

January 15, 2008

Dear Brothers and Sisters:

Recently, there has been an increase in EMS licensure mishaps. These relate to the late application for renewal or the failure to gain the required number of continuing education (CE) credits in order to apply for a license renewal.

These mishaps occur, basically, in one of two ways:

1. The **individual** fails to:
 - a. do the required work to obtain the CE's necessary.
 - b. submit the proper application in the time frame necessary.
 - c. perform proper recordkeeping in order to submit for renewal.

In this case, it is obvious that the **individual** is responsible for the items listed above as there are no outside factors involved.

2. The **individual** works for a system where there is an "EMS Coordinator" or other designee. This designee fails to:
 - a. maintain proper records for the staff under his/her auspice.
 - b. submit the proper application within the required time frame.

In these cases, the individuals have relied on someone else to ensure that **their** EMS license is maintained properly. Whether it be notifying them that they need additional CE's or scheduling and training them to get the CE's needed.

Read the attached document regarding EMS Licensure in Michigan. Be aware of all the requirements and rules that you have to follow. DO NOT let someone else do it!

Also, make sure that you notify the Department of Community Health if you change your address. Use the attached form. You won't receive your renewal application if they don't have your correct address.

Failure to take care of your license may result in one or more of the following:

- loss of ability to practice EMS
- loss of position and/or job
- fines imposed by Insurance companies through lawsuits
- fines imposed by Medicare/Medicaid for fraud
- charges by MDCH for impersonating a healthcare provider
- taking the entire EMS course and passing the required state/national exams

The bottom line is that this is **YOUR** license. You worked hard for it! Don't let someone else take care of it! Take ownership and protect yourself from any type of problem. Keep track of your continuing education credits and make sure you keep your license from lapsing or expiring.

Fraternally,
Paul Hufnagel

A SYNOPSIS OF THE MICHIGAN EMS LICENSE REQUIREMENTS

RENEWAL - The EMS individual shall renew their license every three years. The EMS individual must submit CE's in the following numbers:

- MFR – 15 Michigan required credits
- EMT - 30 Michigan required credits; 42 additional credits in any EMS category
- EMT-S – 36 Michigan required credits; 36 additional credits in any EMS category
- Paramedic – 45 Michigan required credits; 27 additional credits in any EMS category; ACLS

On the expiration date of your license, if you have not renewed, you are given a 60 day grace period. In that 60 day period you must gain renewal of your license using the above criteria for CE's and submit them with the appropriate forms and fees. If you do not, your license goes into lapse and reverts back to the original expiration date. Some of the bulleted topics may apply to you at this point. For instance, if you continue to run EMS calls that are reimbursed by Medicare/Medicaid then you have committed fraud against the Federal government. Any reimbursement an agency has received under this premise has to be returned with interest and fees.

RELICENSURE - Once past the 60 day grace period and have now lapsed you have three years from the original expiration date to apply for re-licensure. The appropriate form and fees are required with your CE's that must date within three years of the application for re-licensure. Any CE's gained before the three years preceding the application will be null and void.

In either case, you must have a current BCLS card at the time of application.

Also, you must maintain these records for one year past the renewal date of your license. The state has the right to audit your license up to one year past the renewal date. This includes the BCLS card sent with the application. i.e. If you apply for re-licensure or renewal on Jan 31 of a given year then take a BCLS course in March of that year then you must retain the CPR card that you submitted with the application.

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 EMS and Trauma Systems Section
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 (517) 241-0179

State Office Use Only

DATA CHANGE/DUPLICATE LICENSE REQUEST

Authority: Public Act 368 of 1978, as amended.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and are **NON-REFUNDABLE.**

Instructions: Type or print only. Sign and return this form to the address listed above. Changes will not be made unless this form is signed.

Current Name on License: _____		
Last	First	Middle
EMS License Number: _____		
Date of Birth	Phone Number	U. S. Social Security Number

Please check the boxes below for the service you are requesting:

<input type="checkbox"/>	<p>1. NAME CHANGE: You must attach a copy of the document legally changing your name. I request the Department to change my records due to a name change. Signature must be provided.</p> <p>New Name: _____</p> <p>(Print Clearly) Last First Middle</p> <p>Reason of Change: _____</p>
<input type="checkbox"/>	<p>2. ADDRESS CHANGE: I request the Department to change my record due to an address change.</p> <p>Address: _____</p> <p>_____</p> <p>City, State and Zip Code: _____</p>
<input type="checkbox"/>	<p>3. DUPLICATE LICENSE: I have enclosed the required fee of \$10.00 for the license that I am requesting the Department to issue a duplicate for. Please check the reason why you are requesting the duplicate license:</p> <p style="text-align: center;"> <input type="checkbox"/> Data Change <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Not received <input type="checkbox"/> Destroyed </p> <p>You will <u>not</u> receive notification of the changes(s). You can check our web site after two weeks to confirm the change by selecting the “verify a license” link at http://www.michigan.gov/ems</p>
Signature: _____	
Date: _____	

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency