



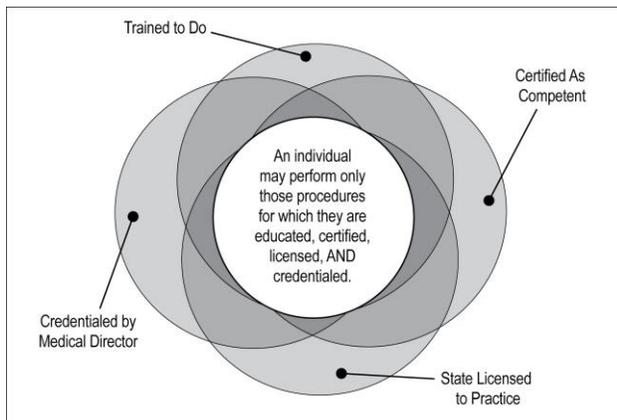
EMS Provider Credentialing Policy for Agencies Utilizing Dr. Brian Walters

Background

In order to provide the highest quality of emergency medical care in the pre-hospital setting, EMS providers must demonstrate ongoing clinical competency for their given level of care. A valid EMS certification card alone is not adequate to provide patient care. In addition to initial provider field training, maintenance of state EMS certification, recertification through continuing education requirements or retesting as specified by the Bureau of EMS, and agency quality assurance reviews, providers must also show proficiency through annual skills credentialing to be considered “on-line” for their level of care.

The National EMS Scope of Practice Model states, “an individual may only perform a skill or role for which that person is:

- educated (has been trained to do the skill or role), AND
- certified (has demonstrated competence in the skill or role), AND
- licensed (has legal authority issued by the State to perform the skill or role), AND
- credentialed (has been authorized by medical director to perform the skill or role).



The center of Fig 1, where all the four elements overlap, represents skills and roles for which an individual has been educated, certified, licensed by a State, and credentialed.

This is the only acceptable region of performance, as it entails four overlapping and mutually dependent levels of public protection: education, certification, licensure, and credentialing.

Individuals may perform those procedures for which they are educated, certified, licensed, AND credentialed.”ⁱ

Similarly, under NYS Bureau of Emergency Medical Services (BEMS) Policy 11-05: Medical Control & Oversight, the Regional Emergency Medical Advisory Committees have the responsibility to develop policies for the credentialing of all pre-hospital care providers in the region.ⁱⁱ

The following are minimum requirements that must be met. Completion of minimum standards does not guarantee a provider is immediately placed online. EMS Captains/Officers or the medical director may require additional precepted calls or remediation if they feel the new provider has not yet the minimum competencies. Agencies may also develop policies that have additional requirements that exceed those laid out here. Current providers moving from

another region, providers with prior experience whose certification lapsed and have recertified, or providers with other extenuating circumstances may have these requirements modified at the discretion of the medical director on an individual basis. Providers already online in another agency within the region may be placed online immediately at the discretion of the medical director with verification of online status and other credentialing records. Critical Care Technicians (CC) already online in the region who complete a Paramedic course or bridge course may be placed online as a paramedic immediately upon certification with medical director approval and upon submitting a WREMAC Provider Privilege Application (PPA) with the level of care change.

Initial Credentialing Requirements

In accordance with the National EMS Scope of Practice Model, new EMS providers at a given level will have to meet the initial credentialing requirements outlined below in the attached checklist. This policy is meant to ensure all providers meet a given level of competency for their certification level, ensure they are adequately trained, oriented, and prepared to respond to calls by their agency, and maintain a high standard of medical care which we provide to the public. The process may be streamlined as outlined in the **Credentialing Checklist** below to be most efficient and place the provider online as soon as appropriate after their initial certification while still providing for ongoing continuous quality improvement for all providers.

The initial credentialing process will meet the requirements at the following levels as laid out in the **Credentialing Checklist**:

- NYS EMS course completion
- New York State EMS Certification
- Regional Credentialing (WREMAC PPA)
- Agency Orientation/Operational Credentialing
- Agency Medical Credentialing (including minimum call number verified by preceptor/medical director)
- Ongoing quality assurance (QA) review

Minimum Call Requirements for Initial Agency Medical Credentialing:

All EMS providers must complete a required number of calls with another online provider for their given level of care prior to be placed online. Providers must be present for the duration of the call and participate in evaluation, treatment, and clinical decision making to be given credit for the call. Call requirements may be met anytime during the 2nd half of their EMS course or after certification. Given the large increase in clinical hour obligations and PCR writing that is required during AEMT and Paramedic courses, fewer calls are required after provider certification at these levels. Minimum call requirements to be placed online are as outlined below:

CFR: 5 calls total under the supervision of an EMT

Basic EMT: 5 calls total. With a minimum of 2 calls with written PCR's (by the new provider) after certification

AEMT: 10 ALS calls total. With a minimum of 3 calls with written PCR's (by the new provider) after certification

Paramedic: 25 ALS calls total including written PCR's for all calls (may include phase 3 clinical calls). With a minimum of 15 being the primary ALS provider in charge for the call.

The initial credentialing requirements must be completed before a provider can respond as the sole EMS provider on a call. Prior to this the new provider may respond to calls in accordance with agency policies, however, they may not provide any EMS care without supervision of another online EMS provider from their agency or a mutual aid agency. If the provider is increasing their level of care, the provider may not provide EMS care at their newly certified level of care without supervision of an online EMS provider who is certified at that provider's newly achieved level of care or higher.

Annual Ongoing Credentialing Requirements

To remain online, EMS providers at all levels must satisfy the didactic and skills requirements set forth in WREMAC Policy 2013-01: Provider Privileges and Continuing Medical Education Policy annually for their level of care.ⁱⁱⁱ All providers must also complete the most recent Protocol updates as required by the WREMAC. Additional credentialing or in-services may be occasionally required by the NYS BEMS, WREMAC, or medical director as protocols change and for advanced credentialing in specific skills (ex: ketamine or rapid sequence intubation for paramedics).

Online Process

After completing all necessary requirements outlined in this policy and having the EMS Captain's/Officer's approval for being placed online, the EMS Captain/Officer shall submit the completed **Credentialing Checklist** to the medical director for online approval. The completed WREMAC PPA form, WREMAC skills evaluation forms, EMS certification cards, additional certifications as required (CPR, ACLS, etc.), Protocol Test certificate (if applicable), and PCR's (if not using ePCR's in your agency) should be submitted with the checklist. After medical director review, approval, and signature, these forms and checklist should be kept in the providers personnel file in the agency and required documentation must be sent to the WREMAC via the Program Agency (STEMS).

Providers Changing Level of Care

Increase in Level of Care: If an online provider who meets all current credentialing requirements for their initial level of care achieves NYS certification at a higher level of care, that provider can continue to respond as the sole EMS provider and practice at their initial level of care. The provider can't respond as the sole EMS provider and practice at their newly certified level of care until they have completed the requirements that are outlined in this policy. The calls they respond to as the sole EMS provider at their previous level of care shall not count towards the call requirements outlined in this policy.

Decrease in Level of Care: If an online provider who meets all current credentialing requirements chooses not to maintain their current level of care and decrease their level of care, that provider can be the sole EMS provider on calls and practice at the lower level of care without going through the initial credentialing process. There must not be a lapse in certification for this to occur. The provider will need to have a WREMAC Provider Privilege Application completed and submitted for the lower level of care, and their annual skills and credentialing requirements must remain up to date.

References:

ⁱ National Highway Traffic Safety Administration. *National EMS Scope of Practice Model*. Washington, DC: US Department of Transportation, 2007.

ⁱⁱ NYS Bureau of Emergency Medical Services (BEMS) Policy 11-05: Medical Control & Oversight.

ⁱⁱⁱ WREMAC Policy 2013-01: Provider Privileges and Continuing Medical Education Policy.

<http://www.wremac.com/uploads/2/8/3/6/28361089/2013-1.pdf>

Name: _____

Provider's EMT # _____

Agency: _____

<p align="center">Credentialing Requirement</p> <p>The initial credentialing requirements outlined below must be completed and the provider must be placed online by the Medical Director before responding as the sole EMS provider on a call. Prior to this the new provider may respond to calls in accordance with agency policies, however, they may not provide any EMS care without supervision of another online EMS provider from their agency or a mutual aid agency.</p>	<p align="center">Date Completed</p>										
<p>A. NYS EMS Provider Certification – by successfully completing a NYS EMT/AEMT or Paramedic Course. NYS EMS Certification Card and required ancillary cards (CPR, ACLS, etc.) must be on file with agency</p>											
<p>B. Agency Specific Orientation Orientation to agency SOP's, radio policies, equipment, apparatus, driver requirements, PCR writing, etc. Providers who are already members of an agency may complete these during their EMS course if they have not done so prior.</p>											
<p>C. WREMAC Skills Skills that must be demonstrated are outlined on the Mandatory Annual Skills form. Skills must be demonstrated to and signed off by a WREMAC Skills Preceptor. Skill sheets for each skill must be kept on file at the agency. Skills tested during a NYS course that are the same WREMAC required skills may be used toward this requirement if signed off on the annual skills form by course CIC/CLI.</p> <p><i>Skills should be completed, documented and on file with agency prior to beginning precepted calls</i></p> <p>Mandatory Annual Skills Forms can be found online at: https://www.wremac.com/skill-evaluator-resources.html</p>											
<p>D. WREMAC Provider Privilege Application (PPA) Any NYS Certified provider that is providing EMS care in the region must complete a PPA. A PPA must be completed anytime a provider achieves initial certification, changes level of care, or has a change in agencies they are an employee/member of.</p> <p><i>PPA should be completed & filed with agency prior to beginning precepted calls</i></p> <p>WREMAC Provider Privileges Application can be found online at: https://www.wremac.com/uploads/2/8/3/6/28361089/provider_privileges_application_2019.pdf</p>											
<p>Prior to beginning Precepted calls Ensure the following documents are on file with your agency:</p> <table border="1" data-bbox="110 1293 1317 1587"> <tbody> <tr> <td data-bbox="110 1293 191 1352"></td> <td data-bbox="191 1293 1317 1352">NYS EMS Certification Card (Score report from PSI testing center is acceptable)</td> </tr> <tr> <td data-bbox="110 1352 191 1411"></td> <td data-bbox="191 1352 1317 1411">CPR Card</td> </tr> <tr> <td data-bbox="110 1411 191 1470"></td> <td data-bbox="191 1411 1317 1470">ITLS Card (AEMT, EMT-CC, Paramedics only), ACLS & PALS Card (Paramedics only)</td> </tr> <tr> <td data-bbox="110 1470 191 1528"></td> <td data-bbox="191 1470 1317 1528">Mandatory Skills Summary Sheet with completed skills sheets for each skill</td> </tr> <tr> <td data-bbox="110 1528 191 1587"></td> <td data-bbox="191 1528 1317 1587">WREMAC Provider Privilege Application - completed</td> </tr> </tbody> </table>		NYS EMS Certification Card (Score report from PSI testing center is acceptable)		CPR Card		ITLS Card (AEMT, EMT-CC, Paramedics only), ACLS & PALS Card (Paramedics only)		Mandatory Skills Summary Sheet with completed skills sheets for each skill		WREMAC Provider Privilege Application - completed	
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	ITLS Card (AEMT, EMT-CC, Paramedics only), ACLS & PALS Card (Paramedics only)										
	Mandatory Skills Summary Sheet with completed skills sheets for each skill										
	WREMAC Provider Privilege Application - completed										
<p>E. Precepted Calls Must be completed under the supervision of another online EMS provider at the same level of care. Agencies may require only specific providers, EMS officers, or field training officers precept calls with new providers. These calls may be completed anytime in the 2nd half of the EMS course, clinical time for ALS courses, or after course completion.</p> <ul style="list-style-type: none"> • CFRs must complete 5 calls under supervision of an EMT. • EMT (Basic) must complete 5 calls (minimum 2 with written PCR's after certification) • AEMT 10 ALS calls (minimum 3 with written PCR's after certification) • Paramedics 25 ALS calls (minimum 15 as ALS provider in charge) 											

PCR Numbers for Precepted Calls

(if using paper PCRs without PCR #s, you can enter the date, or run number of the call)

CFR EMT AEMT Paramedic	1.	AEMT Paramedic	6.	Paramedic	11.	Paramedic	19.
	2.		7.		12.		20.
	3.		8.		13.		21.
	4.		9.		14.		22.
	5.		10.		15.		23.
				16.		24.	
				17.		25.	
				18.			

F. Upon completion of the steps above, the EMS Captain/Officer must submit the following documentation to the Office of Emergency Services for Medical Director review and approval.

	NYS EMS Certification Card (Score report from PSI testing center is acceptable)
	CPR Card
	ITLS Card (AEMT, EMT-CC, Paramedics only),
	ACLS & PALS Card (EMT-CC, Paramedics only)
	Mandatory Skills Summary Sheet <u>(Do not send individual skill sheets)</u>
	WREMAC Provider Privilege Application
	Copies of PCRs of precepted calls (Demographic Information Removed) <u>if not on an EPCR system</u>
	This Checklist

Upon review and approval of the Medical Director, the checklist will be signed and the documents will be returned to the agency to be placed in providers file. Emergency Services will forward any required documentation to the Program Agency/WREMAC.

The above provider meets the minimum credentialing requirements and should be placed online.

_____ Agency EMS Captain/Officer

_____ Date

_____ Medical Director

_____ Date

Date submitted to Program Agency _____ (Emergency Services to complete)

Mandatory Quality Assurance – TO BE COMPLETED BY AGENCY AFTER PROVIDE IS PLACED ONLINE

Continuous Quality Improvement (to be completed after being placed online)

The next 10 calls for BLS/AEMT providers, & 15 calls for Paramedics must undergo mandatory QA by the EMS Captain/Officer/agency. Any QA issues identified should be addressed with the provider and forwarded to the medical director as well.

After these calls if no issues are identified, the provider will undergo the standard agency QA review process.

The above provider has met the ongoing mandatory QA requirements for their level of care. All feedback was given to the provider. Any significant concerns have been forwarded to the medical director and addressed. There are no outstanding QA issues. The provider will be placed into the normal agency QA process.

Agency EMS Captain

Date



CFR and EMT

Mandatory Annual Skills Evaluation Form

Name: _____

Date: _____

Certification #: _____

CPR Expiration: _____

Certification Expiration: _____

Primary EMS Agency: _____

Email Address: _____

Circle Method Used to Demonstrate Skill (See options below)

Certified First Responder Skills Evaluation

Defibrillation	Date: _____	Evaluator: _____	1	2	3
Intranasal Naloxone *	Date: _____	Evaluator: _____	1	2	3
BLS Epi (Epi-Pen/Syringe) *	Date: _____	Evaluator: _____	1	2	3

EMT Skills Evaluation

Defibrillation	Date: _____	Evaluator: _____	1	2	3
Intranasal Naloxone *	Date: _____	Evaluator: _____	1	2	3
BLS Epi (Epi-Pen/Syringe) *	Date: _____	Evaluator: _____	1	2	3
Blood Glucose Monitoring*	Date: _____	Evaluator: _____	1	2	3
Nebulized Albuterol *	Date: _____	Evaluator: _____	1	2	3
BLS EKG Monitoring*	Date: _____	Evaluator: _____	1	2	3
CPAP*	Date: _____	Evaluator: _____	1	2	3

***Demonstrate only if the agency is approved to use the skill**

Annual Skills Verification (Evaluator): _____
Print Signature

Provider's Signature: _____

Medical Director's Name: _____

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skills
2. Verified the skills from QA/QI
3. Attending an approved Medical Director training

****A copy of this summary must be maintained in each providers agency file****

Mandatory Annual Skills Evaluation Form

Name: _____ Date: _____
Certification #: _____ CPR Expiration: _____
Certification Expiration: _____ TLS Expiration: _____
Primary EMS Agency: _____
Email Address: _____

Circle Method Used to
Demonstrate Skill
(See options below)

Defibrillation	Date: _____	Evaluator: _____	1	2	3
Intranasal Naloxone *	Date: _____	Evaluator: _____	1	2	3
BLS Epi (Epi-Pen/Syringe) *	Date: _____	Evaluator: _____	1	2	3
Blood Glucose Monitoring*	Date: _____	Evaluator: _____	1	2	3
Nebulized Albuterol *	Date: _____	Evaluator: _____	1	2	3
BLS EKG Monitoring*	Date: _____	Evaluator: _____	1	2	3
CPAP*	Date: _____	Evaluator: _____	1	2	3
Peripheral IV – Adult	Date: _____	Evaluator: _____	1	2	3
IO – Adult & Pediatric	Date: _____	Evaluator: _____	1	2	3
Alternate Airway Devices	Date: _____	Evaluator: _____	1	2	3
IV Bolus Med Admin	Date: _____	Evaluator: _____	1	2	3
IM Med Admin	Date: _____	Evaluator: _____	1	2	3
Oral Intubation – Adult	Date: _____	Evaluator: _____	1	2	3

* **Demonstrated only if agency is approved to use the skill**

Annual Skills Verification (Evaluator): _____
Print Signature

Provider's Signature: _____

Medical Director's Name: _____

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill
2. Verified the skill from QA/QI
3. Attending an approved Medical Director training

****A copy of this summary must be maintained in each providers agency file****



EMT - CC

Mandatory Annual Skills Evaluation Form

Name: _____ Date: _____
 Certification #: _____ CPR Expiration: _____
 Certification Expiration: _____ TLS Expiration: _____
 Primary EMS Agency: _____ PLS Expiration: _____
 Email Address: _____ ACLS Expiration: _____

Circle Method Used to Demonstrate Skill (See options below)

Defibrillation (Manual)	Date: _____	Evaluator: _____	1	2	3
BLS IN Naloxone	Date: _____	Evaluator: _____	1	2	3
Nebulized Medication	Date: _____	Evaluator: _____	1	2	3
Blood Glucose Monitoring	Date: _____	Evaluator: _____	1	2	3
CPAP*	Date: _____	Evaluator: _____	1	2	3
IV – Adult & Pediatric	Date: _____	Evaluator: _____	1	2	3
EJ Cannulation	Date: _____	Evaluator: _____	1	2	3
IO – Adult & Pediatric	Date: _____	Evaluator: _____	1	2	3
Alternative Airway Devices	Date: _____	Evaluator: _____	1	2	3
Oral ET Intubation - Adult	Date: _____	Evaluator: _____	1	2	3
IV Bolus	Date: _____	Evaluator: _____	1	2	3
IM Injection Administration	Date: _____	Evaluator: _____	1	2	3
IV Medication Infusion	Date: _____	Evaluator: _____	1	2	3
12-Lead Monitoring	Date: _____	Evaluator: _____	1	2	3
Synchronized Cardioversion	Date: _____	Evaluator: _____	1	2	3
Transcutaneous Pacing	Date: _____	Evaluator: _____	1	2	3
Needle Thoracostomy	Date: _____	Evaluator: _____	1	2	3

*** Demonstrated only if agency is credentialed to use the skill**

Annual Skills Verification (Evaluator): _____
Print Signature

Provider's Signature: _____

Medical Director's Name: _____

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill
2. Verified the skill from QA/QI
3. Attending an approved Medical Director training

****A copy of this summary must be maintained in each providers agency file****



Paramedic

Mandatory Annual Skills Evaluation Form

Name: _____ Date: _____
 Certification #: _____ CPR Expiration: _____
 Certification Expiration: _____ TLS Expiration: _____
 Primary EMS Agency: _____ PLS Expiration: _____
 Email Address: _____ ACLS Expiration: _____

Circle Method Used to Demonstrate Skill (See options below)

	Date: _____	Evaluator: _____	1	2	3
Defibrillation (Manual)	_____	_____	1	2	3
BLS IN Naloxone	_____	_____	1	2	3
Nebulized Medication	_____	_____	1	2	3
Blood Glucose Monitoring	_____	_____	1	2	3
CPAP	_____	_____	1	2	3
IV – Adult & Pediatric	_____	_____	1	2	3
EJ Cannulation	_____	_____	1	2	3
IO – Adult & Pediatric	_____	_____	1	2	3
Vascular Access Devices	_____	_____	1	2	3
Alternative Airway Devices	_____	_____	1	2	3
Oral ET – Adult & Pediatric	_____	_____	1	2	3
IV Bolus Admin	_____	_____	1	2	3
IM Medication Admin	_____	_____	1	2	3
IV Medication Infusion	_____	_____	1	2	3
12-Lead Monitoring	_____	_____	1	2	3
Synchronized Cardioversion	_____	_____	1	2	3
Transcutaneous Pacing	_____	_____	1	2	3
Needle Thoracostomy	_____	_____	1	2	3
Surgical Cricothyrotomy*	_____	_____	1	2	3

*** Demonstrated only if agency is credentialed to use the skill**

Annual Skills Verification (Evaluator): _____
Print Signature

Provider's Signature: _____

Medical Director's Name: _____

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill
2. Verified the skill from QA/QI
3. Attending an approved Medical Director training

****A copy of this summary must be maintained in each providers agency file****



Western Regional
Emergency Medical Advisory Committee
462 Grider Street
Buffalo, New York 14215

Provider Privileges Application

*Full name: _____
Last
First
Maiden/Alias

*Agency: _____

*Email Address: _____

*Phone #: _____

	Paramedic	AEMT-CC	AEMT	EMT	CFR
*NYS Certification #:					
Expiration Date:					
Date of Agency Orientation:					
*Skills Verification Date:					
*Protocol Exam Completion:					
*CPR Course:					
Exp Date:					
*Trauma Course:					
Exp Date:					
*Pediatric Course:					
Exp Date:					
*ACLS Course:					
Exp Date:					

*List ALL EMS agencies with which you have EVER been affiliated as a certified provider:

(If you need more room use a separate sheet of paper)

Agency Name	Dates with Service	Medical Director	Telephone Number

Items with an "*" are mandatory in order to obtain privileges (based on LOC)

Continuation →



Provider Privileges Application Continuation

Please answer the following questions: (Required)

****If you answer “Yes” to any question below, provide a full description on a separate sheet of paper****

Has your medical command authorization ever been restricted? No Yes (explain)

Has your medical command authorization ever been denied or withdrawn, or have you ever voluntarily resigned from an EMS agency to avoid any form of discipline? No Yes (explain)

Has any disciplinary sanction been imposed against you (regardless of whether it is presently stayed pending disposition of an appeal), or is any disciplinary charge currently pending against you?
 No Yes (explain)

By signing below, I attest that all information contained on this form is completely accurate and no information has been omitted or misrepresented.

I give permission to the WREMAC, the EMS Program Agency, or any affiliates to verify all information which may be relevant in determining my eligibility for privileges. I understand that any decision is final and that privileges are not rights; they are privileges which may be revoked (all or in part) at any time for violation of just cause. I agree to meet the continuing education requirements of the WREMAC and this agency’s medical director and understand that failure to do so will result in suspension or revocation of my privileges. I understand that a loss of privileges in any agency will affect my privileges in all agencies with which I have an affiliation, regardless if volunteer or paid. I agree to hold harmless the WREMAC, the EMS Program Agency, the Medical Director, and all affiliates for any loss incurred related to my eligibility for privileges as a pre-hospital care provider. I grant permission to the WREMAC, the EMS Program Agency, the Medical Director, and all affiliates to notify all relevant credentialing or certifying entities if my privileges are suspended or revoked for any reason.

Provider’s Signature

Date

Agency Officer Signature

Date

Date review by Medical Director: _____

Updated January 2020