



Commonwealth of the Northern Mariana Islands  
**HEALTH CARE PROFESSIONS LICENSING BOARD**  
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## **Renewal Application for EMS**

### **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 sent via U.S. Postal Service to the Board's office.

### **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 expire 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 eighty-four (84) days before the expiration date. **All renewal licensees must submit a current and valid re-certification from NREMT or evidence of completion of refresher courses and/or continuing education as required under § 140-50.3-2914 and must submit evidence of a current and valid completion of a CPR course or other health care provider's course required for licensure completed within the last two years prior to renewing of your license. 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.

### **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**

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

### **Renewal Requirements EMR**

- Completion of an approved DOT National Standard First Responder/EMR refresher or CECBEMS approved refresher course; or
- 12 hours of approved continuing education hours which must include the following topics and hours listed:
  1. Preparatory – 1 hour
  2. Airway – 2 hours
  3. Patient Assessment – 2 hours
  4. Circulation – 3 hours
  5. Illness and Injury – 3 hours
  6. Childbirth and Children – 1 hour

### **Renewal Requirements for EMT**

- Completion of an approved 24-hour DOT National Standard EMT-B/EMT refresher or CECBEMS approved refresher course; or
- Completion of 48 hours of approved continuing education hours which must include the following topics and hours listed:
  1. Preparatory – 1 hour
  2. Airway – 2 hours
  3. OB, Infants, Children – 2 hours
  4. Patient Assessment – 3 hours
  5. Medical/Behavior – 4 hours
  6. Trauma – 4 hours
  7. Elective – 8 hours
- A maximum of 16 hours can be applied from each of the following courses: ABLS, AMLS, BTLS, NALS, PEPP, PHTLS, and PPC;
- A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training; and
- A maximum number of 24 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
- A maximum of 24 hours can be applied towards additional continuing education hours from the college level courses related to EMS. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Cellular Biology, Chemistry, Psychology, and Microbiology; and
- Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, Refresher Course Instruction and Wilderness EMS Training.

### **Renewal Requirements for AEMT**

- Completion of an approved 36-hour DOT National Standard AEMT refresher or CECBEMS approved refresher course; and
- Completion of 36 hours of additional approved continuing education hours which must include the following topics and hours listed:
  1. Mandatory Core Content:
    - a) Airway, Breathing and Cardiology - 6 hours
    - b) Medical Emergencies - 2 hours
    - c) Trauma – 4 hours
    - d) Obstetrics and Pediatrics – 6 hours
  2. Flexible Core Content:
    - a) Airway, Breathing and Cardiology – 6 hours
    - b) Medical Emergencies – 4 hours
    - c) Trauma – 1 hour
    - d) Obstetrics and Pediatrics – 6 hours
    - e) Operational Tasks – 1 hour
- A maximum of 16 hours can be applied from each of the following courses: ABLS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, PPC, and teaching EMS courses;
- A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;
- A maximum number of 18 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
- A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to: Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics;
- Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

### **Renewal Requirements for EMT-P**

- Completion of an approved 48-hour DOT National Standard EMT- P/Paramedic refresher course; or
- Completion of approved continuing education equivalent to a refresher course; and
- Completion of approved continuing education hours which must include the following topics and hours listed:
  1. *Mandatory Core Content:*
    - a) *Airway, Breathing and Cardiology - 8 hours*
    - b) *Medical Emergencies - 3 hours*
    - c) *Trauma – 5 hours*
    - d) *Obstetrics and Pediatrics – 8 hours*
  2. *Flexible Core Content:*
    - a) *Airway, Breathing and Cardiology – 8 hours*
    - b) *Medical Emergencies – 5 hours*
    - c) *Trauma – 1 hour*
    - d) *Obstetrics and Pediatrics – 8 hours*
    - e) *Operational Tasks – 1 hour*
- A maximum of 12 hours can be applied from each of the following courses: ABLS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, and EPC;
- A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;
- A maximum number of 12 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
- A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to: Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics; and
- Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

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.



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

**RENEWAL APPLICATION**

Type of renewal:

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT-P
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<b>HCPLB STAFF USE ONLY</b>
Date Received:

**APPLICATION INFORMATION** – Please Type or Print

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

**19. Type or Present Primary EMS Affiliation:**

<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> CNMI EMS	<input type="checkbox"/> Other
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**20. 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 an 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

**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