.
- 594 I) offenses under Article 17 - Colorado Organized Crime Control Act.
- 595 J) offenses under Article 18 - Uniform Controlled Substances Act of 1992.

596 7.3.2 The offenses listed above are not exclusive. The Department may consider other pleas or  
597 criminal convictions, including those from other state, federal, foreign or military  
598 jurisdictions.

599 7.3.3 In determining whether to impose disciplinary sanctions based on a plea or on a felony or  
600 misdemeanor conviction, the Department may consider, but is not limited to, the following  
601 information:

- 602 A) the nature and seriousness of the crime including but not limited to whether the  
603 crime involved violence to or abuse of another person and whether the crime  
604 involved a minor or a person of diminished capacity;
- 605 B) the relationship of the crime to the purposes of requiring a certificate **OR**  
606 **REGISTRATION**;
- 607 C) the relationship of the crime to the ability, capacity or fitness required to perform  
608 the duties and discharge the responsibilities of an EMS Provider **OR**  
609 **REGISTERED EMR**; and
- 610 D) the time frame in which the crime was committed.

#### 611 7.4 Appeals

612 7.4.1 If the Department denies certification **OR REGISTRATION**, the Department shall provide  
613 the applicant with notice of the grounds for denial and shall inform the applicant of the  
614 applicant's right to request a hearing.

- 615 A) A request for a hearing shall be submitted to the Department in writing within  
616 sixty (60) calendar days from the date of the notice.
- 617 B) If a hearing is requested, the applicant shall file an answer within sixty (60)  
618 calendar days from the date of the notice.
- 619 C) If a request for a hearing is made, the hearing shall be conducted in accordance  
620 with the State Administrative Procedure Act, Section 24-4-101 et seq., C.R.S.
- 621 D) If the applicant does not request a hearing in writing within sixty (60) calendar  
622 days from the date of the notice, the applicant is deemed to have waived the  
623 opportunity for a hearing.

624 7.4.2 If the Department proposes disciplinary sanctions as provided in this section, the  
625 Department shall notify the certificate **OR REGISTRATION** holder by first class mail to  
626 the last address furnished to the Department by the certificate **OR REGISTRATION**  
627 holder. The notice shall state the alleged facts and/or conduct warranting the proposed  
628 action and state that the certificate **OR REGISTRATION** holder may request a hearing.

629 A) The certificate **OR REGISTRATION** holder shall file a written answer within thirty  
630 (30) calendar days of the date of mailing of the notice.

631 B) A request for a hearing shall be submitted to the Department in writing within  
632 thirty (30) calendar days from the date of mailing of the notice.

633 C) If a request for a hearing is made, the hearing shall be conducted in accordance  
634 with the State Administrative Procedure Act, Section 24-4-101 et seq., C.R.S.

635 D) If the certificate **OR REGISTRATION** holder does not request a hearing in writing  
636 within thirty (30) calendar days of the date of mailing of the notice, the certificate  
637 **OR REGISTRATION** holder is deemed to have waived the opportunity for a  
638 hearing.

639 7.4.3 If the Department summarily suspends a certificate **OR REGISTRATION**, the Department  
640 shall provide the certificate **OR REGISTRATION** holder notice of such in writing, which  
641 shall be sent by first class mail to the last address furnished to the Department by the  
642 certificate **OR REGISTRATION** holder. The notice shall state that the certificate **OR**  
643 **REGISTRATION** holder is entitled to a prompt hearing on the matter. The hearing shall  
644 be conducted in accordance with the State Administrative Procedure Act, Section 24-4-  
645 101, et seq., C.R.S.

