

Requirements for EMSA-RN, PA, FN

Name: _____

Requirement	Documentation Required	Verification
Professionally licensed as a RN by the State of WV	Copy of license	See copy attached
Current ACLS certification	Copy of card	See copy attached
Current BTLs or PHTLS certification	Copy of card	See copy attached
Current PALS or PEPP certification	Copy of card	See copy attached
Current CPR certification	Copy of card (current ACLS accepted)	See copy attached
Current EMT-B certification or 8-hour EMS orientation (from DOT EMT-B Curriculum)	Copy of EMT-B card or:	See copy attached
• Prehospital environment (0.5 hours)	Signature of squad medical director	
• Roles and responsibilities (0.5 hours)	Signature of squad medical director	
• EMS systems (0.5 hours)	Signature of squad medical director	
• Medical legal considerations (0.5 hours)	Signature of squad medical director	
• Rescue operations (1.0 hours)	Signature of squad medical director	
• Major incident response (0.5 hours)	Signature of squad medical director	
• Stress management (0.5 hours)	Signature of squad medical director	
• Personal hazardous materials (4.0 hours)	Signature of squad medical director	
• Mass Casualty Incident Module 1 (2.0 hours)	Signature of Course Instructor	
48-hour paramedic refresher course	48-hour refresher course documentation sheet	See attached 48-hour record sheet
Successfully pass state EMT-P recertification written and practical exam (practical is not available "on demand", must be taken as part of a scheduled recertification exam)	Signature of regional program director and medical director on EMSA-RN/FN/PA application	
10 completed ALS perceptual runs	Signature of certified EMT-P	
5 completed IV cannulations in prehospital or ED environment	Signature of certified EMT-P or ED nurse manager	
5 completed advanced airway management education and skill sessions	Signature of EMS agency medical director or appointed preceptor	
Completion of regional requirements, i.e. medical command rotation, protocol exam, etc.	Signature of regional medical director	
Member of OEMS licensed EMS agency	Signature of official agency director on EMSA-RN/FN/PA application	See attached application
Regional medical director approval	Signature on EMSA-RN/FN/PA application	See attached application
Specialized aeromedical knowledge and skills course*	Signature or initials on course outline	See attached outline

*Aeromedical Personnel Only