

**CAPE & ISLANDS EMS SYSTEM, INC.**  
**PO BOX 1197**  
**HYANNIS, MA. 02601**  
**(508)771-4510 & 1-800-932-7345**

**REQUEST FOR AUTHORIZATION TO PRACTICE / ALS**

**Instructions to Applicant**

1. Please fill out application ***completely*** and return to CIEMSS office. Be sure to attach ***all*** required items. If application and/or copies are illegible the application will be returned. No faxes will be accepted.
2. All applicants must:
  - 2.1. Print or type all information.
  - 2.2. Enclose copies of EMT-P/I course completion, current CPR and ACLS cards as well as current Commonwealth of Massachusetts EMT-P/I certificate and Drivers License.
  - 2.3. Contact CIEMSS office to schedule interview with the Director and complete Statewide Protocol Exam and 12-Lead Competency Test.
3. "Provisional Authorization to Practice (ATP)"
  - 3.1. Newly certified Paramedics and Paramedics new to the CIEMS System will be granted a "Provisional" ATP (per Region V Paramedic mentoring Guidelines).
  - 3.2. Such authorization allows said Paramedic to practice at the ALS level under the ***Direct Supervision*** of a Paramedic mentor/preceptor/FTO designated by the employee's Department.
  - 3.3. A Provisional Paramedic must be evaluated for a minimum period of **3 months / 30 Patient contacts (50% ALS)**, once the Provisional requirements are met; the Department can submit a completed S.E. Mass. EMS Council Report Form (see attached) along with copies of the 30 SARFS to CIEMSS for review.
  - 3.4. CIEMSS Staff will contact the Department to schedule a Permanent ATP meeting.
4. While under "Provisional Status" it is understood an unforeseen circumstance might occur placing the "Provisional Paramedic" in a situation in which ALS care is required while not accompanied by a second Paramedic. In the event of such circumstance, it is understood the "Provisional Paramedic" should initiate advanced level care in accordance with Massachusetts Pre-Hospital Treatment Protocols and the Department should make every effort to respond a second Paramedic to the scene to assist.

Applicants Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mass. EMT Number: \_\_\_\_\_ Intermediate or Paramedic

Current Affiliated Department / Agency; \_\_\_\_\_

Training Institution (EMT-I /P): \_\_\_\_\_

Date of Course Completion: \_\_\_\_\_

**PAST WORK EXPERIENCE IN PRE-HOSPITAL EMS CARE**

FROM	TO	DEPARTMENT/SERVICE & ADDRESS	SUPERVISOR

- I. Have you been convicted of any felonies or of an offense involving controlled substances?  
 YES \_\_\_\_\_ NO \_\_\_\_\_
- II. Has your certification to practice ALS ever been revoked/suspended or are you currently under investigation any State's EMS Office or by any Regional EMS Office?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If you answer yes to any of the above questions, please explain in detail on a separate sheet of paper.

I affirm that the information contained in this application is correct to the best of my knowledge. I acknowledge that until I receive my Authorization to Practice, I may not practice as an Intermediate or Paramedic. Further, I also understand that I may not function as an Intermediate or Paramedic outside of the Cape & Islands EMS System under this Authorization to Practice. I will notify the CIEMSS office should I no longer be employed by a CIEMSS department or agency or if my mailing address changes. It is my responsibility to apply for renewal of my Authorization to Practice before my current authorization expires.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant is employed or will be employed by: \_\_\_\_\_

Chief/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR AUTHORIZATION TO PRACTICE STATUS**

I (or my designated representative) have (has) reviewed this applicant's knowledge of the policies, procedures and protocols of the Commonwealth of Massachusetts, S.E. Region 5 Council and the Cape & Islands EMS System. He/she has satisfactorily completed all requirements.

Provisional ATP issued date: \_\_\_\_\_ Issued by: \_\_\_\_\_

Affiliate Hospital M.D. \_\_\_\_\_ Notification Method: \_\_\_\_\_

Permanent ATP issue date: \_\_\_\_\_ Issued by: \_\_\_\_\_

Affiliate Hospital M.D. \_\_\_\_\_ Notification Method: \_\_\_\_\_



# Southeastern Massachusetts EMS Council, Inc.

P.O. Box 686, Middleboro, MA 02346

(508) 946-3960

Date: \_\_\_\_\_

New Employee: \_\_\_\_\_ Cert #: \_\_\_\_\_

FTO: \_\_\_\_\_ Cert #: \_\_\_\_\_

Total # of Calls: \_\_\_\_\_ Total # of ALS: \_\_\_\_\_ Total # of BLS: \_\_\_\_\_

1 \* Doesn't Meet Standard                      2 – Satisfactory ( will improve with experience)                      3 – Proficient  
*\* All "1" must be documented why this score was received. All deficiencies must be corrected and documented*

**A. Appearance**

Comments (Mandatory):                      1    2    3

**B. Preparatory**

Comments (Mandatory):                      1    2    3

**C. Knowledge**

Comments (Mandatory):                      1    2    3

**D. Clinical Assessments:**

Comments (Mandatory):                      1    2    3

**E. Treatment**

Comments (Mandatory):                      1    2    3

**F. Communications**

Comments (Mandatory):                      1    2    3

**G. Documentation**

Comments (Mandatory):                      1    2    3

Field Training Officer/EMS Coordinator Reviewed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Appearance:

1. **Does not meet standard:** The candidate routinely is unprepared for the shift. Personal hygiene is lacking, appearance does not meet expectations or department requirements, and personal equipment is missing. The employee's attitude is unprofessional and/or arrogant.
2. **Satisfactory:** The candidate routinely is prepared for the shift. The uniform is neat and meets departments guidelines, the employee demonstrates confidence and compassion; has all needed personal equipment.
3. **Proficient:** The candidate routinely is prepared for the shift and usually arrives early. The uniform is neat and meets departments guidelines, the employee demonstrates confidence and compassion; has all needed personal equipment.

#### Preparatory:

1. **Does not meet standard:** The candidate does not check for preparedness and readiness. Does not complete the daily check sheet completely. Does not ensure adequate supplies. Does not fill out or complete narcotic log. Does not report any deficiencies.
2. **Satisfactory:** The candidate does check unit for preparedness and readiness. Performs a complete daily check sheet. Ensures adequate supplies. Adequately identifies vehicle problems and corrects them or reports them. Cleans vehicle after each use and prepares it for next response.
3. **Proficient:** The candidate consistently exceeds standards by thoroughly checking all aspects of the unit for functionality and need. Thoroughly cleans the exterior and interior of the ambulance without directive. Prepares the unit for the next response in an efficient manner.

#### Knowledge:

1. **Does not meet standard:** The candidate demonstrates significant gaps in didactic and clinical knowledge. The candidate is unwilling to participate in the end of day critique and has an unwillingness to learn. Clinical skills are inefficient and/or ineffective. Does not have a working knowledge of the protocols. Does not perform adequate and consistent patient assessments.
2. **Satisfactory:** The candidate can effectively identify disease pathophysiology. Recognizes gaps in knowledge and takes steps to correct the deficiencies. Exhibits a desire to learn from FTO. Has a working knowledge of Statewide Treatment protocols and Point of Entry (POE) plans. Effective patient assessments.
3. **Proficient:** The candidate consistently exceeds standards by demonstrating a highly proficient knowledge of Emergency medicine. Has a good basis of EMS knowledge. Is always willing to listen and be advised by FTO. Recognizes self limitations and consistently works to overcome them. Has a thorough working knowledge of Statewide Treatment protocols.

#### Clinical Assessment

1. **Does not meet standard:** The candidate routinely improperly assesses the patient. Does not have a clear concept of differential disease processes, cannot differentiate between acute and non-acute patients. Cannot isolate the chief complaint. Consistently defies the FTO and questions his/her judgment.
2. **Satisfactory:** The candidate can effectively identify disease pathophysiology. Recognizes probable causes for patient's current condition. Is able to identify acute patients versus non acute patients. Respects FTO input and applies it in a constructive fashion.
3. **Proficient:** The candidate demonstrates keen assessment skills. Predominately is able to look at the elements of present illness and apply the findings to the working assessment. Demonstrates a keen ability to differentiate between an acute patient and a non-acute patient.

#### Treatment:

1. **Does not meet standard:** The candidate does not recognize treatment errors. Inappropriately delays treatment. Does not correct inappropriate actions. Does not follow Statewide Treatment Protocols, or is unable to justify deviations. Applies blanket treatment regardless of presenting conditions.
2. **Satisfactory:** The candidate can effectively treat the patient according to the patient's present condition and utilizing the Statewide Treatment protocols. Is able to identify incorrect treatments and correct them. If a deviation from protocols occurs, the candidate has either consulted medical control or is able to justify the action in the best interest of the patient. Is aware of consequences of treatment.
3. **Proficient:** The candidate treats the patient considering all consequences. Consistently is confident in treating in the best interest of the patient. Is able to multitask and process several events simultaneously. Interacts with medical control when appropriate.

#### Communication/Documentation

1. **Does not meet standard:** The candidate is unable to communicate current status of unit, patient, or call in a clear consistent fashion. Unable to provide a detail report to the receiving facility. Purposely deceives ED staff to support previous treatment. Unwilling to communicate difficulties to FTO. Documentation is unclear and lacks format and detail. Does not document patient responses to therapeutic interventions or purposely omits therapeutic responses requiring documenting.
2. **Satisfactory:** The candidate consistently is able to communicate current status of unit, patient, or call in a clear and concise fashion. Is able to "paint" a clear scenario to medical control and/or the receiving facility. The candidate has a good working knowledge of CMED and other means of communication. Consistently provides adequate documentation, always documents responses on PCR's.
3. **Proficient:** The candidate appropriately uses of all forms of EMS communication. Demonstrates a strong working knowledge of all Pre-Hospital communication. Documents all calls thoroughly and is well versed in the department's documentation procedures.