

NOTICE OF FINAL RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

PREAMBLE

1. Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039(B) by the governor on:

August 23, 2024

2. Article, Part or Sections Affected (as applicable) Rulemaking Action

R9-25-101	Amend
R9-25-201	Amend
R9-25-301	Amend
R9-25-302	Amend
R9-25-304	Amend
R9-25-305	Amend
R9-25-401	Amend
R9-25-403	Amend
R9-25-404	Amend
R9-25-407	Amend
R9-25-408	Amend
R9-25-409	Amend

3. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(G)

Implementing statutes: A.R.S. §§ 36-2201, 36-2202, 36-2204

4. The effective date of the rule:

The Department requests an immediate effective date, according to A.R.S. § 41-1032(A)(1) and (4), to ensure that these rules go into effect before the related rule in A.A.C. R9-25-908(C)(5)(b), with a delayed effective date of January 1, 2025, goes into effect. The new rules will improve public health and safety, as well as provide a benefit to the public and regulated entities. Some aspects of the rulemaking are also less stringent than those requirements in the current rules. Once

approved, the Department plans to file the Notice so as to give regulated entities as much time as possible to prepare to implement the changes.

5. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: 30 A.A.R. 435, March 8, 2024

Notice of Proposed Rulemaking: 30 A.A.R. 2259, July 12, 2024

6. The agency's contact person who can answer questions about the rulemaking:

Name: Rachel Zenuk Garcia, Bureau Chief
Address: Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007-3248

Telephone: (602) 364-3150

Fax: (602) 364-3568

E-mail: Rachel.Garcia@azdhs.gov

or

Name: Stacie Gravito, Office Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Stacie.Gravito@azdhs.gov

7. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

Arizona Revised Statutes (A.R.S.) § 36-2202 requires the Arizona Department of Health Services (Department) to certify and recertify emergency medical care technicians (EMCTs). A.R.S. § 36-2204(1) and (3) require the Department to adopt statewide standardized training, certification and recertification standards, and standardized continuing education criteria for all classifications of EMCTs. The Department has adopted standards and criteria that pertain to training for EMCTs and their certification in 9 A.A.C. 25, Articles 3 and 4. After receiving rulemaking approval pursuant to A.R.S. § 41-1039, the Department is amending the rules in 9 A.A.C. 25 to address issues identified in a five-year-review report for these two Articles, as well as to address statutory

changes. To implement Laws 2022, Ch. 381, and Laws 2024, Ch. 128, the Department is revising the rules to address training requirements for Emergency Medical Responders. To implement Laws 2023, Ch. 43, changes are being made to address military reciprocity. In addition, both Articles 3 and 4 will be revised to include requirements related to critical care Paramedics, as stated in a recent rulemaking that included the rules in 9 A.A.C. 25, Article 9.

8. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study for this rulemaking.

9. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

10. A summary of the economic, small business, and consumer impact:

The Department anticipates that the rulemaking may affect the Department; certified training programs and their staff, including training program directors; emergency medical services providers and ambulance services, including their administrative medical directors; emergency medical care technicians (EMCTs) and applicants for certification or critical care endorsement, including students in certified training programs; individuals desiring to function as an Emergency Medical Responder (EMR), including students in certified training programs; patients and their families, and the general public. Annual costs/revenues changes are designated as minimal when more than \$0 and \$2,000 or less, moderate when between \$2,000 and \$20,000, and substantial when \$20,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification.

The Department anticipates that adding requirements for training programs for EMRs and to prepare a Paramedic to obtain a critical care endorsement from the Department may cause the Department to incur up to minimal increased costs to review the new training program course content and to provide technical assistance about the new rules. New requirements for an EMCT to notify the Department if the EMCT has had certification or licensure as a health professional, as defined in A.R.S. 36-3201, suspended or revoked may also cause the Department to incur minimal increased costs. Other changes in the new rules are expected to provide a significant benefit to the Department.

Clarification of the requirements in Article 3 is expected to provide a significant benefit to

certified training programs. A certified training program that chooses to run one or both of the new types of training courses may incur up to substantial costs to establish and run the course, but may also receive up to a substantial increase in revenue from the students enrolling in the course. Changes allowing for virtual or asynchronous training and for the use of a simulated patient are expected to provide a significant benefit to a certified training program. The new requirement to attest their good standing with the Arizona Corporation Commission or the Arizona School Boards Association or Arizona Board of Private Postsecondary Education, as applicable, may cause a training program that is in good standing to incur a minimal cost from the time it may take to make the attestation. However, a training program that is not in good standing may incur up to a substantial decrease in revenue if the Department learns this and certification is affected.

Emergency medical services providers and ambulance services are the largest employers of EMCTs, and potentially EMRs, in Arizona. The new rules specify requirements for an administrative medical director approving an individual to function as an EMR for an emergency medical services provider to ensure competency and provide oversight. The Department believes that the new requirements could cause an emergency medical services provider or their administrative medical director to incur as much as a moderate increase in costs, but may also provide a significant benefit in terms of risk reduction and liability. Having the opportunity to employ an EMR may help alleviate some staffing shortages, especially in rural areas. The new pathway for endorsement of a Paramedic to provide critical care services may increase the number of qualified individuals needed to handle critical care transports. An emergency medical services provider or ambulance service may incur as much as minimal costs, if underwriting the training or examination for an employed Paramedic, and may receive a minimal-to-substantial benefit from having a larger number of individuals qualified as EMRs or Paramedics with a critical care endorsement, depending on the use made of the opportunity. Reimbursement for transports staffed by a critical care Paramedic may also be higher.

According to A.R.S. § 36-2201(16), an individual may function as an EMR through two pathways: successfully completing an appropriated training program or through the approval by an emergency medical services provider's administrative medical director. The rules provide parameters relating to both pathways to help ensure the health and safety of patients. The Department believes that these requirements may cause an individual registering for an EMR training course to incur minimal costs and may provide a significant and up-to-substantial benefit if the individual obtains employment as an EMR on the basis of requirements in the rules.

The Department believes that clarifications in the rules may provide a significant benefit to an EMCT. Changes made to comply with Laws 2023, Ch. 43, related to training received during

military service are expected to provide up to a substantial benefit to applicants for certification as an EMCT. If an EMCT has a professional license or certification suspended, revoked, or voluntarily surrendered in Arizona or another state, the EMCT could sustain up to a substantial loss of revenue if the cause of the suspension, revocation, or surrender results in the revocation or suspension by the Department of the EMCT's certification as an EMCT. The pathway for endorsement of a Paramedic to provide critical care services may cause a Paramedic to incur minimal costs if planning to obtain the endorsement, but a Paramedic with a critical care endorsement may receive a higher salary than a Paramedic without an endorsement and, thus, receive up to a substantial benefit from the rule changes.

Patients and their families may receive a significant benefit from the rule changes, which may help to ensure that EMRs and Paramedics have the knowledge and skills to provide services within their scopes of practice. Having the potential for additional qualified individuals available for employment by emergency medical services providers and ambulance services may shorten the response time for getting to a patient. Having Paramedics with a higher level of training may also improve the care that can be provided to a patient in the pre-hospital environment. Since any member of the public may become a patient or the family member of a patient, the Department anticipates that the general public will receive a significant benefit from the rules changes, which were developed to improve the functioning of the EMS system in Arizona.

11. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

The correction of a typographical error in R9-25-404(C)(3)(c)(iii) made between the proposed rulemaking and the final rulemaking.

12. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

No written or oral comments were received about the rulemaking since the filing of the Notice of Proposed Rulemaking. No stakeholders attended the Oral Proceeding.

13. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The Department believes the certification as an EMCT issued to an individual is a general permit in that certification specifies the individual and the services the individual is authorized by certification to provide, but a certified individual is not limited to providing

the services in any one location. The certification of a training program is authorized under A.R.S. § 36-2204(1) and (3), and the Department issues a specific permit under A.R.S. § 41-1037(A)(2) and (3), since the facilities at a specific location factor into the qualifications of the training program.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rules are based on state statutes rather than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No business competitiveness analysis was received by the Department.

14. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

15. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

The rules were not previously made, amended, or repealed through emergency rulemaking.

16. The full text of the rules follows:

TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL

Section

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Section

R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))

ARTICLE 3. TRAINING PROGRAMS

Section

R9-25-301. Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

R9-25-302. Administration (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1) and (3))

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1), (2), and (3))

R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1) and (3))

ARTICLE 4. EMCT CERTIFICATION

Section

R9-25-401. EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))

R9-25-403. Application Requirements for EMCT Certification or Paramedic Endorsement for Providing Critical Care Services (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))

R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))

R9-25-407. Notification Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)

R9-25-408. Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-

2204(1), (6), and (7), and 36-2211)

R9-25-409. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)

ARTICLE 1. GENERAL

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Chapter, unless otherwise specified:

1. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. “AEMT” has the same meaning as “advanced emergency medical technician” in A.R.S. § 36-2201.
3. “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
4. “ALS” has the same meaning as “advanced life support” in A.R.S. § 36-2201.
5. “ALS base hospital” has the same meaning as “advanced life support base hospital” in A.R.S. § 36-2201.
6. “Applicant” means a person requesting certification, licensure, approval, or designation from the Department under this Chapter.
7. “BLS” has the same meaning as “basic life support” in A.R.S. § 36-2201.
8. “Chain of custody” means the transfer of physical control of and accountability for an item from one individual to another individual, documented to indicate the:
 - a. Date and time of the transfer,
 - b. Integrity of the item transferred, and
 - c. Signatures of the individual relinquishing and the individual accepting physical control of and accountability for the item.
9. “Chief administrative officer” means:
 - a. For a hospital, the same as in A.A.C. R9-10-101; and
 - b. For a training program, an individual assigned to act on behalf of the training program by the body organized to govern and manage the training program.
10. “Clinical training” means experience and instruction in providing direct patient care in a health care institution.
11. “Controlled substance” has the same meaning as in A.R.S. § 32-1901.

12. “Course” means didactic instruction and, if applicable, hands-on practical skills training, clinical training, or field training provided by a training program to prepare an individual to become or remain EMR or an EMCT.
13. “Course session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
14. “Current” means up-to-date and extending to the present time.
15. “Day” means a calendar day.
16. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
17. “Drug” has the same meaning as in A.R.S. § 32-1901.
18. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
19. “EMCT” has the same meaning as “emergency medical care technician” in A.R.S. § 36-2201.
20. “EMR” has the same meaning as “emergency medical responder” in A.R.S. § 36-2201.
- ~~20~~21. “EMT” has the same meaning as “emergency medical technician” in A.R.S. § 36-2201.
- ~~21~~22. “EMT-I(99)” means an individual, other than a Paramedic, who:
 - a. Was certified as an EMCT by the Department before January 28, 2013 to perform ALS, and
 - b. Has continuously maintained the certification.
- ~~22~~23. “EMS” has the same meaning as “emergency medical services” subsections ~~(17)(a)~~ (18)(a) through (d) in A.R.S. § 36-2201.
- ~~23~~24. “Field training” means emergency medical services experience and training outside of a health care institution or a training program facility.
- ~~24~~25. “General hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~25~~26. “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~26~~27. “Hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~27~~28. “In use” means in the immediate physical possession of an EMCT and readily accessible for potential imminent administration to a patient.
- ~~28~~29. “Infusion pump” means a device approved by the U.S. Food and Drug Administration that, when operated mechanically, electrically, or osmotically, releases a measured amount of an agent into a patient’s circulatory system in a specific period of time.
- ~~29~~30. “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
- ~~30~~31. “IV” means intravenous.

- ~~31~~32. “Locked” means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
- ~~32~~33. “Medical direction” means administrative medical direction or on-line medical direction.
- ~~33~~34. “Medical record” has the same meaning as in A.R.S. § 36-2201.
- ~~34~~35. “Minor” means an individual younger than 18 years of age who is not emancipated.
- ~~35~~36. “Monitor” means to observe the administration rate of an agent and the patient’s response to the agent and may include discontinuing administration of the agent.
- ~~36~~37. “On-line medical direction” means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication.
- ~~37~~38. “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
- ~~38~~39. “Pediatric” means pertaining to a child.
- ~~39~~40. “Person” has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- ~~40~~41. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~41~~42. “Practical nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~42~~43. “Practicing emergency medicine” means acting as an emergency medicine physician in a hospital emergency department.
- ~~43~~44. “Prehospital incident history report” has the same meaning as in A.R.S. § 36-2220.
- ~~44~~45. “Refresher challenge examination” means a test given to an individual to assess the individual’s knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT classification level.
- ~~45~~46. “Refresher course” means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.
- ~~46~~47. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~47~~48. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
- ~~48~~49. “Scene” means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
- ~~49~~50. “Special hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~50~~51. “STR skill” means “Specialty Training Requirement skill,” a medical treatment, procedure, or technique or administration of a medication for which an EMCT needs

specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform or administer.

~~51.~~52. “Transfer of care” means to relinquish to the control of another person the ongoing medical treatment of a patient.

~~52.~~53. “Transport agent” means an agent that an EMCT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent’s administration was started at the sending health care institution.

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))

- A.** An emergency medical services provider or ambulance service shall:
1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
 - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
 - e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
 - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
 - ii. Advanced emergency trauma life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American College of Surgeons; and
 - iii. Pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
 2. If the emergency medical services provider or ambulance service designates a physician as administrative medical director according to subsection (A)(1), notify the Department in writing:
 - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and

- b. Within 10 days after learning that a physician designated as administrative medical director is no longer qualified to be an administrative medical director; and
 - 3. Maintain for Department review:
 - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
 - b. Either:
 - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
 - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).
- B.** Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C.** If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (f).
- D.** An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
- 1. Uses the ALS base hospital for administrative medical direction only for patients who are children, and
 - 2. Has a written agreement for the provision of administrative medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center.
- E.** An emergency medical services provider or an ambulance service shall ensure that:

1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
 - a. A communication protocol for:
 - i. How and from what sources an EMCT requests and receives on-line medical direction,
 - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
 - iii. What procedures an EMCT follows in the event of a communications equipment failure;
 - b. A triage protocol for:
 - i. How an EMCT assesses and prioritizes the medical condition of a patient,
 - ii. How an EMCT selects a health care institution to which a patient may be transported,
 - iii. How a patient is transported to the health care institution, and
 - iv. When on-line medical direction is required;
 - c. A treatment protocol for:
 - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
 - ii. When on-line medical direction is required while an EMCT is providing treatment; and
 - d. A protocol for the transfer of information to the emergency receiving facility for:
 - i. What information is required to be communicated to emergency receiving facility staff concurrent with the transfer of care and by what method, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
 - ii. What information is required to be documented on a prehospital incident history report; and
 - iii. The time-frame, which is associated with the transfer of care, for completion and submission of a prehospital incident history report;
3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this

Chapter, that:

- a. Are consistent with an EMR's or EMCT's scope of practice, as specified in Table 5.1;
- b. Cover for an EMCT:
 - i. Medical recordkeeping;
 - ii. Medical reporting, including to whom and by what method medical reporting is accomplished;
 - iii. Completion and submission of prehospital incident history reports;
 - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
 - (1) Identify individuals authorized by the administrative medical director to have access to agents,
 - (2) Maintain chain of custody for controlled substances, and
 - (3) Minimize potential degradation of agents due to temperature extremes;
 - v. Administration, monitoring, or assisting in patient self-administration of an agent;
 - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
 - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
 - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
 - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
 - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
 - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
 - xii. The process for reinstating an EMCT's administrative medical direction;

~~and~~

c. Cover for an EMR:

- i. If applicable, the process and criteria for the administrative medical director to approve an individual to function as an EMR for the emergency medical services provider, according to A.R.S. § 36-2201(16), including:
 - (1) Verifying that the individual has documentation of hands-on training in cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations;
 - (2) Ensuring that the individual has competency in using an automated external defibrillator;
 - (3) Ensuring that the individual has competency in using noninvasive diagnostic devices; and
 - (4) Ensuring that the individual has competency in obtaining a patient's blood pressure, pulse, and respiratory rate,
- ii. Monitoring and evaluating an EMR's competency in performing skills authorized for the EMR by the EMR's administrative medical director and within the EMR's scope of practice, as specified in Table 5.1;
- iii. Ongoing education, training, or remediation necessary to maintain or enhance an EMR's competency in performing skills within the EMR's scope of practice, as specified in Table 5.1;
- iv. If applicable, the process by which the administrative medical director may withdraw approval of the individual to function as an EMR; and
- v. If applicable, the process for reinstating the administrative medical director's approval of the individual to function as an EMR; and

e.d. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;

4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; ~~and~~
6. The Department is notified in writing no later than ten days after the date:
 - a. Administrative medical direction is withdrawn from an EMCT; or
 - b. An EMCT's administrative medical direction is reinstated; and

7. If the emergency medical services provider's administrative medical director had approved an individual to function as an EMR for the emergency medical services provider, according to A.R.S. § 36-2201(16) and subsection (E)(3)(c)(i), the Department is notified no later than ten days after the date the administrative medical director:
 - a. Withdraws approval of the individual to function as an EMR, or
 - b. Reinstates approval of the individual to function as an EMR.

F. An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:

1. An EMCT for whom the administrative medical director provides administrative medical direction:
 - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT, consistent with requirements in Article 5 of this Chapter;
 - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
 - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
2. Policies and procedures for agents to which an EMCT has access:
 - a. Specify that an agent is obtained only from a person:
 - i. Authorized by law to prescribe the agent, or
 - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
 - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
 - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
 - ii. Document the time and date that each individual takes physical control of the supply of agents;
 - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;

- iv. Document any of the conditions in subsection (F)(2)(b)(iii);
 - v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;
 - vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
 - vii. Record each administration of an agent on a prehospital incident history report;
- c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
 - d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
 - iii. If a controlled substance, in a hard-shelled container that is difficult to breach without the use of a power cutting tool and:
 - (1) Locked inside a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service,
 - (2) Otherwise locked and secured in such a manner as to deter misappropriation, or
 - (3) On the person of an EMCT authorized access to the agent;
- 3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
 - 4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.
- G.** An administrative medical director may delegate responsibilities to an individual as necessary to

fulfill the requirements in this Section, if the individual is:

1. Another physician,
2. A physician assistant,
3. A registered nurse practitioner,
4. A registered nurse,
5. A Paramedic, or
6. An EMT-I(99).

ARTICLE 3. TRAINING PROGRAMS

R9-25-301. Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** To apply for certification as a training program, an applicant shall submit an application to the Department, in a Department-provided format, including:
1. The applicant's name, address, and telephone number;
 2. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
 3. The name of each course the applicant plans to provide;
 4. Attestation that the applicant has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references for the courses specified in subsection (A)(3);
 5. The name, telephone number, and e-mail address of the training program medical director;
 6. The name, telephone number, and e-mail address of the training program director;
 7. If the applicant is a business organization, an attestation that business organization is active and in good standing with the Arizona Corporation Commission;
 8. If the applicant is an educational institution, an attestation that the educational institution is in good standing with the Arizona School Boards Association or the Arizona Board of Private Postsecondary Education;
 - ~~7-9.~~ Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 - ~~8-10.~~ Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - ~~9-11.~~ The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** An applicant may submit to the Department a copy of an accreditation report if the applicant is currently accredited by a national accrediting organization.
- C.** The Department shall certify a training program if the applicant:
1. Has not operated a training program that has been decertified by the Department within five years before submitting the application,
 2. Submits an application that is complete and compliant with requirements in this Article,

and

3. Has not knowingly provided false information on or with an application required by this Article.

D. The Department:

1. Shall assess a training program at least once every 24 months after certification to determine ongoing compliance with the requirements of this Article; and
2. May inspect a training program according to A.R.S. § 41-1009:
 - a. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079, or
 - b. As necessary to determine compliance with the requirements of this Article.

E. The Department shall approve or deny an application under this Article according to Article 12 of this Chapter.

F. A training program certificate is valid only for the name of the training program certificate holder and the courses listed by the Department on the certificate and may not be transferred to another person.

R9-25-302. Administration (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a training program medical director:

1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3);
2. Meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties,
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine,
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in ~~R9-25-201(A)(1)(d)(i) through (iii)~~ R9-25-201(A)(1)(f)(i) through (iii); and
3. Before the start date of a course session, reviews the course content outline and final examinations to ensure consistency with as applicable:
 - a. ~~the~~ The national educational standards for the applicable EMCT classification

level; or

b. Either:

i. The national educational standards for an EMR, or

ii. The topics specified in A.R.S. § 36-2201(17).

B. A training program certificate holder shall ensure that a training program director:

1. Is one of the following:
 - a. A physician with at least two years of experience providing emergency medical services as a physician;
 - b. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services as a doctor of allopathic medicine or osteopathic medicine;
 - c. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services as a registered nurse;
 - d. A physician assistant with at least two years of experience providing emergency medical services as a physician assistant; or
 - e. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower classification level of EMCT;
2. Has completed 24 hours of training related to instructional methodology including:
 - a. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
 - b. Preparing and administering tests and practical examinations;
 - c. Using equipment and supplies;
 - d. Measuring student performance;
 - e. Evaluating student performance;
 - f. Providing corrective feedback; and
 - g. Evaluating course effectiveness;
3. Supervises the day-to-day operation of the courses offered by the training program;
4. Supervises and evaluates the lead instructor for a course session;
5. Monitors the training provided by all preceptors providing clinical training or field training; and
6. Does not participate as a student in a course session, take a refresher challenge examination, or receive a certificate of completion for a course given by the training

program.

C. A training program certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single claim professional liability insurance coverage of \$500,000, and
 - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
2. Be self-insured for the amounts in subsection (C)(1).

D. A training program certificate holder shall ensure that policies and procedures are:

1. Established, documented, and implemented covering:
 - a. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
 - b. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security; and
 - c. For each course offered:
 - i. Student attendance requirements, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
 - ii. Grading criteria, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
 - iii. Administration of final examinations; and
 - iv. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct;
2. Reviewed annually and updated as necessary; and
3. Maintained on the premises and provided to the Department at the Department's request.

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1), (2), and (3))

A. For each course provided, a training program director shall ensure that:

1. The required equipment and facilities established for the course are available for use;
2. The following are prepared and provided to course applicants before the start date of a course session:
 - a. A description of requirements for admission, course content, course hours, course

- fees, and course completion, including whether the course prepares a student for:
- i. ~~A For a~~ For a national certification organization examination for ~~the~~ a specific EMCT classification level,
 - ii. ~~A For a~~ For a statewide standardized certification test under the state certification process, ~~or~~
 - iii. ~~Recertification~~ For recertification at a specific EMCT classification level, or
 - iv. To function as an EMR;
- b. A list of books, equipment, and supplies that a student is required to purchase for the course;
 - c. Notification of eligibility for the course as specified in ~~R9-25-305(B), (D)(1) and (2), or (F)(1) and (2)~~ R9-25-305(D), (F), (G)(1) and (2), (I)(1) and (2), or (K)(1) and (2), as applicable;
 - d. Notification of any specific requirements for a student to begin any component of the course, including, as applicable:
 - i. Prerequisite knowledge, skill, and abilities;
 - ii. Physical examinations;
 - iii. Immunizations;
 - iv. Documentation of freedom from infectious tuberculosis;
 - v. Drug screening; and
 - vi. The ability to perform certain physical activities; and
 - e. The policies for the course on student attendance, grading, student conduct, and administration of final examinations, required in R9-25-302(D)(1)(c)(i) through (iv);
3. Information is provided to assist ~~a~~ an EMCT student to:
 - a. Register for and take an applicable national certification organization examination;
 - b. Complete application forms for registration in a national certification organization; and
 - c. Complete application forms for certification under 9 A.A.C. 25, Article 4;
 4. A lead instructor is assigned to each course session who:
 - a. Is one of the following:
 - i. A physician with at least two years of experience providing emergency medical services;

- ii. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services;
 - iii. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services;
 - iv. A physician assistant with at least two years of experience providing emergency medical services; or
 - v. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual:
 - (1) ~~for~~ For certification or recertification at the same or lower EMCT classification level, or
 - (2) To function as an EMR;
 - b. Has completed training related to instructional methodology specified in R9-25-302(B)(2);
 - c. Except as provided in subsection (A)(4)(d), is available for student-instructor interaction during all course hours established for the course session; and
 - d. Designates an individual who meets the requirements in subsections (A)(4)(a) and (b) to be ~~present~~ available and act as the lead instructor when the lead instructor is not ~~present~~ available; and
5. Clinical training and field training are provided:
- a. Under the supervision of a preceptor who has at least two years of experience providing emergency medical services and is one of the following:
 - i. An individual licensed in this or another state or jurisdiction as a doctor of allopathic medicine or osteopathic medicine;
 - ii. An individual licensed in this or another state or jurisdiction as a registered nurse;
 - iii. An individual licensed in this or another state or jurisdiction as a physician assistant; or
 - iv. An EMCT, only for courses to prepare an individual:
 - (1) ~~for~~ For certification or recertification at the same or lower EMCT classification level, or
 - (2) To function as an EMR;
 - b. Consistent with the clinical training and field training requirements established

for the course; and

- c. If clinical training or field training ~~are~~ is provided by a person other than the training program certificate holder, under a written agreement with the person providing the clinical training or field training that includes a termination clause that provides sufficient time for a student to complete the training upon termination of the written agreement.

B. A training program director may combine the students from more than one course session for didactic instruction.

C. For a final examination or refresher challenge examination for each course offered, a training program director shall ensure that:

1. The final examination or refresher challenge examination for the course is completed onsite at the training program or at a facility used for course instruction;

2. Except as provided in subsection (D), the final examination or refresher challenge examination for a course includes a:

a. Written test:

- i. With one absolutely correct answer, two incorrect answers, and one distractor, none of which is “all of the above” or “none of the above”;
- ii. With 150 multiple-choice questions for the:
 - (1) Final examination for a refresher course, or
 - (2) Refresher challenge examination for a course;
- iii. That covers the learning objectives of the course with representation from all topics covered by the course; and
- iv. That requires a passing score of 75% or higher in no more than three attempts for a final examination and no more than one attempt for a refresher challenge examination; and

b. Comprehensive practical skills, hands-on test:

i. For a course preparing an individual for EMCT certification:

- (1) Evaluating the student’s technical proficiency in skills consistent with the national education standards for the applicable EMCT classification level, and

~~ii.~~ (2) Reflecting the skills necessary to pass a national certification organization examination at the applicable EMCT classification level; or

ii. For a course preparing an individual to function as an EMR, evaluating

the student's technical proficiency in skills consistent with the topics in
A.R.S. § 36-2201(17);

3. The identity of each student taking the final examination or refresher challenge examination is verified;
 4. A student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
 5. A student who violates subsection (C)(4) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination; and
 6. An instructor who allows a student to violate subsection (C)(4) or assists a student in violating subsection (C)(4) is no longer permitted to serve as an instructor.
- D.** A training program director shall ensure that a standardized certification test for a student under the state certification process includes:
1. A written test that meets the requirements in subsection (C)(2)(a); and
 2. Either:
 - a. A comprehensive practical skills test that meets the requirements in subsection (C)(2)(b), or
 - b. An attestation of practical skills proficiency on a Department-provided form.
- E.** A training program director shall ensure that:
1. A student is allowed no longer than six months after the date of the last day of classroom instruction for a course session to complete all course requirements,
 2. There is a maximum ratio of four students to one preceptor for the clinical training portion of a course, and
 3. There is a maximum ratio of one student to one preceptor for the field training portion of a course.
- F.** A training program director shall:
1. For a student who completes a course, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the course completed,
 - c. The name of the student who completed the course,
 - d. The date the student completed all course requirements,
 - e. Attestation that the student has met all course requirements, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and

2. For an individual who passes a refresher challenge examination, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the refresher challenge examination administered,
 - c. The name of the individual who passed the refresher challenge examination,
 - d. The date or dates the individual took the refresher challenge examination,
 - e. Attestation that the individual has passed the refresher challenge examination, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. For the purposes of this Section, “contact hour” means a 60-minute period during which a student is:

1. For didactic instruction, in a classroom situation and receiving instruction, with the lead instructor for the course, as specified in R9-25-304(A)(4), or a designee, according to R9-25-304(A)(4)(d);
2. For practical skills training, in a classroom situation and receiving instruction, with the lead instructor for the course, as specified in R9-25-304(A)(4), or a designee, according to R9-25-304(A)(4)(d), present on-site; and
3. For clinical training or field training, with the student's preceptor, according to R9-25-304(A)(5)(a), and receiving supervised, one-on-one interaction with a patient or, if necessary, simulated patient.

B. A training program certificate holder shall ensure that, for a course to prepare an individual to provide services as an EMR, the course:

1. Covers the knowledge, skills, and competencies established for an emergency medical responder program, as defined in A.R.S. § 36-2201(17);
2. Has a minimum course length of 75 hours, including:
 - a. A minimum of 70 contact hours of didactic instruction and practical skills training, and
 - b. A minimum of five contact hours of clinical training and field training, with at least five patient or simulated patient interactions; and
3. Has no more than 24 students enrolled in each session of the course.

A.C. Except as specified in subsection (B), a A training program certificate holder shall ensure that a

certification course offered by the training program:

1. Covers knowledge, skills, and competencies comparable to the national education standards established for a specific EMCT classification level;
2. Prepares a student for:
 - a. A national certification organization examination for the specific EMCT classification level, or
 - b. A standardized certification test under the state certification process;
3. Has no more than 24 students enrolled in each session of the course; and
4. Has a minimum course length of:
 - a. For an EMT certification course, 130 hours, including:
 - i. A minimum of 120 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 10 contact hours of clinical training and field training, with at least 10 patient or simulated patient interactions;
 - b. For an AEMT certification course, 244 hours, including:
 - i. A minimum of 100 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 144 contact hours of clinical training and field training; and
 - c. For a Paramedic certification course, 1000 hours, including:
 - i. A minimum of 500 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 500 contact hours of clinical training and field training.

B.D. A training program director shall ensure that, in addition to the requirements in subsection (C), for an AEMT certification course or a Paramedic certification course, a student has one of the following:

1. Current certification from the Department as an EMT or higher EMCT classification level,
2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or
3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.

C.E. A training program director shall ensure that for a course to prepare an EMT-I(99) for Paramedic

certification:

1. A student has current certification from the Department as an EMT-I(99);
2. The course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references;
3. The minimum course length is 600 hours, including:
 - a. A minimum of 220 contact hours of didactic instruction and practical skills training, and
 - b. A minimum of 380 contact hours of clinical training and field training; and
4. A minimum of 60 contact hours of training in anatomy and physiology are completed by the student:
 - a. As a prerequisite to the course,
 - b. As preliminary instruction completed at the beginning of the course session before the didactic instruction required in subsection ~~(C)(34)(a)~~ (E)(3)(a) begins, or
 - c. Through integration of the anatomy and physiology material with the units of instruction required in subsection ~~(C)(34)~~ (E)(3).

F. A training program director shall ensure that for a course to prepare a Paramedic for an additional endorsement to provide critical care services:

1. A student has:
 - a. Current certification from the Department as a Paramedic, and
 - b. Worked for at least two years as a Paramedic;
2. The course:
 - a. Covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references;
 - b. Prepares a student for a national certification organization examination in critical care paramedicine; and
 - c. Has no more than 24 students enrolled in each session of the course; and
3. The minimum course length is 200 hours, including:
 - a. A minimum of 135 contact hours of didactic instruction and practical skills training in:
 - i. Critical care transport;
 - ii. Patient assessment and safety;

- iii. Advanced pharmacology;
- iv. Advanced hemodynamics;
- v. Neurologic, obstetric, and medical emergencies;
- vi. Mechanical ventilation and airway management;
- vii. Flight physiology, safety, and transport;
- viii. Interpretation of laboratory values; and
- ix. Sepsis; and

- b. A minimum of 40 contact hours of clinical training and 25 contact hours of field training, which may include the use of high-fidelity patient simulators, life-like manikins that mimic human body functions and provide physiologically accurate reactions to procedures.

D.G. A training program director shall ensure that for an EMT refresher course:

1. A student has one of the following:
 - a. Current certification from the Department as an EMT or higher EMCT classification level,
 - b. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program,
 - c. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level, or
 - d. Documentation from a national certification organization requiring the student to complete the EMT refresher course to be eligible to apply for registration in the national certification organization;
2. A student has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
3. The EMT refresher course covers the knowledge, skills, and competencies in the national education standards established at the EMT classification level;
4. No more than 32 students are enrolled in each session of the course; and
5. The minimum course length is 24 contact hours.

E.H. A training program authorized to provide an EMT refresher course may administer a refresher challenge examination covering materials included in the EMT refresher course to an individual eligible for admission into the EMT refresher course.

F.I. A Except as provided in subsection (K), a training program director shall ensure that for an ALS

refresher course:

1. A student has one of the following:
 - a. Current certification from the Department as an AEMT, an EMT-I(99), or a Paramedic;
 - b. Documentation of completion of a prior training course, at the AEMT classification level or higher, provided by a training program certified by the Department or an equivalent training program;
 - c. Documentation of current registration in a national certification organization at the AEMT or Paramedic classification level; or
 - d. Documentation from a national certification organization requiring the student to complete the ALS refresher course to be eligible to apply for registration in the national certification organization;
2. A student has documentation of current certification, completed before beginning the ALS refresher course, in:
 - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs; and
 - b. For a student who has current certification as an EMT-I(99) or higher level of EMCT classification, advanced emergency cardiac life support;
3. The ALS refresher course covers:
 - a. For a student who has current certification as an AEMT or documentation of completion of prior training at an AEMT classification level, the knowledge, skills, and competencies in the national education standards established for an AEMT;
 - b. For a student who has current certification as an EMT-I(99), the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for an EMT-I(99) ~~as of the effective date of this Section~~ and available through the Department at www.azdhs.gov/ems-regulatory-references; and
 - c. For a student who has current certification as a Paramedic or documentation of completion of prior training at a Paramedic classification level, the knowledge, skills, and competencies in the national education standards established for a Paramedic; ~~and~~
4. No more than 32 students are enrolled in each session of the course; and
5. The minimum course length is 48 contact hours.

G.J. A training program authorized to provide an ALS refresher course may administer a refresher challenge examination covering materials included in the ALS refresher course to an individual eligible for admission into the ALS refresher course.

K. A training program director shall ensure that for a refresher course for a Paramedic with an additional endorsement to provide critical care services:

1. A student has current certification from the Department as a Paramedic with an additional endorsement to provide critical care services;
2. A student has documentation of current certification, completed before beginning the refresher course, in:
 - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs; and
 - b. Advanced emergency cardiac life support;
3. The refresher course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for a Paramedic with an additional endorsement to provide critical care services and available through the Department at www.azdhs.gov/ems-regulatory-references;
4. No more than 32 students are enrolled in each session of the course; and
5. The minimum course length is 60 contact hours and includes at least 8 contact hours on topics pertinent to providing critical care services.

L. A training program authorized to provide a refresher course for a Paramedic with an additional endorsement to provide critical care services may administer a refresher challenge examination covering materials included in the refresher course to an individual eligible for admission into the refresher course.

ARTICLE 4. EMCT CERTIFICATION

R9-25-401. EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))

A. In addition to the definitions in R9-25-101, the following definition applies in this Article:

1. “Moral turpitude” has the same meaning as in A.R.S. § 1-215.

A.B. Except as provided in ~~R9-25-404(E)~~ R9-25-404(G) and R9-25-405, an individual shall not act as an EMCT unless the individual has current certification or recertification from the Department.

B.C. An EMCT shall act as an EMCT only:

1. As authorized under the EMCT’s scope of practice as specified in Article 5 of this Chapter; and
2. For an EMCT required to have medical direction according to A.R.S. Title 36, Chapter 21.1 and R9-25-502, as authorized by the EMCT’s administrative medical director under:
 - a. Treatment protocols, triage protocols, and communication protocols approved by the EMCT’s administrative medical director as specified in R9-25-201(E)(2); and
 - b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMCT’s administrative medical director as specified in R9-25-201(E)(3)(b).

C.D. Except as provided in A.R.S. § 36-2211, the Department shall certify or recertify an individual as an EMCT for a period of two years.

D.E. An individual whose EMCT certificate is expired shall not apply for recertification, except as provided in R9-25-404(A).

E.F. The Department shall comply with the confidentiality requirements in A.R.S. §§ 36-2220(E) and 36-2245(M).

R9-25-403. Application Requirements for EMCT Certification or Paramedic Endorsement for Providing Critical Care Services (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))

A. An individual may apply for initial EMCT certification if:

1. The individual is at least 18 years of age;
2. The individual complies with the requirements in A.R.S. § 41-1080;
3. The individual is not ineligible under R9-25-402; and
4. One of the following applies to the individual:
 - a. The individual has not previously applied for certification from the Department

- or has withdrawn an application for certification;
 - b. An application for certification submitted by the individual was denied by the Department two or more years before the present date;
 - c. Except as provided in R9-25-404(A)(2) or (3), the individual's certification as an EMCT is expired;
 - d. The individual's certification as an EMCT was revoked by the Department five or more years before the present date; or
 - e. The individual has current certification as an EMCT and is applying for certification at a different classification level of EMCT.
- B.** An applicant for initial EMCT certification shall submit to the Department an application ~~in a Department-provided format~~, including:
1. ~~A form containing~~ The following information in a Department-provided format:
 - a. The applicant's name, address, telephone number, email address, date of birth, gender, and Social Security number;
 - b. The level of EMCT certification being requested;
 - c. Responses to questions addressing the applicant's criminal history according to R9- 25-402(A)(1) through (3) and (C);
 - d. Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; ~~or~~
 - ii. Certification, recertification, or licensure at an EMCT classification level revoked, suspended, or voluntarily surrendered in another state or jurisdiction; or
 - iii. Certification or licensure as a health professional, as defined in A.R.S. § 36-3201, revoked, suspended, or voluntarily surrendered in Arizona or in another state or jurisdiction;
 - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - f. The applicant's signature or electronic signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation ~~on a Department-provided form in a Department-provided format~~ and supporting documentation;
 3. For each affirmative response to subsection (B)(1)(d), a detailed explanation ~~on a Department-provided form~~ in a Department-provided format and supporting

- documentation;
4. If applicable, a copy of certification, recertification, or licensure at an EMCT classification level issued to the applicant in another state or jurisdiction;
 5. ~~A copy of one of the following for the applicant:~~ Documentation for the applicant that complies with A.R.S. § 41-1080:
 - ~~a. U.S. passport, current or expired;~~
 - ~~b. Birth certificate;~~
 - ~~c. Naturalization documents; or~~
 - ~~d. Documentation of legal resident alien status; and~~
 6. One of the following:
 - a. Either:
 - ~~i. A certificate of completion showing that within two years before the date of the application, the applicant completed statewide standardized training; and~~
 - ~~ii. A statewide standardized certification test; or~~
 - ~~b.a.~~ Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification;
 - b. Documentation of completion of training and testing by a branch of the U.S. Armed Forces that is comparable to requirements of a national certification organization for the applicable or higher level of EMCT classification; or
 - c. A certificate of completion showing that, within the two years before the date of the application, the applicant completed statewide standardized training and a statewide standardized certification test.

C. A Paramedic applying for endorsement for providing critical care services shall submit to the Department an application, including:

1. The following information in a Department-provided format:
 - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
 - b. The applicant's current certification number as a Paramedic;
 - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - d. The applicant's signature or electronic signature and date of signature; and
2. Documentation of passing a critical care examination given by a national certification organization.

~~B.D.~~ The Department shall approve or deny an application for initial EMCT certification according to Article 12 of this Chapter.

~~C.E.~~ If the Department denies an application for initial EMCT certification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))

A. An individual may apply for recertification at the same classification level of EMCT certification held or at a lower classification level of EMCT certification:

1. Within 90 days before the expiration date of the individual's current EMCT certification;
2. Within the 30-day period after the expiration date of the individual's EMCT certification, as provided in subsection ~~(E)~~ (G); or
3. Within the extension time period granted under R9-25-405.

B. To apply for recertification, an applicant shall submit to the Department an application, ~~in a Department provided format~~, including:

1. ~~A form containing~~ The following information in a Department-provided format:
 - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
 - b. The applicant's current certification number;
 - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(B), (D), and (E);
 - d. Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; ~~or~~
 - ii. Certification, recertification, or licensure at an EMCT classification level revoked, suspended, or voluntarily surrendered in another state or jurisdiction; or
 - iii. Certification or licensure as a health professional, as defined in A.R.S. § 36-3201, revoked, suspended, or voluntarily surrendered in Arizona or in another state or jurisdiction;
 - e. An indication of the classification level of EMCT certification held currently or within the past 30 days and of the classification level of EMCT certification for which recertification is requested;
 - f. If the applicant is employed, the name of the employer;
 - ~~f.g.~~ Attestation that all information required as part of the application has been

submitted and is true and accurate; and

- ~~g.h.~~ The applicant's signature or electronic signature and date of signature;
 - 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation ~~on a Department provided form in~~ a Department-provided format and supporting documentation;
 - 3. For an affirmative response to subsection (B)(1)(d), a detailed explanation ~~on a Department provided form in~~ a Department-provided format; and
 - 4. For an application submitted within 30 days after the expiration date of EMCT certification, a nonrefundable certification extension fee of \$150.
- C. In addition to the application in subsection (B), an applicant for EMCT recertification shall submit one of the following to the Department:
- 1. A certificate of course completion issued by the training program director under R9-25-304(F) showing that within two years before the date of the application, the applicant completed either:
 - ~~a. the applicable~~ The refresher course in R9-25-305(G), (I), or (K), as applicable; or
 - ~~b. applicable~~ The refresher challenge examination in R9-25-305(H), (J), or (L), as applicable;
 - 2. Documentation of:
 - ~~a. current~~ Current registration in a national certification organization at the applicable or higher classification level of EMCT classification; and
 - For a recertifying Paramedic applying for continued endorsement for providing critical care services, current certification in critical care paramedicine by a national certification organization; or
 - 3. Attestation ~~on a Department provided form in~~ a Department-provided format that the applicant:
 - a. Has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
 - b. For EMT-I(99) recertification or Paramedic recertification, has documentation of current certification in advanced emergency cardiac life support;
 - c. Has documentation of having completed within the previous two years the following number of hours of continuing education in topics that are consistent with the content of the applicable refresher course:

- i. For EMT recertification, a minimum of 24 hours;
 - ii. For AEMT recertification, EMT-I(99) recertification, or Paramedic recertification without endorsement for providing critical care services, a minimum of 48 hours;
 - iii. For Paramedic recertification and continuing endorsement for providing critical care services, a minimum of 60 hours, with at least 8 hours on topics pertinent to providing critical care services; and
 - ~~iii-~~iv. Included in the hours required in subsections (C)(3)(c)(i), ~~or (ii)~~ (ii), or (iii), as applicable, a minimum of 5 hours in pediatric emergency care; and
 - d. For EMT recertification, has functioned in the capacity of an EMT for at least 240 hours during the previous two years.
- D.** An applicant who submits an attestation under subsection (C)(3) shall maintain the applicable documentation for at least three years after the date of the application.
- E.** If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
- 1. Was authorized to act as an EMCT during the period between the expiration date of the individual's EMCT certification and the date the application was submitted, and
 - 2. Is authorized to act as an EMCT until the Department makes a final determination on the individual's application for recertification.
- F.** If an individual does not submit an application for recertification before the expiration date of the individual's EMCT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
- 1. Is not an EMCT,
 - 2. Was not authorized to act as an EMCT during the 30-day period after the expiration date of the individual's EMCT certification, and
 - 3. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- G.** The Department shall approve or deny an application for recertification according to Article 12 of this Chapter.
- H.** If the Department denies an application for recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- I.** The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

R9-25-407. Notification Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)

- A. No later than 30 days after the date an EMCT's name legally changes, the EMCT shall submit to the Department:
1. ~~A completed form provided by the Department containing~~ The following information in a Department-provided format:
 - a. The name under which the EMCT is currently certified by the Department;
 - b. The EMCT's address, telephone number, and Social Security number; and
 - c. The EMCT's new name; and
 2. Documentation showing that the name has been legally changed.
- B. No later than 30 days after the date an EMCT's address or email address changes, the EMCT shall submit to the Department ~~a completed form provided by the Department containing the~~ following information in a Department-provided format:
1. The EMCT's name, telephone number, and Social Security number; and
 2. The EMCT's new address or email address.
- C. An EMCT shall notify the Department in writing no later than 10 days after the date the EMCT:
1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
 2. Is convicted of:
 - a. A crime specified in R9-25-402(A)(2),
 - b. A misdemeanor involving moral turpitude,
 - c. A felony in this state or any other state or jurisdiction, or
 - d. A misdemeanor specified in R9-25-402(E);
 3. Has registration revoked or suspended by a national certification organization; ~~or~~
 4. Has certification, recertification, or licensure at an EMCT classification level revoked, ~~suspended, or voluntarily surrendered~~ in another state or jurisdiction; or
 5. Has certification or licensure as a health professional, as defined in A.R.S. § 36-3201, revoked, suspended, or voluntarily surrendered in Arizona or in another state or jurisdiction.

R9-25-408. Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)

- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMCT that is contrary to the recognized standards or ethics of the Emergency Medical

Technician profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including:

1. Impersonating an EMCT of a higher classification level of certification or impersonating a health professional as defined in A.R.S. § 32-3201;
2. Permitting or allowing another individual to use the EMCT's certification for any purpose;
3. Aiding or abetting an individual who is not certified according to this Chapter in acting as an EMCT or in representing that the individual is certified as an EMCT;
4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMCT;
5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMCT;
6. Making false or materially incorrect entries in a medical record or wilful destruction of a medical record;
7. Failing or refusing to maintain adequate records on a patient;
8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMCT certification or EMCT recertification contained in this Article, including the requirements established for:
 - a. Completing and passing a course provided by a training program; and
 - b. The national certification organization examination process and national certification organization registration process;
10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
12. Being convicted of a ~~misdemeanor identified in R9-25-402(E)~~ crime specified in R9-25-407(C)(2), which has not been ~~absolutely discharged~~ set aside, pardoned, sealed, included on a certificate of second chance, expunged, or vacated;
13. Having national certification organization registration revoked or suspended by the national certification organization for material noncompliance with national certification organization rules or standards; ~~and~~
14. Having certification, recertification, or licensure at an EMCT classification level revoked

or suspended in another state or jurisdiction; and

15. Continuing to provide services as an EMCT without notifying the Department of having certification or licensure as a health professional, as defined in A.R.S. § 36-3201, revoked, suspended, or voluntarily surrendered in Arizona or in another state or jurisdiction.

B. Under A.R.S. § 36-2211, physical or mental incompetence of an EMCT is the EMCT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.

C. Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMCT's wilful act or wilful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

R9-25-409. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)

A. If the Department determines that an applicant or EMCT is not in substantial compliance with applicable laws and rules, under A.R.S. §§ § 36-2204 or 36-2211, the Department may:

1. Take the following action against an applicant or EMCT:

a. After notice is provided according to A.R.S. § 36-2211 and, if applicable, A.R.S. Title 41, Chapter 6, Article 10, issue:

i. A decree of censure to the EMCT, or

ii. An order of probation to the EMCT; or

b. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:

i. Deny an application,

ii. Suspend the EMCT's certificate, or

iii. Revoke the EMCT's certificate; and

2. Assess civil penalties against the EMCT.

B. In determining which action in subsection (A) is appropriate, the Department shall consider:

1. Prior disciplinary actions;

2. The time interval since a prior disciplinary action, if applicable;

3. The applicant's or EMCT's motive;

4. The applicant's or EMCT's pattern of conduct;

5. The number of offenses;

6. Whether the applicant or EMCT failed to comply with instructions from the Department;

7. Whether interim rehabilitation efforts were made by the applicant or EMCT;

8. Whether the applicant or EMCT refused to acknowledge the wrongful nature of the

misconduct;

9. Whether the applicant or EMCT made timely and good-faith efforts to rectify the consequences of the misconduct;
10. The submission of false evidence, false statements, or other deceptive practices during an investigation or disciplinary process;
11. The vulnerability of a patient or other victim of the applicant's or EMCT's conduct, if applicable; and
12. How much control the applicant or EMCT had over the processes or situation leading to the misconduct.