

**TITLE 185: COMMONWEALTH HEALTH CARE PROFESSIONS  
LICENSING BOARD**

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**SUBCHAPTER 185-10  
COMMONWEALTH HEALTH CARE PROFESSIONS  
LICENSING BOARD REGULATIONS**

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**Part 2900 - Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Emergency Medical Technician-Paramedics (EMT-P)**

**§ 185-10-2901 Definitions**

- (a) “**ABLS**” means the Advanced Burn Life Support.
- (b) “**ACLS**” means the Advanced Cardiac Life Support.
- (c) “**Advanced Emergency Medical Technician (AEMT)**” means a person who has additional training in limited advanced life support and is licensed by the Board as an Advanced Emergency Medical Technician.
- (d) “**Advanced Life Support (ALS)**” means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- (e) “**AHA**” means the American Heart Association is a non-profit organization in the U.S. which offers the most widely accepted certification to health care providers to effectively respond to life-threatening cardiac events.
- (f) “**ARC**” means the American Red Cross is a humanitarian organization that provides emergency assistance, disaster relief, and health and safety education in the U.S. and its territories. The American Red Cross provides first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), water safety and lifeguarding, babysitting, disaster preparedness, and home safety training throughout the United States.
- (g) “**AMLS**” means the Advanced Medicine Life Support.
- (h) “**Approved EMS Curriculum**” means the curriculum for all EMS level approved by the Board which are the following:
  - (1) National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel; or
  - (2) EMS curriculum or training program approved by a U.S. state or territory that meets or exceeds the NSC for the licensure level developed by NHTSA, for its licensing or certification requirement and approved by the Board.

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- (i) **“Approved EMS Curriculum Provider”** means a public or private entity approved by the Board to provide the approved EMS curriculum or training program. The approved EMS curriculum provider must meet the following requirements:
- (1) Instructor(s) must be currently licensed as and EMT, AEMT or EMT-P for at least two years for the level he/she is teaching; and
  - (2) Instructor(s) must have completed the EMT Instructor Course by the National Association of EMS Educators or an organization approved by the Board and the refresher course every two year and is current on the latest DOT curriculum; or
  - (3) EMS curriculum providers approved by another U.S. state or territory and approved by the Board; and
  - (4) The approved EMS curriculum provider must provide evidence of a valid and current certificate or letter showing that he/she is an EMS instructor; and
  - (5) Instructors also teaching BLS, ACLS, and other health care provider courses must provide evidence of a valid and current card showing that he/she is an instructor for health care provider courses.
- (j) **“Automated external defibrillation”** or **“AED”** means the process of applying a specialized defibrillator to a patient of cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm and, if appropriate, deliver an electrical shock to the heart that will allow the heart to resume an effective electrical activity. Automated external defibrillation can include either fully-automatic or semi-automatic external defibrillation.
- (k) **“BTLS”** means the Basic Trauma Life Support.
- (l) **“Basic Life Support (BLS)”** means emergency first aid and cardiopulmonary resuscitation procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
- (m) **“Board”** means the Health Care Professions Licensing Board (HCPLB) established by § 2204(a) of P.L. 15-105.
- (n) **“Cardiopulmonary Resuscitation (CPR)”** is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. CPR instruction may be from the American Heart Association, the American Red Cross, the American Safety and Health Institute, or other national organizations approved by the Board.
- (o) **“CECBEMS”** means the Continuing Education Coordinating Board for Emergency Medical Services. It is the national accrediting body for EMS continuing education courses and course providers.

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- (p) **“CoAEMSP”** means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. It is the education accreditation agency that is approved by the National EMS.
- (q) [Repealed.]
- (r) **“EMS”** means emergency medical services.
- (s) **“Emergency Medical Technician (EMT)”** means a person who has been trained in all facets of basic life support and is licensed by the Board as such.
- (t) **“Emergency Medical Technician – Paramedic (EMT-P)”** means an individual who is educated and trained in all elements of pre-hospital advanced life support and is licensed by the Board as an Emergency Medical Technician-Paramedic.
- (u) **“EPC”** means the Emergency Pediatric Care.
- (v) **“ITLS”** means the International Trauma Life Support.
- (w) **“NAEMT”** means the National Association of Emergency Medical Technicians who represents and serve EMS practitioners, including paramedics, emergency medical technicians, and emergency medical responders, through advocacy, educational programs, and research.
- (x) **“NALS”** means the Neonatal Advanced Life Support.
- (y) **“NEMSAC”** means the National Emergency Medical Services Advisory Council. The NEMSAC was formed in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS to NHTSA.
- (z) **“NHTSA”** means the National Highway Traffic Safety Administration. The Federal government was given a leadership role in reducing the number of injuries and deaths on America’s highways. As a result, the National Highway Safety Bureau (NHSB), which was the predecessor agency to NHTSA, was created.
- (aa) **“NREMT”** means the National Registry of Emergency Medical Technicians. The NREMT offers a national certification based on the NHTSA National Standard Curriculum for the levels of First Responder, EMT-Basic, EMT-Intermediate 1985, EMT-Intermediate 1999, and EMT-Paramedic.
- (bb) **“NSC”** means the National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel. The current National Standard Curriculum (NSC) shall be used as a guideline for development of all EMS training curriculum.
- (cc) **“PALS”** means the Pediatric Advanced Life Support.
- (dd) **“PEPP”** means the Pediatric Education for Pre-hospital Professionals.

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- (ee) **“PEARS”** means the Pediatric Emergency Assessment Recognition and Stabilization.
- (ff) **“PHTLS”** means the Pre-hospital Trauma Life Support.
- (gg) **“PPC”** means the Pediatric Pre-hospital Care.
- (hh) **“Pre-hospital Emergency Medical Care Personnel”** – For the purpose of these regulations, Pre-hospital Emergency Medical Care Personnel means the EMR, EMT, AEMT, and the EMT Paramedic, as defined in these regulations.

**§ 185-10-2902 Exemptions from Regulations**

Licensure requirements for EMR, EMT, AEMT and EMT-P shall not apply to:

- (a) A physician in private practice, the outpatient department of the Commonwealth Health Corporation and its entities in Rota and Tinian (whether located on or off the premises of the hospital or health centers), or other entity authorized to offer medical services from advertising itself as, or otherwise holding itself out as, providing urgent, immediate, or prompt medical services, or from using in its name or advertising the words “urgent,” “prompt,” “immediate,” any derivative thereof, or other words which suggest that it is staffed and equipped to provide urgent, prompt, or immediate medical services; and
- (b) United States military personnel or state National Guard or employees of the United States government while providing services on a United States government owned or operated facility, while engaged in the performance of their official duties under federal law or while providing assistance in mass casualty or disaster type situation.

**§ 185-10-2904 Liability for Services Rendered**

Liability for services rendered during the course of employment shall be consistent with the Commonwealth Good Samaritan Act, P.L. 10-52.

**§ 185-10-2905 [Reserved.]**

**§ 185-10-2906 Requirements for Licensure—Emergency Medical Responder (EMR)**

No individual shall hold himself or herself out to be an EMR unless that individual is licensed by the Board. An applicant to practice as an EMR must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
  - (1) A current certification from NREMT as an NREMT-FR; or
  - (2) A valid, active license or certification from a U.S. state or territory to practice as an EMR; or

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- (3) A certificate showing successful completion of the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
  - (4) A certificate showing successful completion of an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current First Responder National Standard Curriculum developed by the NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.
- (b) Applicant must submit evidence of a current and valid completion of a CPR course for health care providers within the last two years prior to applying or renewing a license.
- (c) If your initial EMR curriculum or training program was completed more than two years ago and you have maintained licensure at the EMR level, you must submit documentation verifying completion of an EMR refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMR curriculum or training program was completed more than two years ago and you never gained state licensure at the EMR level, you must complete the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for FR developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.
- (d) EMR's Scope of Practice - The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

**§ 185-10-2907 Requirements for Licensure—Emergency Medical Technician (EMT)**

No individual shall hold himself or herself out to be an EMT unless that individual is licensed by the Board. An applicant to practice as an EMT must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
- (1) A current certification from NREMT as an NRAEMT; or
  - (2) A valid, active license or certification from a U.S. state or territory to practice as an EMT; or

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- (3) A certificate showing successful completion of the most current EMT – Basic National Standard Curriculum developed by the NHTSA. U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
  - (4) A certificate showing successful completion of an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.
- (b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license.
- (c) If your initial EMT - B curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT level, you must submit documentation verifying completion of an EMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-B curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT level, you must complete the most current EMT-Basic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.
- (d) EMT's Scope of Practice - The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

**§ 185-10-2908                      Requirements for Licensure—Advanced Emergency Medical Technician (AEMT)**

No individual shall hold himself or herself out to be an AEMT unless that individual is licensed by the Board. An applicant to practice as an AEMT must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
  - (1) A current certification from NREMT as an NRAEMT; or

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- (2) A valid, active license or certification from a U.S. state or territory to practice as an AEMT; or
  - (3) A certificate showing successful completion of the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
  - (4) A certificate showing successful completion of an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.
- (b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license.
- (c) If your initial AEMT curriculum or training program was completed more than two years ago and you have maintained licensure at the AEMT level, you must submit documentation verifying completion of an AEMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial AEMT curriculum or training program was completed more than two years ago and you never gained state licensure at the AEMT level, you must complete the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.
- (d) AEMT’s Scope of Practice - The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

**§ 185-10-2909                      Requirements for Licensure—Emergency Medical Technician-Paramedic (EMT-P)**

No individual shall hold himself or herself out to be an EMT-P unless that individual is licensed by the Board. An applicant to practice as an EMT-P must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

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- (a) Applicant must submit evidence of one of the following:
- (1) A current certification from NREMT as an NREMT-P; or
  - (2) A valid, active license or certification from a U.S. state or territory to practice as an EMT-P; or
  - (3) A certificate showing successful completion of the most current EMT - Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
  - (4) A certificate showing successful completion of an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.
- (b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license.
- (c) If your initial EMT-P curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT-P level, you must submit documentation verifying completion of an EMT-P refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-P curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT-P level, you must complete the entire most current EMT-Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.
- (d) EMT-P's Scope of Practice - The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

**§ 185-10-2910            Application**

- (a) An application to practice as an EMR, EMT, AEMT, or EMT-P shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by

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the applicant, accompanied with the following information and documents, as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

- (1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number;
- (2) The applicant's 2x2 photograph taken within six months from date of application;
- (3) Applicant must pay the appropriate fees, including the application fee which shall not be refunded;
- (4) Applicant to provide originals of all documents and credentials or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
  - (i) Diploma or certificate showing successful completion of high school or GED;
  - (ii) Documents showing proof that applicant has completed all the required courses and exams necessary for the appropriate license; or
  - (iii) Documents showing proof that applicant holds a current certification from NREMT, or has a valid, active license or certification from another U.S. state or territory; and
  - (iv) A copy of a current and valid CNMI driver's license and police clearance.
- (5) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a EMR, EMT, AEMT, or EMT-P;
- (6) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a EMR, EMT, AEMT, or EMT-P; and
- (7) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.
- (8) Applicant to provide relevant medical information that could affect his or her job performance.

**§ 185-10-2912            Supervision and/or Responsibility of Pre-hospital Emergency Medical Care Personnel**

- (a) Supervision of a CNMI-licensed EMR, EMT, AEMT, or EMT-P providing emergency medical services within the CNMI may be provided by the CNMI-licensed physicians or physician assistants employed at the Emergency Room (ER) of the Commonwealth Health Corporation (CHC), the Rota Health Center, or the Tinian Health Center.

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- (b) ER physicians or physician assistants may communicate with EMR, EMT, AEMT, or EMT-P via radio or telephone and provide medical direction on-site and in-transit to the hospital or health center in accordance with the knowledge and skills of the EMR, EMT, AEMT, or EMTP for treatment, transfer, and triage protocols approved by the CNMI Health Care Corporation and/or the Department of Public Health.

**§ 185-10-2914                      Continuing Education (CE)**

- (a) All EMR, EMT, AEMT, or EMT-P licensed to practice in the CNMI are required to complete the following refresher courses or CE hours as a prerequisite to the renewal of their biennial license:

(1) EMR:

- (i) Completion of an approved DOT National Standard First Responder/EMR refresher or CECBEMS approved refresher course; or
- (ii) 12 hours of approved continuing education hours which must include the following topics and hours listed:
  - (A) Preparatory - 1 hour
  - (B) Airway - 2 hours
  - (C) Patient Assessment - 2 hours
  - (D) Circulation - 3 hours
  - (E) Illness and Injury - 3 hours
  - (F) Childbirth and Children - 1 hour

(2) EMT:

- (i) Completion of an approved 24 hour DOT National Standard EMTB/EMT refresher or CECBEMS approved refresher course; or
- (ii) Completion of 48 hours of approved continuing education hours which must include the following topics and hours listed:
  - (A) Preparatory - 1 hour
  - (B) Airway - 2 hours
  - (C) OB, Infants, Children - 2 hours
  - (D) Patient Assessment - 3 hours

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- (E) Medical/Behavior - 4 hours
  - (F) Trauma - 4 hours
  - (G) Elective - 8 hours
  - (iii) A maximum of 16 hours can be applied from each of the following courses: ABLs, AMLS, BTLs, NALS, PEPP, PHTLS, and PPC;
  - (iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training; and
  - (v) A maximum number of 24 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
  - (vi) 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
  - (vii) 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.
- (3) AEMT:
- (i) Completion of an approved 36 hour DOT National Standard AEMT refresher or CECBEMS approved refresher course; or
  - (ii) Completion of 36 hours of additional approved continuing education hours which must include the following topics and hours listed:
    - (A) Mandatory Core Content:
      - (I) Airway, Breathing and Cardiology - 6 hours
      - (II) Medical Emergencies - 2 hours
      - (III) Trauma - 4 hours
      - (IV) Obstetrics and Pediatrics - 6 hours
    - (B) Flexible Core Content:
      - (I) Airway, Breathing and Cardiology - 6 hours
      - (II) Medical Emergencies - 4 hours

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- (III) Trauma - 1 hour
- (IV) Obstetrics and Pediatrics - 6 hours
- (V) Operational Tasks - 1 hour
- (iii) 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;
- (iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;
- (v) A maximum number of 18 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
- (vi) 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:
  - (A) Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics;
- (vii) 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.
- (4) EMT-P:
  - (i) Completion of an approved 48 hour DOT National Standard EMTP/Paramedic refresher course; or
  - (ii) Completion of approved continuing education hours which must include the following topics and hours listed:
    - (A) Mandatory Core Content:
      - (I) Airway, Breathing and Cardiology - 8 hours
      - (II) Medical Emergencies - 3 hours
      - (III) Trauma - 5 hours
      - (IV) Obstetrics and Pediatrics - 8 hours
    - (B) Flexible Core Content:
      - (I) Airway, Breathing and Cardiology - 8 hours

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- (II) Medical Emergencies - 5 hours
  - (III) Trauma - 1 hour
  - (IV) Obstetrics and Pediatrics - 8 hours
  - (V) Operational Tasks - 1 hour
- (iii) 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;
  - (iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;
  - (v) A maximum number of 12 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
  - (vi) 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
  - (vii) 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.
- (b) Approved continuing education activities include, but are not limited to, the following: the National Standard Curriculum and refresher courses developed by NHTSA for the specified level of training of EMS personnel; courses or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum developed by NHTSA; courses, workshops, seminars, training programs, or online CEs approved by the Continuing Education Coordinating Board for EMS (CECBEMS); 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.
  - (c) Courses that cannot be applied towards CE hours are: clinical rotations, CPR, home study programs, instructor courses, management/leadership courses, performance of duty, serving as a skill examination, and volunteer time with agencies.
  - (d) An individual who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States whose CNMI license expires during the time the individual is on active duty or less than six months from the date the individual is deactivated/released from active duty, may be given an extension of the expiration date of the individual's license for up to six months from the date of the individual's deactivation/release from active duty in order to meet the renewal requirements for the individual's license upon compliance with the following:

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- (1) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from duty.
- (2) If no lapse in licensure, provide documentation showing that the CE requirements submitted for the renewal period were taken not earlier than thirty calendar days prior to the effective date of the individual's license that was valid when the individual was activated for duty and not later than six months from the date of the deactivation/release from duty.

**§ 185-10-2915            Renewal**

- (a) All licenses issued by the Board expire after two years following issuance or renewal and becomes invalid after that date.
- (b) All renewal licensees must be actively practicing his/her licensure level during the last two years prior to expiration date of license.
- (c) 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 § 185- 10-2914.
- (d) All renewal licensees 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.
- (e) Each licensee shall be responsible for submitting a completed renewal application at least eighty-four days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration and the fee and any additional requirement for the renewal thereof.
- (f) A late fee of \$25.00 will be charged every 1<sup>st</sup> of the month after the expiration date.
- (g) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date but must meet all initial or refresher courses and continuing education as required under § 185-10-2914 and payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

**§ 185-10-2916            [Reserved.]**

**§ 185-10-2917            National Standard Curriculum**

The board recognizes the National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel. The current National Standard Curriculum (NSC) shall be used as a

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guideline for development of all EMS training curriculum. The Board also recognizes the National EMS Education Program Accreditation, National EMS Certification and any amendments thereto to the standards, which may be obtained at <http://www.nremt.org>.

**§ 185-10-2918            Oath and Code of Ethics**

The Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, and regulations, the National Association of Emergency Medical Technicians (NAEMT) Oath and Code of Ethics which may be obtained at <http://www.naemt.org>.

**§ 185-10-2920            Disciplinary Action**

- (a) The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations pursuant to § 2224 of P.L. 15-105 [3 CMC § 2224] and §§ 185-10-901 through 185-10-1301 of the regulations, including, but not limited to the following:
- (1) Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care or treatment of the patient;
  - (2) Illegal drug use on or off duty;
  - (3) Alcohol use within eight hours of going on duty or while on duty or in an on-call status;
  - (4) Violation of verbal orders, either directly or by radio or telephone, from a physician who is responsible for the care of a patient;
  - (5) Use of invasive medical procedures in violation of generally accepted standards of the medical community;
  - (6) Any action that constitutes a violation of any CNMI law, municipal code, or regulations that endangers the public, other public safety officials, other EMS personnel, including improper operation of an emergency medical vehicle;
  - (7) Instructing, causing or contributing to another individual violating a statute or regulations, including other EMS personnel acting in a supervisory capacity;
  - (8) Participation in the issuance of false continuing education documents or collaboration therein, including issuing continuing education verification to one who did not legitimately attend the continuing education activity;
  - (9) Signing in to a continuing education activity for a person not actually present;
  - (10) Knowingly assisting or permitting other EMS personnel to exceed his or her lawful scope of practice;
  - (11) Unlawful use of emergency vehicle lights and siren;

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- (12) Responding to scenes in which the licensee is not properly dispatched (“calljumping”), whether in a private auto, ambulance, or other vehicle, in contravention of local protocols, procedures, or ordinances, or interfering with the safe and effective operation of an EMS system;
- (13) Cheating on any examination used to measure EMS related knowledge or skills;
- (14) Assisting another person in obtaining an unfair advantage on an EMS related examination;
- (15) Knowingly providing emergency medical care aboard an unlicensed ambulance;
- (16) Arriving for duty impaired or in a condition whereby the licensee is likely to become impaired through fatigue, illness, or any other cause, as to make it unsafe for the licensee to begin to operate an ambulance or provide patient care; and
- (17) Any violation of P.L. 15-105 [3 CMC § 2201 et seq.] and the Regulations for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Emergency Medical Technicians-Paramedic or regulations governing ambulances or the CNMI EMS systems.