



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD

P.O. Box 502078, Bldg., 1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel No: (670) 664-4809 Fax: (670) 664-4814
Email: cnmi@cnmibpl-hcplb.net
Website: cnmibpl-hcplb.net



General Information

Completion of the Application Forms

Help us to do a good job processing your application. Type or print legibly all application documents. Please read the instructions and give careful thought before answering the questions in the application. Remember, you are certifying that the information is truthful and correct. Make sure all documents are originals or a certified or notarized true copy of original documents. Provide all documents requested in the application; incomplete applications will delay processing. Application fees must accompany applications before initial review can begin.

Each question in the application must be answered. Attach separate sheets of paper, labeled with your name and signed by you, for any question for which you provided a "yes" response. Failure to answer all questions completely and accurately, or the omission or falsification of information may be cause for denial of your application or disciplinary action if the board subsequently issues you a license. The application cannot be altered, changed, modified or added to unless approved by the Board.

Confidentiality

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

Documents sent by Fax or Email

Fax copies or documents sent via email are not accepted for documentation or verification in our licensing process. If copy of document is sent via fax or email, the original must be send via U.S. Postal Service to the Board's office.

Foreign Language Documents

All documents submitted in a foreign language shall be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

Personal Interviews

Applicants for licensure may be required to have a personal interview either with an individual board member or with the full board. Should an interview be required, you will be notified and an interview scheduled. An interview may be required if, during the processing of your application, a question arises for which the board determines it requires additional information from you.

Processing Time

In general, average processing time for a license is 4 – 6 weeks. Application processing time depends to a large extent on the response time from other organizations, our workload and the volume of applications being processed.

License Renewal

All licenses issued by the Board expired every two years following its issuance or renewal and becomes invalid after that date. Notification for license renewal is mailed or emailed to licensees at least sixty (60) days before the expiration date. You are required by regulations to keep your current address on file with the Board. There is a late fee of \$25.00 charged for every 1st of the month after the expiration date. Licenses, which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet present day requirements for licensure, and receive board approval.

Continuing Education (CE)

All EMR, EMT, AEMT, or EMT-P licensed to practice in the CNMI are required to complete the following CE hours as a prerequisite to the renewal of their biennial license **during** the 24 months prior to the expiration of his/her license:

- EMR – 12 Board-approved CE hours
- EMT – 24 CE hours of a DOT National Standard EMT-Basic/EMT Refresher course or other Board-approved CE hours
- AEMT – 36 CE hours of a DOT National Standard Advanced Emergency Medical Technician refresher course, CECBEMS approved refresher courses or other Board-approved CE hours
- EMT-Paramedic – 48 CE hours DOT National Standard EMT-Paramedic/Paramedic Refresher course, CECBEMS approved refresher courses or other Board-approved CE hours.

Approved continuing education activities include, but are not limited to, the following: Courses, workshops, seminars, conferences, programs, or online CEs approved by the Continuing Education Coordinating Board for EMS (CECBEMS); the U.S. Department of Transportation National EMS Education Standards; NREMT's National EMS Education Standards; American Health Association Basic Life Support; Advanced Cardiac Life Support and Pediatric Advanced Life Support courses; American Academy of Pediatrics Pediatric Education courses; and the American College of Surgeons Trauma Life Support courses.

It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution, of his or her participation in the CE, and the number of credits earned. Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements, or who falsely certifies attendance at and/or completion of the CE, as required herein.

License Denial

If for any reason you are denied the license you are applying for, you are entitled to a hearing pursuant to the Commonwealth Administrative Procedures Act, 1 CMC § 9108-15.

Abandonment of Application

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for one (1) year. If the application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Schedule of Fees

Application Fee	\$100.00	Delinquent Fee (each month)	\$25.00
License Fee	\$100.00	Replacement of License	\$75.00
Temporary License Fee	\$100.00	Replacement of Card	\$25.00
Renewal License Fee	\$100.00	Verification of License	\$25.00
Letter of Good Standing	\$25.00		

Requirements for Licensing of EMS Personnel

Applicants for License - EMR

- A valid, active license or certification from a U.S. state or territory to practice as an EMR; or
- A current registration from NREMT as an NREMT-FR; or
- Successful completion of an Emergency Medical Responder course which meets or exceeds the 1995 First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, and completed the course within the last two years prior to applying for licensure; and
- Successful completion of the NHTSA's National EMS Education Standards for EMR, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- Submit evidence of a current and valid completion of a CPR course for health care providers, from a national or local organization approved by the Board, within the last two years prior to applying for licensure.

Applicants for License - EMT

- A valid, active license or certification from a U.S. state or territory to practice as an EMT; or
- A current registration from NREMT as an NREMT-B; or
- Successful completion of an Emergency Medical Technician course which meets or exceeds the 1994 EMT-Basic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, and completed the course within the last two years prior to applying for licensure; and
- Successful completion of the NHTSA's National EMS Education Standards for EMT, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion, from a national or local organization approved by the Board, within the last two years prior to applying for licensure.

Applicants for License - AEMT

- A valid, active license or certification from a U.S. state or territory to practice as an AEMT; or
- A current registration from NREMT as an NRAEMT; or
- Successful completion of an AEMT course which meets or exceeds the 2009 U.S. Department of Transportation National EMS Education Standards for the Advanced Emergency Medical Technician, and completed the course within the last two years prior to applying for licensure; and
- Successful completion of the NHTSA's National EMS Education Standards for AEMT, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Board within the last two years prior to applying for licensure.

Applicants for License – EMT-P

- A valid, active license or certification from a U.S. state or territory to practice as an EMT-P; or
- A current registration from NREMT as an NREMT-P; or
- Successful completion of an EMT-Paramedic course which meets or exceeds the 2009 U.S. Department of Transportation National EMS Education Standards for the EMT-Paramedic, and completed the course within the last two years prior to applying for licensure; and

- Successful completion of the NHTSA's National EMS Education Standards for EMT-Paramedic or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Board within the last two years prior to applying for licensure.
- Items/Documents required when applying:
 - Application form
 - Application non-refundable fee of \$100 (Cashier's Check or Money Order made payable to "CNMI Treasurer")
 - Evidence of active, valid license from another state or territory
 - Evidence of current registration from NREMT
 - Evidence of completion of course required for type of EMS applying for
 - Evidence of completion of cognitive and psychomotor examinations
 - Evidence of completion of CPR, Basic Life Support or Advanced Life Support courses required



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Attach a recent 2x2 ID photo here taken within 6 months of the application.

APPLICATION FOR EMS LICENSE

<input type="checkbox"/> Initial	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Temporary	<input type="checkbox"/> Renewal
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Type of License Applying for:

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT-P
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APPLICATION INFORMATION – Please Type or Print

1. Last:	First:	Middle:	2. Social Security No:
3. Birthdate: (Mo/Day/Yr)	4. Color of Eyes: Color of Hair:	5. Height: Weight:	6. Sex:
7. Mailing Address:		8. Email Address:	
9. Residence Address:		10. Phone No: (W): (H):	
11. NPI # (if available):	12. Specialty:	13. Citizenship: ___ U.S. ___ Other Specify:	

14. NREMT Certification: *(attach copy of card)*

<input type="checkbox"/> NREMT-FR	<input type="checkbox"/> NREMT-B	<input type="checkbox"/> NRAEMT	<input type="checkbox"/> NREMT-P
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15. U.S. Department of Transportation's NHTSA Courses Completed: *(within the last two years)*

Course(s) Name	Date Completed

16. Cognitive and Psychomotor Examinations Completed: *(within the last two years)*

Course(s) Name	Date Completed

17. CPR, Basic Life Support and/or Advanced Life Support Courses Completed: *(within the last two years)*

Course(s) Name	Date Completed

18. EDUCATION – *(Provide an original, notarized or certified copy of your degree/certificate)*

Name of Schools	Location (City/State or Country)	Degree Earned	Dates (Mo/Yr)	
			From	To

19. LICENSES – (List of all jurisdiction where you are licensed or applied for a license.)

Name of Jurisdiction	Date Issued	Expiration Date	License Number	Current Status

20. Type or Present Primary EMS Affiliation:

<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> CNMI EMS	<input type="checkbox"/> Other
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21. Name/Address of Intended Employment within the CNMI:

If you answer "yes" for any of items 21-33 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

21. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board or other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Is there any ongoing or pending investigation against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Is there any disciplinary action pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Has your ability to practice as a EMS personnel in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice EMS in a safe and competent manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Have you been treated for or had a recurrence or a diagnosed addictive disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Do you have any other condition in which in any way impairs or limits your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to the EMS profession, or felony in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Is there any criminal action pending against you in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Are you required to register as a Sex Offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

34. DECLARATION:

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification on misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice a health profession in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the HCPLB Regulations.

Signature of Applicant

Date

Please complete the application form and attach all original, certified or notarized documents and a non-refundable application fee of \$100.00 (money order or cashier's check make payable to "CNMI Treasurer"). Do not send cash.

Eff 8/2018

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

Release of Liability:

I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

Signature of Applicant

Date

AFFIDAVIT

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application for license to practice _____ in the Commonwealth of the Northern Marianas, that the statements therein are true to the best of my knowledge and belief.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice as a _____ in the Commonwealth of the Northern Marianas.

Signature of Applicant

FOR NOTARY PUBLIC ONLY
Subscribed and sworn to before me this _____ day of _____, 20_____. _____ Signature of Notary Public My commission expires _____

VERIFICATION OF LICENSE/CERTIFICATE – EMERGENCY MEDICAL SERVICES PERSONNEL

Health Care Professions Licensing Board, Commonwealth of the Northern Mariana Islands

Name (First-Middle)	(Last)	Social Security No.
Address (Include apt. no. city, state, and zip code)		License/certificate No.:
		Date Issued:
<p>I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the Commonwealth of the Northern Mariana Islands, Health Care Professions Licensing Board (HCPLB).</p> <p>Date: _____ Signature: _____</p>		

This is to certify that the above-names individual was issued license/certificate number:				
To practice as an:		EMR		
		EMT		
		AEMT		
		EMT-Paramedic		
		Other:		
Date issued:				
Date license/certificate expires:				
License status:		Current		
		Lapsed since:		
		Inactive since:		
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your file contain any derogatory information on this applicant?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(Please explain "Yes" response below)</i>				

Signature: _____ Title: _____ State: _____ Date: _____	BOARD SEAL
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TO THE BOARD: Return this form directly to the HCPLB, P.O. Box 502078, Saipan, MP 96950

VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

TO THE APPLICANT: You are required to have the attached form completed by the NREMT.

Complete the APPLICANT section and mail to:

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS
 (Attn: Executive Director)
 P.O. BOX 29233
 Columbus, OH 43229

Name (First-Middle)	(Last)	Social Security No.
Address (Include apt. no. city, state, and zip code)		License/certificate No.:
		Date Issued:
I authorize the NREMT to indicate on this form if there is any previous or pending disciplinary action against my certificate		
Date:		Signature:

This is to certify that the above-names individual was issued an NREMT certificate:						
NREMT Certificate Type:						
Certificate No.:						
Issued on:						
Expires on:						
Status of Certificate		Current				
		Suspended				
		Revoked				
		Other (specify):				
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?		<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px;">Yes</td> <td style="width:20px;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>(Explain a "Yes" response)</i>						

Signature: _____ Title: _____ State: _____ Date: _____	BOARD SEAL
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TO THE BOARD: Return this form directly to the HCPLB, P.O. Box 502078, Saipan, MP 96950