

NEW JERSEY ADMINISTRATIVE CODE
TITLE 8. DEPARTMENT OF HEALTH AND SENIOR SERVICES
CHAPTER 41A. EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC:
TRAINING AND

CERTIFICATION
SUBCHAPTER 1. AUTHORITY, SCOPE AND DEFINITIONS

8:41A-1.1 Authority

These rules are promulgated pursuant to [N.J.S.A. 26:2K-7](#) through 20, which authorize the Commissioner to adopt rules pertaining to the training, testing and certification of Emergency Medical Technicians-Paramedic.

8:41A-1.2 Scope and purpose

(a) These rules shall apply to:

1. Any person seeking certification or recertification as an EMT-Paramedic;
2. Certified EMTs-Paramedic;
3. Any private agency, organization or entity seeking approval as a clinical or didactic training site; and
4. Approved clinical and didactic training sites.

8:41A-1.3 Definitions

The following words and terms, as utilized in this chapter, shall have the following meanings, unless the context in which they are utilized clearly indicates otherwise.

"ACLS certification" or "certification in ACLS" means valid certification in Advanced Cardiac Life Support as issued by the American Heart Association.

"Advanced life support" or "ALS" means an advanced level of pre-hospital, inter-facility or emergency medical care that includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous (IV) therapy, administration of specific medications, drugs and solutions, utilization of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the Commissioner.

"Advanced practice nurse" means a person who is validly licensed by the New Jersey Board of Nursing in accordance with the standards set forth at [N.J.S.A. 45:11-45](#) et seq.

"AHA CPR Guidelines" means the "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" as published by the

American Heart Association
National Center,
7272 Greenville Avenue,
Dallas, TX 75231- 4596

incorporated herein by reference, as amended and supplemented. A copy of the guidelines is on file and available for inspection at the Office of Emergency Medical Services.

"Air medical unit" or "AMU" means a specially equipped helicopter or airplane that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.

"Airplane" means, as defined at [14 C.F.R. 1.1](#), an engine-driven fixed-wing aircraft heavier than air, which is supported in flight by the dynamic reaction of the air against its wings.

"ALS crewmember" means:

1. A registered nurse who meets the requirements set forth at [N.J.A.C. 8:41-9.9](#) or [N.J.A.C. 8:41-10.8\(d\)](#)¹ through (d)^{5vii}; and/or
2. An EMT-Paramedic, who staffs a mobile intensive care unit, specialty care transport unit or air medical unit.

"Automated external defibrillator" or "AED" means a device that can be attached to a patient in cardiopulmonary arrest, analyze an electrocardiogram for the presence of potentially lethal dysrhythmias (specifically, ventricular fibrillation and fast ventricular tachycardia), deliver an electrical defibrillation to the patient in accordance with the requirements of standard treatment protocols, and produce an event summary that documents significant events in the utilization of the device, specifically events prior to and after an electrical defibrillation.

"Available" means ready for immediate utilization (pertaining to equipment, vehicles and personnel) or immediately accessible (pertaining to records).

"Basic life support" or "BLS" means a basic level of pre-hospital care that includes patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR) (to the level of the Professional Rescuer or Health Care Provider as issued by either the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the Department to comply with AHA CPR Guidelines), hemorrhage control, initial wound care, fracture stabilization, victim extrication and other techniques and procedures as defined in the EMT-Basic:

National Standard Curriculum promulgated by the National Highway Traffic Safety Administration of the United States Department of Transportation, as amended and supplemented (obtainable from

The National Highway Traffic Safety Administration (NHTSA)
400 7th Street S.W.
Washington, D.C. 20590

by accessing the NHTSA website at

www.nhtsa.dot.gov/people/injury/ems or by calling (888) 327-4236).

"Basic life support ambulance" or "BLS ambulance" means an emergency medical services vehicle that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:40.

"BTLS certification" or "certification in BTLS" means valid certification in Basic Trauma Life Support as issued by the American College of Emergency Physicians.

"Certificate of need" means the formal written approval of the New Jersey Department of Health and Senior Services to construct or expand a health care facility or to institute a new health care service, in accordance with requirements set forth at N.J.A.C. 8:33.

"Certified" or "certification" means official documentation that a person has completed all the requirements of an approved training program and has demonstrated competence in the subject matter to the satisfaction of the certifying agency.

"Clinical portion" means the practical "hands-on" portion of the program curriculum or the refresher curriculum, as appropriate in the context of the provision.

"Clinical training site" means a mobile intensive care hospital, as defined in this section, which has been authorized by the Department to provide the clinical portion of an EMT-Paramedic training program.

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services.

"Controlled dangerous substance" means a drug, substance or immediate precursor identified in Schedules I through V of the New Jersey Controlled Dangerous Substances Act ([N.J.S.A. 24:21-5](#) through 8.1). The term shall not include distilled spirits, wine or malt beverages, as those terms are defined or utilized in [N.J.S.A. 33:1-1](#) et seq., or tobacco and tobacco products.

"Convicted" or "conviction" means a finding of guilt by a judge or jury, a guilty plea, a plea of nolo contendere or non-vult or entry into a pre-trial intervention program, conditional discharge or other diversionary program authorized under the statutes of the State of New Jersey or under any other state's statutes.

"CPR certification" means valid certification in cardiopulmonary resuscitation to the level of the Professional Rescuer or Health Care Provider as issued by the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the Department to comply with AHA CPR Guidelines.

"Crewmember" means any person (including, but not limited to, an EMT-Basic, EMT-Paramedic or registered nurse) who staffs a basic life support ambulance, mobile intensive care unit, specialty care transport unit or aero-medical unit.

"Crime" means, in accordance with the New Jersey Code of Criminal Justice, specifically [N.J.S.A. 2C:1-4](#), any offense for which a sentence of imprisonment in excess of six months is authorized.

"Department" means the New Jersey Department of Health and Senior Services.

"Didactic coordinator" means the person responsible for coordinating the didactic portion of an EMT-Paramedic training program. The specific responsibilities required of a didactic coordinator are set forth at [N.J.A.C. 8:41A-2.3©](#).

"Didactic portion" means the textbook/lecture portion of the program curriculum or the refresher curriculum, as appropriate in the context of the provision.

"Didactic training site" means a New Jersey college, accredited by the Department of Higher Education, which has been authorized by the Department to provide the didactic portion of an EMT-Paramedic training program.

"Director" means the person responsible for all activities of a mobile intensive care program. The specific requirements necessary to serve as a mobile intensive care program director are set forth at [N.J.A.C. 8:41-9.3](#).

"Disorderly persons offense" or "petty disorderly persons offense" shall have the same meaning as the definition provided by the New Jersey Code of Criminal Justice at [N.J.S.A. 2C:1-4](#), incorporated herein by reference, as amended and supplemented. Generally, such offenses are under the jurisdiction of municipal courts, carry a maximum jail term of six months or less, and are characterized by being minor in nature, not giving rise to the rights of trial by jury or indictment by grant jury. Examples of these offenses include harassment, obstructing a public passage, and fighting in a public place.

"Emergency" means a person's perceived need for immediate medical care in order to prevent death or aggravation of physiological or psychological illness or injury.

"Emergency medical services" or "EMS" means a system for the provision of emergency care and transportation of persons who are sick or injured and in need of immediate medical care.

"Emergency Medical Technician-Basic" or "EMT-Basic" means a person trained in basic life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Basic certification as set forth at N.J.A.C. 8:40A.

"Emergency Medical Technician-Paramedic" or "EMT-Paramedic" means a person trained in advanced life support cares and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Paramedic certification as set forth in this chapter.

"EMS Educator" means the person responsible for coordinating all activities associated with the clinical portion of an EMT-Paramedic training program. The specific responsibilities required of an EMS Educator are set forth at [N.J.A.C. 8:41A-2.4©](#).

"EMT-Paramedic student" means a person enrolled in an EMT-Paramedic training program.

"EMT-Paramedic training program" means a course of study, as provided for in this chapter, consisting of both didactic and clinical instruction, designed for the

purpose of preparing a person to sit for the NREMT-Paramedic Certification Examination.

"Evaluator" means a person responsible for administering the practical "hands-on" portion of the NREMT-Paramedic Certification Examination. Evaluators are identified, appointed and trained by the Office of Emergency Medical Services to observe and record the actions of each EMT-Paramedic student based upon the criteria for each skill tested, in accordance with the standards and guidelines established by the National Registry of Emergency Medical Technicians.

"Field preceptor" means a person, identified by the didactic coordinator and/or the EMS Educator, who possesses a higher level of expertise in both the subject matter and field training requirements of EMT-Paramedic students. A field preceptor shall be responsible for monitoring EMT-Paramedic students in the demonstration of knowledge and in the performance of skills during the course of a student's required field experience.

"General hospital" means any hospital, validly licensed by the Department, which maintains and operates organized facilities and services for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity and in which all diagnoses, treatment and care are administered by or performed under the direction of persons who, in accordance with [N.J.S.A. 45:9-6](#), are validly licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners.

"Helicopter" means a heavier-than-air aircraft that depends principally for its support in flight on the lift generated by one or more rotors.

"Medical command" means the medical direction provided to ALS crewmembers by a medical command physician.

"Medical command physician" means a physician or a person validly licensed by another state's Board of Medical Examiners (or equivalent licensing agency) who provides medical direction to ALS crewmembers via radio, telephone or other direct means of communications. The criteria for medical command physicians differ for mobile intensive care units, specialty care transport units and aero-medical units. The specific criteria for each is set forth at [N.J.A.C. 8:41-9.5](#), [8:41-10.5](#) and [8:41-11.5](#), respectively.

"Medical director" means the physician responsible for the medical oversight of the operations of a mobile intensive care program. The specific criteria required of a medical director are set forth at [N.J.A.C. 8:41-9.4](#).

"Medical record" means any information and/or reports (including, but not limited to, patient care reports) that describe a person's physical condition and/or medical history.

"Mobile intensive care hospital" means a general hospital authorized by the Commissioner, by way of a certificate of need, to develop and maintain a mobile intensive care program for the purpose of providing advanced life support care to a specific population, geographic region or political subdivision.

"Mobile intensive care nurse" or "MICN" means a registered nurse who meets all of the criteria set forth at [N.J.A.C. 8:41-9.9](#).

"Mobile intensive care program" means a program, operated by a mobile intensive care hospital, which is validly licensed by the Department to provide pre-hospital advanced life support cares by way of a specially equipped and staffed mobile intensive care unit. The mobile intensive care hospital shall be vested with the ultimate responsibility for the delivery of services and shall be held accountable for the actions of all of its crewmembers in the event that there are violations of any State or Federal licensing standards.

"Mobile intensive care unit" or "MICU" means a specialized emergency medical services vehicle that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.

"NREMT" means The National Registry of Emergency Medical Technicians, which is a professional testing agency specializing in the development of evaluation instruments designed for utilization by various states in the certification and registration of emergency medical services professionals. The NREMT is headquartered at the

Rocco V. Morando Building
6610 Busch Boulevard
P.O. Box 29233
Columbus, OH 43229-0233.

"Neonatal" means the period of time from the moment of birth up to and including the 28th day following birth.

"Office of Emergency Medical Services" or "OEMS" means the Office of Emergency Medical Services in the New Jersey Department of Health and Senior Services,

PO Box 360
Trenton, New Jersey, 08625.

The telephone number for OEMS is (609) 633-7777.

"Official NREMT representative" means a person responsible for the administration of the NREMT-Paramedic Certification Examination. Official NREMT representatives are appointed by the Office of Emergency Medical Services and are trained by the National Registry of Emergency Medical Technicians, in accordance with the its standards and guidelines, to conduct all NREMT-Paramedic Certification Examination related activities.

"PALS certification" or "certification in PALS" means valid certification in Pediatric Advanced Life Support as issued by the American Heart Association.

"Patient" means any person who is ill or injured, living or deceased and with whom a crewmember has established physical or verbal contact.

"Patient care report" means and includes the written documentation completed each time a crewmember makes physical or verbal contact with a patient.

"Pediatric" means the period of time beginning with the 29th day following birth up to, but not including, a person's 13th birthday.

"PEPP-Advanced certification" or "certification in PEPP-Advanced" means valid certification in Pediatric Education for Prehospital Providers as issued by the American Academy of Pediatrics.

"PHTLS certification" or "certification in PHTLS" means valid certification in Pre-Hospital Trauma Life Support as issued by the National Association of EMTs.

"Physician" means a person who is validly licensed by the New Jersey State Board of Medical Examiners in accordance with the standards set forth at [N.J.S.A. 45:9-6](#).

"Physician assistant" means a person who is validly licensed by the New Jersey State Board of Medical Examiners in accordance with the standards set forth at [N.J.S.A. 45:9-27.13](#).

"Pre-hospital" means the period of time prior to the delivery of a patient to a physician or registered nurse at a general hospital or satellite emergency department.

"Program curriculum" means the Emergency Medical Technician-Paramedic: National Standard Curriculum (EMT-P) 1998 edition published by the National Highway Traffic Safety Administration of the United States Department of Transportation, incorporated hereby by reference, as amended and supplemented. Copies may be obtained from

The National Highway Traffic Safety Administration
400 7th Street S.W.
Washington, D.C. 20590
or by calling (888) 327-4236
or accessing the website at www.nhtsa.dot.gov/people/injury/ems.

"Refresher curriculum" means the Emergency Medical Technician-Paramedic: 2001 National Standard Curriculum Refresher Course edition published by the National Highway Traffic Safety Administration of the United States Department of Transportation, incorporated herein by reference, as amended and supplemented. Copies may be obtained from

The National Highway Traffic Safety Administration
400 7th Street S.W.
Washington, D.C. 20590
or by calling (888) 327-4236
or accessing the website at www.nhtsa.dot.gov/people/injury/ems.

"Registered nurse" means a person who is validly licensed by the New Jersey State Board of Nursing in accordance with the standards set forth at [N.J.S.A. 45:11-26](#).

"Remediation" means the formal process by which students who are experiencing difficulties following the lesson plan receive a formal review of any and all cognitive and psychomotor objectives associated with a specific module.

"Respiratory care practitioner" means a person who is validly licensed by the New Jersey State Board of Respiratory Care in accordance with the standards set forth at [N.J.S.A. 45:14E-10](#).

"Revocation" or "revoked" means the permanent voiding, withdrawal and/or cancellation of a license or certification.

"Satellite emergency department" means a facility that is owned and operated by a general hospital that provides emergency care and treatment.

"Specialty care transport unit" or "SCTU" means a specialized transport medical service vehicle that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.

"Standing orders" means specific treatment protocols, authorized by the Commissioner, that occur prior to any communications with the medical command physician.

"Valid" or "validly" means original (not a photo copy), current, up-to-date, not expired, in effect and/or not past the renewal date required by the issuer.

8:41A-1.4 Waivers

(a) The Commissioner or his or her designee may grant a waiver of any part of this chapter if, in his or her opinion, such a waiver would not:

1. Endanger the life of any person;
2. Endanger the public health, safety or welfare; or
3. Adversely affect the provision of basic or advanced life support care.

(b) Any agency, organization, entity or person seeking a waiver shall apply, in writing, to OEMS.

(c) An application for waiver shall include the following:

1. The nature of the waiver requested;
2. The specific standards for which the waiver is requested;
3. Reasons for requesting the waiver, including a statement of the type and degree of hardship that would result if the waiver is not granted;
4. An alternate proposal that would ensure public safety; and
5. Documentation to support the waiver application.

(d) The Department reserves the right to request additional information before processing an application for waiver.

8:41A-2.1 General information and requirements

(a) Paramedic training shall consist of two components; didactic and clinical. The didactic component shall be conducted in accordance with these rules by those entities described as being eligible for conducting such training. The didactic component shall serve as the initial training component, while the clinical component shall serve as the secondary component. The clinical training component shall be conducted in accordance with these rules by those sites described as being eligible for conducting such training. No portion of clinical training shall commence until such time as the academic equivalent has been successfully completed.

(b) Each EMT-Paramedic training program shall safeguard the health and safety of its students, faculty and any patients associated with the training activities.

(c) Each EMT-Paramedic training program shall make academic counseling services available to each of its students, both didactic and clinical. Guidance procedures shall be established that include documentation of regular and timely discussions with qualified faculty and the field preceptors regarding the student's strengths, weaknesses and overall progress in the EMT-Paramedic training program.

(d) Accurate information regarding didactic and clinical training requirements, tuition, fees, institutional policies, programmatic policies, procedures and supportive services shall be available to all EMT-Paramedic training program applicants and students.

(e) The paramedic students' didactic and sponsoring clinical training programs shall maintain on file a descriptive synopsis of the current curriculum, both didactic and clinical, as well as current course objectives, course outlines, schedules of didactic and clinical courses, field experience schedules and instructional plans. These files shall be made available to applicants and students during normal business hours, and shall be made available to Department staff upon demand.

(f) The Department shall conduct such audits and inspections as necessary to ensure compliance with the provisions of this chapter. Within 30 days of the conclusion of the didactic program, the didactic coordinator shall submit to OEMS the final grade reports of the students enrolled. All clinical training sites shall submit student rosters to the Department to monitor the programs for compliance with this chapter.

(g) The didactic coordinator or EMS Educator, as applicable, shall retain students' records for at least three years from the end of training or termination of a student from the didactic or clinical portion of an EMT-Paramedic training program and shall make those records available to Department staff upon demand.

8:41A-2.2 Student qualifications

(a) The requirements for enrollment in, and to receive credit for, an EMT-Paramedic training program shall be as follows:

1. Attainment of the age of 18 by the first day of the program;
2. Possession of a high school diploma or its equivalent;
3. Possession of EMT-Basic and CPR certifications. The student shall maintain EMT-Basic and CPR certifications throughout the duration of the EMT-Paramedic training program and until such time as he or she is either certified as an EMT-Paramedic or terminated from the EMT-Paramedic training program. The student's EMT-Basic and CPR certification cards shall be made available to Department staff upon demand;
4. Physical capability to perform all required skills and tasks of an EMT-Paramedic student as cited in the clinical and didactic portions of the program curriculum; and
5. Application, for and receipt of, sponsorship from a mobile intensive care hospital for the clinical portion of an EMT-Paramedic training program.

(b) A person enrolled in an EMT-Paramedic training program shall possess both ACLS and either PALS or PEPP-Advanced certifications.

8:41A-2.3 Didactic training

(a) An EMT-Paramedic training program shall provide a coordinated course of study, consisting of both didactic and skill instruction, designed for the purpose of preparing a person to sit for the NREMT-Paramedic Certification Examination.

(b) The didactic portion of an EMT-Paramedic training program shall be conducted by a postsecondary educational institution such as a university, county college or community college that has been accredited by the New Jersey

Commission on Higher Education.

1. An accredited educational institution seeking to be approved as a didactic training site for the purpose of offering the didactic portion of an EMT-Paramedic training program shall first apply, in writing, to OEMS for approval. Application information shall include, but not be limited to, proposed lesson plans, affiliated clinical training sites, instructional personnel, physical plant and course content. Approval of new didactic training sites shall be based on compliance with the requirements of this chapter and on system needs as determined by the Department.
 2. No classes shall be offered by an applicant training site until approval is granted by the Department.
 3. No institution shall offer, or claim to offer, the didactic portion of an EMT-Paramedic training program until approved by the Department to do so.
- (c) Each didactic training site shall employ a didactic coordinator. The didactic coordinator shall have graduated from an accredited college with at least an Associate's degree, be an EMT-Paramedic or registered nurse and have a minimum of three years experience in a mobile intensive care program providing advanced life support cares. In lieu of a college degree, a person may serve as a didactic coordinator if he or she can document to the satisfaction of OEMS that he or she has at least two years of practical experience in the actual training of EMT-Paramedic students. The didactic coordinator's responsibilities shall include, but are not limited to:
1. Coordinating all activities associated with the didactic portion of an EMT-Paramedic training program;
 2. Ensuring that all persons providing didactic instruction to students enrolled in the didactic portion of an EMT-Paramedic training program are competent to provide the necessary training and have received formal orientation to the program curriculum, with particular attention to didactic training;
 3. Establishing, in cooperation with the EMS Educator, a procedure for determining whether an applicant, prior to acceptance into an EMT-Paramedic training program, will be able to demonstrate competency for all cognitive and psychomotor skill objectives necessary to complete the training program;

4. Compiling all relevant student records including, but not limited to:
 - i. Identifying data on each student including, but not limited to, name, address, phone number, date of birth and the EMT-B identification number;
 - ii. Records of progress, including grades on examinations and skill performance;
 - iii. Anecdotal records, as needed; and
 - iv. Clinical training site affiliation(s);

 5. Providing each student with at least four periodic written or verbal evaluations;
 - i. To ensure effectiveness of student evaluations, the testing instruments and evaluation methods shall undergo frequent review by the didactic coordinator and shall be subject to review by OEMS for validity, reliability and consistency. When appropriate, reviews must result in the update, revision or formulation of more effective testing instruments or evaluation methods;

 6. Providing periodic reports to the EMS Educator at the sponsoring clinical training site reporting the student's progress; and

 7. Ensuring that all students perform and demonstrate competence in all required skills prior to completion of didactic training.
- (d) The didactic portion of an EMT-Paramedic training program shall include, at a minimum, the program curriculum. While additional material may be presented, all topics of the program curriculum shall be covered.

1. Each course of study shall follow planned outlines and shall be appropriately sequenced with clinical and field experiences.

2. Successful completion of the didactic portion of an EMT-Paramedic training program shall assure attainment of basic theoretical and scientific knowledge reflective of state of the art patient care. The didactic course of study shall include content that provides a basis for the knowledge and skill development of the subject areas pertaining to the pre-hospital emergency care of adult, pediatric, infant and neonatal patients.

8:41A-2.4 Clinical training

(a) An EMT-Paramedic training program shall provide a coordinated course of study, consisting of both didactic and clinical instruction, designed for the

purpose of preparing a person to sit for the NREMT-Paramedic Certification Examination.

(b) The clinical portion of an EMT-Paramedic training program shall be conducted by a mobile intensive care hospital.

1. A mobile intensive care hospital seeking to be approved as a clinical training site for the purpose of offering the clinical portion of an EMT-Paramedic training program shall first apply, in writing, to OEMS for approval. Applications shall include clinical resources, training objectives, didactic training site affiliations, the name of the medical director responsible for overseeing the training and other such information as deemed necessary by the Department. Approval of new clinical training sites shall be based on system needs as determined by the Department.

2. No mobile intensive care hospital shall offer, or claim to offer, the clinical portion of an EMT-Paramedic training program until authorized by the Department to do so.

i. Supervision in the clinical setting shall be provided by the EMS Educator, field preceptors or hospital personnel such as physicians, physician assistants, advanced practice nurses, registered nurses and/or respiratory care practitioners, if supervisors have been approved by the EMS Educator to function in such roles. Clinical supervision must be provided by faculty and/or staff qualified through previous academic preparation, training, and experience to teach and/or operate in the clinical setting or settings. There shall be a 1:1 student/instructor ratio for all clinical training.

ii. All clinical training sites shall conduct their training in compliance with the objectives set forth at N.J.A.C. 8:41A-2.4 through 2.7. All clinical training sites shall maintain accurate records of the students' progress, documenting satisfactory completion of all completed clinical objectives. These documents shall be made available to Department staff upon demand.

(c) Each clinical training site shall employ an EMS Educator. The EMS Educator shall have graduated from an accredited college with at least an Associate's degree, be an EMT-Paramedic or registered nurse and have a minimum of three years experience in a mobile intensive care program providing advanced life support cares. In lieu of a college degree, a person may serve as an EMS Educator if he or she can document, to the satisfaction of OEMS, that he or she has at least two years of practical experience in the actual training of EMT-Paramedic students. The EMS Educator's responsibilities shall include, but are

not limited to:

1. Coordinating all activities associated with the clinical portion of an EMT-Paramedic training program;

2. Ensuring that all persons providing clinical instruction to students enrolled in the clinical portion of an EMT-Paramedic training program are clinically competent to provide the necessary training and have received formal orientation to the program curriculum, with particular attention to clinical training;

3. Compiling all relevant student records including, but not limited to:

i. A copy of the student's EMT-Basic certification card;

ii. Copies of the student's CPR, ACLS and either PALS or PEPP-Advanced certification cards;

iii. Documentation of successful completion of the didactic portion of an EMT-Paramedic training program;

iv. A copy of the schedule for the didactic portion of an EMT-Paramedic training program;

v. Original documentation of completion of the stated objectives of the clinical portion of an EMT-Paramedic training program;

vi. Copies of the schedules for the clinical portions of an EMT-Paramedic training program;

vii. Anecdotal records, as needed;

viii. Copies of the required evaluations; and

ix. Copies of the endorsement to take the NREMT-Paramedic Certification Examination, if appropriate;

4. Providing each student with at least four periodic written or verbal evaluations;

i. Student evaluations shall be conducted on a recurring basis and with sufficient frequency to provide both the student and the program faculty with valid and timely indicators of the student's progress towards, and the achievement of, the competencies and objectives stated in the curriculum;

ii. Methods utilized to evaluate students shall verify the achievement of the objectives stated in the curriculum. Evaluation methods, including direct assessment of student competencies in patient care environments, shall be appropriate in design to assure valid assessment of competency. Evaluation methods must be consistent with the competencies and objectives being tested;

5. Ensuring that students have access to patients who present common problems encountered in the delivery of advanced emergency care in adequate numbers and in distribution by age and sex;

6. Ensuring that students are assigned to clinical settings where experiences are educationally efficient and effective in achieving the program's objectives;

7. Developing a final evaluation examination covering all the objectives of the clinical training. Each student shall take and pass that examination prior to receiving endorsement to take the NREMT-Paramedic Certification Examination; and

8. Ensuring that all students perform and demonstrate competency in all required skills prior to endorsing the student to sit for the NREMT-Paramedic Certification Examination.

(d) The clinical portion of an EMT-Paramedic training program shall consist of a minimum of 700 hours of training. The training objectives for each area of the didactic portion of an EMT-Paramedic training program must have been presented before clinical training for the respective area may begin.

1. Hours of clinical training in the following areas are mandated by the program curriculum and the Department:

i. Emergency Department: 100 hours;

ii. Intensive/Coronary Care Units: 40 hours;

- iii. Operating/Recovery Room: 24 hours;
- iv. IV Therapy Team, if available: 16 hours;
- v. Pediatric Unit: 40 hours;
- vi. Labor/Delivery/Newborn Nursery: 24 hours;
- vii. Psychiatric Unit or Crisis Center: Eight hours;
- viii. Cardiology Laboratory: Eight hours; and
- ix. Morgue: Eight hours;

(1) The morgue experience may be obtained by the student attending actual autopsies, viewing videotaped autopsies approved by the Department or by attending a course approved by the Department.

2. Clinical training shall also be required in the following areas:

- i. Laboratory: Eight hours; and
- ii. Respiratory Therapy: 24 hours.

3. A minimum of 400 hours of field experience shall be documented after completion of the didactic portion of an EMT-Paramedic training program.

4. Minimum hour requirements for optional clinical areas may be determined by the EMS Educator.

(e) The student shall provide the EMS Educator with the appropriate completed clinical sign off sheets documenting successful completion of all clinical training objectives.

(f) If a student fails to meet any of the minimum numbers for the performance of the required skills listed in this chapter, the EMS Educator may, in accordance with [N.J.A.C. 8:41A-1.4](#), make application to OEMS for a waiver of that requirement.

(g) All training requirements for the clinical portion of an EMT-Paramedic training program shall be completed within 18 months of the completion of the didactic portion of an EMT-Paramedic training program. A student may be eligible for a six-month extension to complete the clinical training requirements.

1. Any such request shall be made to the Department and shall:

i. Be made in writing by the EMS Educator responsible for the student and delivered no later than 30 calendar days before the expiration of the clinical portion of an EMT-Paramedic training program;

ii. Include the student's name, didactic training site, didactic completion date, and the name of the mobile intensive care hospital providing clinical sponsorship;

iii. Include an explanation of the need for the extension; and

iv. Contain an endorsement of the request by the EMS Educator and a statement reaffirming clinical sponsorship.

2. The Department shall advise students of the outcome of their request, through their EMS Educator, within 30 calendar days of receipt of the request.

3. Only one such extension shall be granted.

4. Students who receive an extension shall sit for the first NREMT-Paramedic Certification Examination offered after the extension expires.

(h) Any student failing to complete the clinical portion of an EMT-Paramedic training program within the time span identified in (g) above shall be required to complete a didactic course of study equivalent to the refresher curriculum, the balance of the clinical time required and any additional time the EMS Educator or OEMS deems reasonably necessary to demonstrate competence in the required training objectives. In no instance shall the total training period exceed 36 months from the beginning of the didactic portion of an EMT-Paramedic training program.

(i) Students shall not transfer clinical sponsorship during the course of training unless the change is first endorsed by both the original and the

intended sponsors. Consistent with [N.J.A.C. 8:41A-1.4](#), a student may request a waiver from this requirement.

8:41A-2.5 Specific clinical objectives: Category I/Skills Division

(a) Upon successful completion of the Laboratory training experience the student shall be able to:

1. Identify the proper equipment and materials for venipuncture and blood collection;
2. Identify the proper sites for venipuncture and prepare the patient for the procedure;
3. Perform a minimum of 20 venipunctures utilizing proper aseptic technique and the appropriate blood collection equipment;
4. Document the procedure on the patient's chart in accordance with hospital policy; and
5. Document all procedures performed on the appropriate clinical sign off sheet.

(b) Upon successful completion of the IV therapy training experience, the student shall be able to:

1. Prepare the patient for the procedure;
2. Select the appropriate site for the procedure and prepare the necessary equipment to accomplish the orders. This includes selecting and preparing the solution, tubing and other associated equipment and calculating the correct rate of infusion;
3. Perform a minimum of 20 successful IV infusions. All infusions shall be performed utilizing proper aseptic technique and be performed in less than five minutes. Completion of the hospital IV therapy certification program may be substituted for this requirement. Prior to completion of the clinical portion of an EMT-Paramedic training program, the student shall have successfully initiated a minimum of 50 IV infusions or cannulations and have demonstrated clinical competency in the skill;

4. In accordance with hospital policy, document all procedures on the patient's chart; and

5. Document all procedures performed, using the appropriate clinical sign off sheet.

(c) Upon successful completion of the Respiratory Therapy training experience, the student shall be able to:

1. Identify breath sounds on a minimum of 20 patients utilizing proper auscultatory technique. Prior to the conclusion of clinical portion of an EMT-Paramedic training program, the student shall have identified and documented breath sounds on a minimum of 10 patients with rales, rhonchi and wheezing;

2. Demonstrate the correct application of the nasopharyngeal airway, oropharyngeal airway, endotracheal tube, laryngeal mask airway, dual lumen airway device and other alternative airway devices as deemed appropriate by the Department. The student shall perform these skills utilizing appropriate equipment, techniques and sites. All airway insertions shall be recorded on the patient's chart, in accordance with hospital policy, and on the appropriate clinical sign off sheet. These skills shall be evaluated by both observation and skill testing by the EMS Educator;

3. Demonstrate, utilizing appropriate equipment, the proper technique for suctioning orally, nasally, tracheally and endotracheally. All suctioning shall be recorded on the patient's chart, in accordance with hospital policy, and on the appropriate clinical sign off sheet. Prior to the conclusion of the clinical portion of an EMT-Paramedic training program, the student shall have suctioned a minimum of five patients with an endotracheal tube in place;

4. Identify the desired effect for medications administered by the respiratory care practitioners;

5. Prepare and administer a minimum of 10 nebulized medications. Only those medications identified at [N.J.A.C. 8:41-6.1](#) are to be administered by the student. The student shall perform this skill utilizing appropriate technique and dosage. All nebulized medication administrations shall be recorded on the patient's chart, in accordance with hospital policy, and on the appropriate clinical sign off sheet;

6. Observe patients on ventilators. The student shall be able to explain the rationale for the utilization of the ventilator; and

7. Optional experiences may include procedures such as observation of pulmonary function tests and bronchoscopy.

(d) Upon successful completion of the Operating/Recovery Room training experience, the student shall be able to:

1. Perform successful endotracheal intubation. The student shall perform this skill utilizing appropriate equipment and techniques. This includes the appropriate pre-oxygenation, re-oxygenation and verification of tube placement by inspection and auscultation. All endotracheal intubations shall be recorded on the patient's chart, in accordance with hospital policy, and on the appropriate clinical sign off sheet; and

2. Prior to the conclusion of training, the student shall have successfully endotracheally intubated a minimum of five patients. It is recommended that the majority of these be performed in the pre-hospital environment.

(e) Upon successful completion of the Cardiology Laboratory training experience, the student shall be able to:

1. Perform a minimum of five 12-lead electrocardiogram tracings. A copy of each shall be retained by the student for interpretation at a later date with the EMS Educator;

2. Identify the effects of medications and electrolyte imbalances on the interpreted electrocardiograms; and

3. As an optional experience, observe stress tests, echocardiograms, application of Holter monitors and cardiac catheterizations.

(f) Each EMS Educator shall develop an evaluation examination covering all of the Category I training objectives. Each student shall take and pass that examination prior to proceeding to Category II.

8:41A-2.6 Specific clinical objectives: Category II/Specialty Care Division

(a) Upon successful completion of the Intensive Care/Coronary Care Unit and Emergency Department training experiences, the student shall be able to:

1. Document the performance of 20 complete patient histories/assessments using the appropriate clinical sign off sheet. These histories/assessments shall include a minimum of five neurological and five trauma assessments;
2. Demonstrate medication administration by the intramuscular, subcutaneous, sublingual, topical, intraosseous and IV routes. Utilization of appropriate medication administration equipment and the correct drug calculations are required. The student shall document all medication administrations performed on the patient's chart, as per hospital policy and on the appropriate clinical sign off sheet. Only those medications identified at [N.J.A.C. 8:41-6.1](#) shall be administered;
3. Identify the actions, indications, normal dosage range, side effects and contraindications of all medications administered;
4. Submit one case study from each patient care area. This shall include the chief complaint, patient history, past medical history, current medications, clinical presentation, treatment modalities, response to care and patient outcome;
5. Prepare a minimum of 10 medication cards on medications other than those approved for utilization by EMTs-Paramedic, as set forth at [N.J.A.C. 8:41-6.1](#), and which were identified during the student's critical care experience. Each card shall include the generic and trade names, actions, indications, contraindications, dosage range, routes of administration and adverse reactions;
6. Demonstrate the proper application and utilization of an external cardiac pacemaker;
7. Demonstrate the proper application and utilization of an AED;
8. Document a rhythm strip from every monitored patient displaying a dysrhythmia and/or abnormal electrocardiogram in each clinical care area. Each strip shall be interpreted and the treatment modalities documented on the appropriate clinical sign off sheet;
9. Document the participation and/or observation of a minimum of one cardiac arrest on the appropriate clinical sign off sheet. Prior to the conclusion of the training experience, the student shall have participated in a minimum of five cardiac arrest resuscitations;

10. Demonstrate the appropriate technique and situations for the application of defibrillation and cardioversion. By the end of the training experience, the student shall have performed a minimum of five defibrillations and/or synchronized cardioversions;

11. Demonstrate appropriate treatment modalities for the patient in cardiac arrest using the Advanced Cardiac Life Support Guidelines 2001 edition published by the American Heart Association, incorporated herein by reference, as amended and supplemented. Copies may be obtained by writing to the

American Heart Association National Center
7272 Greenville Avenue
Dallas, Texas 75231-4596

12. Document the insertion, or observation of the insertion, of a nasogastric tube on the appropriate clinical sign off sheet. If the student has inserted the nasogastric tube, document the insertion on the patient's chart, in accordance with hospital policy. If the student has performed the insertion, the student shall document the proper utilization of equipment and technique during the procedure;

13. Demonstrate the application of and discuss the principles of utilization of the pneumatic anti-shock garment (PASG);

14. Identify etiologies, clinical presentation and treatment modalities of the following: angina pectoris, acute myocardial infarction, congestive heart failure, ventricular and aortic aneurysm, cardiogenic shock, myocardial trauma, acute hypertensive crisis, diabetic emergencies, poisonings and overdoses, hypovolemic shock, acute respiratory failure, chronic obstructive pulmonary diseases (COPD), asthma, pneumonia, head injury and coma, cerebral vascular accident, seizures, burns, infectious diseases, acute abdomen, renal failure, fractures, septic shock, neurogenic shock, pulmonary edema, pulmonary embolism and anaphylaxis; and

15. As an optional experience, review and demonstrate the utilization of Doppler, infusion pumps and the observation of the insertion of internal pacemakers.

(b) Upon successful completion of the Labor/Delivery/Newborn Nursery training experience, the student shall be able to:

1. Document the observation of a minimum of five vaginal deliveries on the appropriate clinical sign off sheet;
2. Identify the normal stages of labor;
3. Assist in the care of a newborn infant and the post partum mother. Document the experiences on the appropriate clinical sign off sheet;
4. Identify the etiologies, clinical presentations and treatment modalities for abnormal and common complications of deliveries; and
5. Optional experience may include observation of the care of newborn in the neonatal intensive care unit.

(c) Upon successful completion of the Pediatric Unit training experience, the student shall be able to:

1. Document a minimum of five pediatric patient histories/assessments on the appropriate clinical sign off sheet. These histories/assessments shall be done at various stages of development;
2. Identify normal vital signs for each developmental milestone of childhood;
3. Identify the correct procedure for the administration of medications and IV fluids to the pediatric patient;
4. Identify the correct pediatric patient drug dosages for all medications identified at [N.J.A.C. 8:41-6.1](#);
5. Submit one pediatric patient case study; and
6. As an optional experience, review/demonstrate the operation of a pediatric intensive care unit, well baby clinic and apnea monitor.

(d) Upon successful completion of the Psychiatric Unit or Crisis Center training experience, the student shall be able to:

1. Document the observation of any crisis interviews and/or interventions on the appropriate clinical sign off sheet. If this experience is unavailable to the student, the EMS Educator or his or her designee may orient the

student to the procedures followed during these activities;

2. Submit one case study after observing a crisis interview or intervention. If the required experience is not available, the EMS Educator may substitute the requirement of having the student write a synopsis of the procedures followed during a crisis interview or intervention; and

3. Prepare a minimum of five medication cards on psychiatric drugs. These cards are to include the generic and trade name, actions, indications, contraindications, dosage range, routes of administration and adverse reactions.

(e) Each EMS Educator shall develop an evaluation examination covering all of the Category II training objectives. Each student shall take and pass that examination prior to proceeding to Category III.

8:41A-2.7 Specific clinical objectives: Category III/Field Experience

(a) Upon the successful completion of the field experience and all other training objectives, the student shall be able to:

1. Perform adequate patient assessments, communicates via telemetry and correctly document on the patient care report for a minimum of 20 patients. Copies of all patient care reports are to be submitted to the EMS Educator for review. A treatment call record shall be completed on every patient the student treats or assesses. This record shall be utilized by the EMS Educator to evaluate the types of patients the student has had experience with;

2. Demonstrate the ability to utilize and troubleshoot all equipment, including the motor vehicle, communications and adjunct equipment;

3. Demonstrate knowledge of safe driving habits in accordance with hospital policy and the regulations of the New Jersey Division of Motor Vehicles;

4. Demonstrate the ability to promote or demonstrate positive interpersonal skills with squads, hospital employees, patients and their families;

5. Function both independently and as a member of the team;

6. Demonstrate the ability to assume responsibility in the field. This includes the ability to set priorities, organize patient care and maintain control of the emergency scene;

7. Demonstrate clinical competency in the following skills: chest decompression, intraosseous infusion, external cardiac pacing, central venous access, AV shunt, rapid sequence induction (RSI), infusion pumps and cricothyroidotomy; and

8. Demonstrate knowledge and competence in the application of the approved standing orders as set forth at N.J.A.C. 8:41-7 and 8.

8:41A-2.8 Suspension or revocation of training site approval

(a) Didactic or clinical training site approval may be suspended or revoked for any of the following reasons:

1. Failure to adhere to the rules contained in this chapter;
2. Failure to strictly adhere to the clinical or didactic portion of either the program curriculum or the refresher curriculum, as appropriate under the circumstances;
3. Failure to maintain adequate personnel, facilities, resources, finances, records, equipment and evaluation tools;
4. Failure to maintain a current list of personnel and faculty and/or to notify the Department of changes thereto;
5. Refusal to allow Department staff to conduct a site review, inspection and/or evaluation, or obstructing Department staff during the course of such site review, inspection and/or evaluation;
6. Failure to successfully pass a site review, inspection or evaluation;
7. Failure to demonstrate satisfactory student performance scores on the NREMT-Paramedic Certification Examination, as determined by the Commissioner; or
8. Falsifying documents and other false filings of documents required by law, rule and/or regulation.

(b) In order to monitor compliance with this chapter, Department staff may attend any program session, examine any record of attendance, examine any documents relating directly to activities covered by this chapter, and request the submission of periodic reports on the training site's activities. Failure to cooperate shall be grounds for suspension or revocation of training site approval.

(c) Consistent with [N.J.A.C. 8:41A-5.3\(c\)](#), a hospital or institution whose training site approval the Department proposes to suspend or revoke shall be entitled to a hearing at the New Jersey Office of Administrative Law to contest the proposed suspension or revocation.

SUBCHAPTER 3. NREMT-PARAMEDIC CERTIFICATION EXAMINATION

8:41A-3.1 General information

(a) The NREMT-Paramedic Certification Examination shall be administered at least four times per year.

(b) The NREMT-Paramedic Certification Examination shall be conducted in accordance with the rules contained in this chapter and all applicable NREMT policies.

(c) Only official NREMT representatives shall be permitted to administer the written portion of the NREMT-Paramedic Certification Examination. Evaluators shall administer the practical "hands-on" portion of the NREMT-Paramedic Certification Examination.

(d) The Department reserves the right to limit the number of examinees at any test site.

(e) A person who has been found to have compromised the integrity of the NREMT-Paramedic Certification Examination in any way (including, but not limited to, altering the examination, theft of examination materials, copying or otherwise reproducing the examination materials and/or any other form of cheating) shall be denied entrance to, or removed from, the examination. In addition, the person shall thereafter be barred from any future examinations.

(f) Results of the NREMT-Paramedic Certification Examination shall be forwarded directly to the examinee by the NREMT. OEMS shall not reveal a person's examination score to any party other than the examinee, EMS Educator or medical director.

8:41A-3.2 Eligibility to sit for the examination

(a) An application to sit for the NREMT-Paramedic Certification Examination shall be made on forms proscribed by the Department, and shall bear the endorsements of the EMS Educator and the medical director of the mobile intensive care program with which the person will be affiliated. All signatures shall be original.

1. An application must be delivered to OEMS by the announced closing date in order to be eligible to sit for the NREMT-Paramedic Certification Examination. Applications delivered after the closing date shall be returned to the person with an explanation as to his or her ineligibility to sit for the examination.

(b) All students who enroll in an EMT-Paramedic training program shall complete and submit a written application form to the Office of Emergency Medical Services. Those students who answer affirmatively to the criminal background screening question shall be given a "Request For Criminal History Record Information For A Noncriminal Justice Purpose" (SBI 212B Form) at the first class session. The SBI 212B Form shall be completed and signed by the student and delivered to OEMS at least 60 calendar days prior to the NREMT-Paramedic Certification Examination. The SBI 212B Form shall be accompanied by payment in the form and amount specified at N.J.A.C. 13:59, Criminal History Record Background Checks, as amended and supplemented.

1. Upon delivery to OEMS, the SBI 212B form shall be submitted by OEMS to the New Jersey State Police, State Bureau of Identification for processing.
2. Any student found to have been convicted of any crime or offense listed in (c)1 through 3 below, shall be ineligible to sit for the NREMT-Paramedic Certification Examination, and shall be so notified. A student that has been deemed ineligible to sit for the examination may apply to OEMS for a waiver. All waiver requests must be made in accordance with the standards set forth at [N.J.A.C. 8:40A-1.4](#), and shall be considered in compliance with the Rehabilitated Convicted Offenders Act, [N.J.S.A. 2A:168A-1](#) et seq.
3. A student who fails to deliver the completed SBI 212B form to OEMS at least 60 calendar days prior to the NREMT-Paramedic Certification Examination shall be ineligible to sit for that examination.

(c) Absent the granting of a waiver, as provided for in (b)2 above, no person shall be allowed to sit for the NREMT-Paramedic Certification Examination if he or she

has been:

1. Convicted of any crime;
2. Convicted of any disorderly persons offense;
3. Convicted of a petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect, or
4. Accepted into a pretrial intervention program, granted a conditional discharge or accepted into a similar diversionary program in this or any other state.

8:41A-3.3 Admittance to the examination

(a) Requirements for admission to the NREMT-Paramedic Certification Examination shall be as follows:

1. Not more than 12 months have elapsed since the examinee successfully completed the EMT-Paramedic training program;
2. Any out-of-State EMT-Basic or EMT-Paramedic certification(s) is/are not currently suspended or revoked;
3. Presentation of a photo identification card; and
4. Presentation of CPR and ACLS certification cards.

8:41A-3.4 Accommodations for persons with documented learning disabilities

(a) OEMS shall offer reasonable and appropriate accommodations for the written component of the NREMT-Paramedic Certification Examination for those persons with documented learning disabilities in reading decoding, reading comprehension and/or written expression.

(b) A person requesting accommodations for the written component of the NREMT-Paramedic Certification Examination shall deliver documentation of his or her learning disability to OEMS at least 30 calendar days prior to the

examination.

1. Documentation of a learning disability shall include one of the following:

i. A diagnosis based upon the results of a standardized psycho-educational assessment, including an individually administered standardized measure of intelligence and an individually administered standardized measure of achievement in reading decoding, reading comprehension and/or written expression; or

ii. A diagnosis made by a qualified professional, according to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994), incorporated herein by reference, as amended and supplemented. This manual may be obtained by contacting American Psychiatric Publishing Inc., 100 Wilson Boulevard, Arlington, VA 22209 or through their website at www.psych.org.

2. All diagnosis shall have been made within five years of the date of the examination.

(c) A person who qualifies for accommodations shall be permitted a total of three hours and 45 minutes within which to take the written portion of the NREMT-Paramedic Certification Examination. Additional accommodations may be provided as OEMS deems appropriate.

SUBCHAPTER 4. EMT-PARAMEDIC CERTIFICATION

8:41A-4.1 Certification

(a) No person shall act in the capacity of an EMT-Paramedic in any form or manner until certified by the Department to do so.

(b) The requirements for certification as an EMT-Paramedic shall be as follows:

1. Attainment of the age of 18;

2. Possession of a high school diploma or its equivalent;

3. Possession of EMT-Basic, CPR, ACLS and either PALS or PEPP-Advanced certifications; and

4. Successful completion of an EMT-Paramedic training program (which shall consist of both a didactic and a clinical portion) and achievement of a passing score on the NREMT-Paramedic Certification Examination, or granting of reciprocity by the Department in accordance with [N.J.A.C. 8:41A-4.2](#).

(c) Absent the granting of a waiver, as provided for in (d) below, no person shall be certified as an EMT-Paramedic if he or she has entered into a pre-trial intervention program, conditional discharge or other diversionary program authorized under the statutes of the State of New Jersey or under any other state's statutes, or been convicted of:

1. Any crime;
2. Any disorderly persons offense; and/or
3. A petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect.

(d) A person who has been convicted of any crime or offense listed in (c)1 through 3 above may, in accordance with [N.J.A.C. 8:41A-1.4](#), request a waiver of this requirement. All requests must be made in writing, and shall be considered in compliance with the Rehabilitated Convicted Offenders Act, [N.J.S.A. 2A:168A-1](#) et seq.

(e) EMT-Paramedic certification shall not be issued until such time as the person has provided the Department with his or her full name, permanent mailing address and other information as may be required by the Department. This information shall be maintained by the Department and shall be utilized to maintain a register of all persons applying for certification, as required pursuant to [N.J.S.A. 26:2K-8](#).

(f) EMT-Paramedic certification shall be valid for a period of not less than 24, nor more than 30, months. Expiration of all certifications shall occur on either June 30 or December 31, depending on the date of initial certification. Certifications shall be valid until 12:00 midnight of the expiration date listed on the card. No grace periods or extensions shall be granted.

1. One original certification card shall be furnished free of charge. All requests for replacement cards must be submitted in writing and accompanied by a certified bank check (for example, a cashier's check) or

money order in the amount of \$5.00, made payable to "Treasurer, State of New Jersey." Requests sent via e-mail, facsimile or without the \$5.00 fee shall not be honored.

2. Certification cards are the property of the Department, and shall be immediately surrendered to Department staff upon demand. All certification cards shall become immediately null and void and shall be returned to the Department concurrent with the revocation or voluntary surrender of a person's EMT-Paramedic certification.

(g) Once certified, it shall be the responsibility of the EMT-Paramedic to immediately notify OEMS, in writing, of:

1. Conviction of any crime or offense listed in (c)1 through 3 above; and/or
2. Any change of name and/or address, and to provide appropriate documentation as may be required by the Department.

(h) A person shall not knowingly file any record or document that is falsified, fraudulent or untrue. The filing of such false records or documents shall be sufficient cause for the revocation, or refusal to issue or renew, an EMT-Paramedic certification.

(i) Consistent with [N.J.A.C. 8:41A-5.3\(b\)](#), a person denied certification as an EMT-Paramedic shall be entitled to a hearing at the New Jersey Office of Administrative Law to contest the denial.

8:41A-4.2 Reciprocity

(a) A person validly certified as an EMT-Paramedic by the NREMT or a state other than New Jersey which has required the person to complete a course of study equivalent to or greater than that required of New Jersey EMTs-Paramedic and that adheres to the program curriculum, shall be deemed eligible for reciprocity. If training hours are below what is required, the mobile intensive care hospital sponsoring the student may provide any additional clinical experience needed to complete this requirement.

1. A person seeking reciprocity shall first obtain the sponsorship of a mobile intensive care hospital and shall then apply jointly, with that sponsoring mobile intensive care hospital, for reciprocity. All requests shall be made in writing, and shall be in a form and manner specified by the Department, including, but not limited to, a listing of all similar valid

certifications and demographic and identifying information.

2. Once the completed application has been received, all information has been verified and the Department determines the person is eligible for reciprocity, a provisional EMT-Paramedic certification shall be issued. This provisional certification shall be valid for a one-year period or the duration of the out-of-State certification, whichever is the lesser amount of time.

i. A provisionally certified EMT-Paramedic shall be monitored for performance by the medical director and the Department.

ii. A provisionally certified EMT-Paramedic shall operate only when under the direct supervision of an EMT-Paramedic, registered nurse or physician. Under no circumstances may a provisionally certified EMT-Paramedic act independently or in conjunction with another provisionally certified EMT-Paramedic on the same MICU, SCTU or AMU.

iii. The EMS Educator or the director shall monitor the progress of the provisionally certified EMT-Paramedic, and shall forward to the Department a progress report at the end of the provisional period, or as required by the Department.

iv. The Department shall have the right to restrict or otherwise limit the scope of practice of a provisionally certified EMT-Paramedic. Failure to meet such conditions or any terms of the provisional period shall be deemed cause for refusal to issue certification.

(b) A person who is not certified by the NREMT as an EMT-Paramedic shall sit for the NREMT-Paramedic Certification Examination within six months after the issuance of a provisional certification.

1. A person who has taken and failed the NREMT-Paramedic Certification Examination and whose out-of-State certification has expired may request an extension of his or her provisional certification until the next available NREMT-Paramedic Certification Examination. Only one such extension shall be granted.

(c) A person who is certified as an EMT-Paramedic by the NREMT shall be eligible for certification, after at least six months of provisional certification, upon endorsement of the sponsoring mobile intensive care hospital.

(d) A person who fails to gain certification at the expiration of the provisional certification shall be ineligible for EMT-Paramedic certification unless he or she successfully completes a continuing education program for persons with expired certifications, as set forth at [N.J.A.C. 8:41A-4.4](#).

(e) Upon successful completion of the NREMT-Paramedic Certification Examination, or at the end of the provisional period (as applicable), the person shall be issued EMT-Paramedic certification.

(f) The Department shall verify all requests for reciprocity in a timely manner. The Department shall obtain written verification as to the person's status from the certifying agency in the jurisdiction under which he or she is certified.

(g) Persons validly certified as EMT-Paramedics in other jurisdictions shall be eligible for reciprocity, provided the certification period is less than two years from the date it was issued (for example, the certificate is not in the third year of a four-year certification period).

8:41A-4.3 Recertification

(a) The requirements for recertification as an EMT-Paramedic shall be as follows:

1. Possession of EMT-Paramedic, CPR, ACLS and either PALS or PEPP-Advanced certifications;

2. Successful completion of a minimum of 48 hours of advanced level continuing education, as set forth in (a)2i through iii below. The Department may evaluate standard courses (for example, New Jersey State Police HAZ-MAT courses) and college and professional (for credit) courses to determine applicability to EMT-Paramedic recertification. The Department shall provide information on approvals to interested parties.

- i. A minimum of three of the six divisions of the program curriculum. The hours shall have been obtained, at a minimum, in each of divisions two through six of the program curriculum;

- ii. A minimum of 36 hours shall cover divisions two through six. No more than 12 hours shall be applied to division one; and

- iii. A minimum of eight hours of instruction in Pediatric Advanced Life Support;

3. Demonstration to the medical director of proficiency in all skills approved for pre-hospital care, as specified at [N.J.A.C. 8:41A-5.1](#);

i. Proficiency may be demonstrated based on actual observation, field performance, or other methods as deemed necessary by the medical director. The medical director shall complete the forms required by this section and submit them to the Department attesting to the level of proficiency of each EMT-Paramedic seeking recertification. Such forms shall reflect whether the skill level is satisfactory and shall bear the original signature of the medical director. The EMS Educator or director shall keep records to allow the completion of such forms that may be required for recertification; and

4. Endorsement of a mobile intensive care hospital.

i. The EMS Educator or the director shall verify that all requirements for recertification have been met and that the EMT-Paramedic is physically capable of performing his or her duties and shall forward all required documentation to the Department. The EMS Educator or the director shall sign the endorsement.

ii. If a mobile intensive care hospital chooses not to extend its endorsement for recertification of an EMT-Paramedic, the medical director shall notify the Department and the EMT-Paramedic by certified mail at least 60 calendar days prior to the expiration of the certification. Such notification shall include a statement explaining why such action is being taken, and shall include a plan for remediation, if applicable.

(b) A person seeking recertification shall document successful completion of continuing education requirements as set forth in (a)3i through iii above on a form to be submitted to OEMS. These 48 continuing education hours shall be accrued over the 24-month period immediately prior to recertification;

(c) No person shall be recertified until documentation of all of the requirements set forth in (a)1 through 5 above has been provided.

(d) Continuing education credits shall not be carried forward from one recertification period to the next. At the beginning of the next recertification period, the continuing education balance shall be reset to zero credits.

(e) A new certification card shall be furnished free of charge upon recertification. All requests for replacement cards must be submitted in writing and accompanied by a certified bank check (for example, a cashier's check) or money order in the amount of \$5.00, made payable to "Treasurer, State of New Jersey." Requests sent via e-mail, facsimile or without the \$5.00 fee shall not be honored.

(f) EMT-Paramedic recertifications shall be valid through the expiration date listed on the card, but in no event shall they be valid for more than 24 months from the date of issue. No grace periods are allowed, nor shall extensions be granted.

(g) Consistent with [N.J.A.C. 8:41A-5.3\(b\)](#), a person denied recertification as an EMT-Paramedic shall be entitled to a hearing at the New Jersey Office of Administrative Law to contest the denial.

(h) A person who has not been able to meet the recertification requirements due to personal illness or injury may be eligible for an extension of his or her EMT-Paramedic certification for a period of up to one year.

1. A person seeking such an extension shall submit a request, in writing, to OEMS. The request shall include:

- i. An explanation of the need for the extension;
- ii. Medical documentation from a licensed physician; and
- iii. A letter of endorsement from the Director.

2. The Department shall advise the person of its decision within 30 calendar days of receipt of the request.

3. The length of the extension shall equal the period of disability, but shall not exceed one year. Only one such extension shall be granted.

8:41A-4.4 Expired certifications

(a) The requirements for certification of a person formerly certified as an EMT-Paramedic who has allowed that certification to expire (that is, a person who, for whatever reason, has not completed the required number of continuing education credits necessary for recertification) shall be as follows:

1. Sponsorship of a mobile intensive care hospital;
2. Possession of EMT-Basic and CPR certifications;
3. Successful completion of the didactic portion of an EMT-Paramedic training program equivalent to the refresher curriculum;
 - i. Prior to the completion of the didactic portion of the program, the person shall complete any other training required to enter the NREMT-Paramedic Certification Examination process, and possess certification in both ACLS and either PALS or PEPP-Advanced, as well as certification in either PHTLS or BTLs;
4. Successful completion of 200 hours of clinical training;
 - i. These hours shall be completed within one year of entering into the program. No hours may be completed until the Department has notified the person that he or she has been admitted into the program;
 - ii. The areas covered by the program shall be determined by the EMS Educator, based on the needs of the person, and shall be scheduled at the discretion of the EMS Educator;
 - iii. During retraining, the person shall have the same status as an EMT-Paramedic student, and shall not act independently to provide advanced life support care;
5. Documentation as required by the NREMT, including but not limited to, certification and medical director endorsement; and
6. Achievement of a passing score on the NREMT-Paramedic Certification Examination.

(b) Upon successful completion of all of the requirements set forth in (a)1 through 6 above, the person shall be issued an EMT-Paramedic certification card, which shall bear the person's previous certification number and that shall be valid for a period of not less than 24, nor more than 30, months.

(c) An EMT-Paramedic whose certification has expired shall retain status as an EMT-Basic for a period of one year from the date of the expiration of his or her

EMT-Paramedic certification. A separate EMT-Basic certification card shall not be issued unless specifically requested.

8:41A-4.5 Inactive status

(a) An EMT-Paramedic who chooses not to be actively engaged in the provision of advanced life support care at the time of recertification may request that he or she be placed on inactive status. Educators, administrators or regulators who are not actively treating patients should consider this status.

1. An EMT-Paramedic seeking to be placed on inactive status shall make such a request, in writing, to OEMS.

i. Requests may be made at any time, provided that they are made at least 30 calendar days before a person's certification is due to expire.

2. Upon being placed on inactive status, the person shall be issued an EMT- Paramedic "Inactive Status" certification card that shall bear the person's EMT-Paramedic certification number and shall clearly identify the person as an inactive EMT-Paramedic. The card shall be valid for a period of 24 months.

i. A person on inactive status shall not act in the capacity, or perform the duties, of a certified EMT-Paramedic.

ii. "Inactive Status" cards shall be renewed automatically, unless the person requests to be placed back on active status.

(b) A person seeking to be placed back on active status shall make such a request, in writing, to OEMS.

1. A person shall not be placed back on active status until he or she has met the standards set forth at [N.J.A.C. 8:41A-4.3\(a\)](#).

2. Upon being placed on active status, the person shall be issued an EMT-Paramedic certification card, which shall bear the person's previous certification number and that shall be valid for a period of not less than 24, nor more than 30, months.

SUBCHAPTER 5. SCOPE OF PRACTICE, ENFORCEMENT ACTIONS AND HEARINGS

8:41A-5.1 Scope of practice

(a) EMTs-Paramedic shall operate within their approved scope of practice.

(b) The following skills and procedures are within the approved scope of practice for an EMT-Paramedic, an EMT-Paramedic student (provided that the student is under the direct supervision of an EMT-Paramedic, registered nurse or physician) or a provisionally certified EMT-Paramedic (within the limits set forth at [N.J.A.C. 8:41A-4.2\(a\)2](#)):

1. Performance all of the skills and procedures approved for EMTs-Basic, as set forth at [N.J.A.C. 8:40A-10.1](#);
2. Performance of history taking and physical examination of patients in order to obtain necessary information to permit the rendering of appropriate medical care;
3. Utilization of telemetry and proper communications procedures in the field, as defined by the Federal Communications Commission and good professional practice;
4. Visualization of the airway by utilization of the laryngoscope and removal of foreign bodies with forceps;
5. Application of electrodes and monitoring of cardiac electrical activity, including electrocardiograms;
6. Utilization of mechanical cardiopulmonary resuscitation devices; and
7. Assessing and managing patients in accordance with the program curriculum.

(c) In addition, with medical command authorization or utilizing the standing orders set forth at N.J.A.C. 8:41-7 and 8, the persons identified in (b) above may:

1. Initiate IV therapy, either by direct infusion, IV catheter plug or other cannulae-IV lines;

2. Perform venipuncture for the purpose of obtaining blood samples for analysis (excluding blood alcohol levels drawn solely for legal purposes);
3. Prepare and administer approved medications and solutions (that is, those set forth at [N.J.A.C. 8:41-6.1](#)) by intravenous, intramuscular, subcutaneous, intraosseous, oral, sublingual, topical, inhalation, rectal or endotracheal routes;
4. Administer oxygen therapy, including nebulizer treatments in accordance with [N.J.A.C. 8:41-6.1](#), non-invasive positive pressure ventilation, and the provide ventilatory support using approved equipment as specified in N.J.A.C. 8:41;
5. Perform cardiac defibrillation, synchronized cardioversion and transcutaneous cardiac pacing;
6. Perform electrocardiogram monitoring, including taking of 12-lead electrocardiogram tracings;
7. Perform endotracheal intubation (oral and nasal) and nasogastric tube insertion and aspiration;
8. Perform pulmonary ventilation by the utilization of oral, nasal, endotracheal or tracheostomy intubation;
9. Perform intraosseous infusion;
10. Perform needle chest decompression; and
11. Perform Valsalva maneuvers;

(d) In addition to the skills and procedures identified in (b) and (c) above, a program or service's medical director may choose to allow EMTs-Paramedic to perform the following procedures, subject to approval by the Department:

1. The insertion of esophageal airways, laryngeal mask airways or other commercial airways of similar design and function;
2. Access of established central venous catheters and subcutaneous indwelling catheters;

3. Access of AV fistulas or shunts;
4. Percutaneous needle cricothyrotomy; and
5. Rapid sequence induction.

(e) The persons identified in (b) above may perform any of the skills and procedures identified in (b) and (c) above in the emergency department of a mobile intensive care hospital provided that the EMT-Paramedic:

1. Is performing under the direct order of a physician;
2. Records the treatment on the patient's chart and signs the chart in compliance with institutional policy;
3. Is providing medical treatment strictly within the approved scope of practice for an EMT-Paramedic;
4. Is present in the emergency department for the sole purpose of meeting training requirements and maintaining the skills necessary for recertification;
5. Does not perform the duties or fill the position of another health care professional employed by the hospital;
6. Does not delay a response to any dispatch as a result of his or her duties in the emergency department; and
7. Is not be utilized to meet any personnel requirement for in-hospital purposes as required by N.J.A.C. 8:43G.

8:41A-5.2 Enforcement actions

(a) The Commissioner, or his or her designee, may summarily suspend a person's EMT-Paramedic certification when, in his or her opinion, the continued certification of that person poses an immediate or serious threat to the public health, safety or welfare.

1. A person whose EMT-Paramedic certification has been summarily suspended shall have the right to apply for emergency relief, as provided

for at [N.J.A.C. 8:41A-5.3\(a\)](#).

(b) The Commissioner, or his or her designee, may issue a formal written warning, impose a monetary penalty, place on probation, suspend, revoke and/or refuse to issue or renew the certification of any EMT-Paramedic for violation of any of the rules set forth in this chapter. This shall include, but is not limited to:

1. Demonstrated incompetence or inability to provide adequate services;
2. Deceptive or fraudulent procurement of certification or recertification credentials and/or documentation;
3. Negligent practice;
4. Acting beyond the approved scope of practice of an EMT-Paramedic;
5. Abuse or abandonment of a patient;
6. Rendering of services while under the influence of any substance that substantially compromises a person's decision-making abilities (including, but not limited to, alcohol or narcotics);
7. Operation of any emergency medical services vehicle (including, but not limited to, a BLS ambulance, MICU, SCTU or AMU) in a reckless or grossly negligent manner or while under the influence of any substance that substantially compromises a person's decision-making abilities (including, but not limited to, alcohol or narcotics);
8. Unauthorized disclosure of medical or other confidential patient information;
9. Willful preparation or filing of false medical reports, or the inducement of others to do so;
10. Destruction of medical records, including but not limited to patient care reports, or other records or reports required by the Department;
11. Refusal to respond to a call or to render medical services while on duty because of a patient's race, sex, creed, national origin, sexual preference, age, disability, medical condition or ability to pay;

12. Conviction of any crime;
13. Conviction of any disorderly persons offense;
14. Conviction of a petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect;
15. Misuse, misappropriation or theft of any drug, medication or equipment;
16. Willful obstruction of any investigation and/or representative of the Department or other agency empowered to enforce the provisions of this chapter or any applicable law, rule and/or regulation;
17. Failure to comply with any of the patient reporting requirements of this chapter;
18. Suspension or revocation of EMT-Basic or EMT-Paramedic certification, or any similar or advanced medical certification or license issued by the State of New Jersey or any other state, agency, authority or governmental entity;
19. Making verbal and/or physical threats against any person while acting in the capacity of an EMT-Paramedic;
20. Failure to provide appropriate ALS care and/or to recognize the need for and to provide for more advanced medical intervention;
21. Making material misrepresentations or providing false information on the NREMT-Paramedic Certification Examination and/or an application for EMT-Basic, EMT-Instructor or EMT-Paramedic certification or recertification;
22. Failure to complete continuing education and performance standards as required by this chapter;
23. Failure to inform the medical command physician of the limitations of his or her scope of practice;

24. Failure to question the direct order of the medical command physician when the EMT-Paramedic believes, or should have reason to believe, that the order being given is incorrect or would require the EMT-Paramedic to act outside of his or her approved scope of practice;

25. Failure to comply with any part of this chapter, any applicable part of N.J.A.C. 8:40 or 8:41, or any applicable law, rule and/or regulation; and/or
26. Any other action deemed by the Department to pose a threat to public health, safety or welfare.

(c) No person shall serve in the capacity of an EMT-Paramedic on any BLS ambulance, MICU, SCTU or AMU while his or her EMT-Paramedic certification has been summarily suspended, suspended or revoked. No person shall be enrolled in an EMT-Paramedic training program once his or her EMT-Paramedic certification has been summarily suspended, suspended or revoked.

(d) No person shall serve in the capacity of an EMT-Paramedic on any BLS ambulance, MICU, SCTU or AMU while his or her certification is suspended. The suspension shall last for a specified period, and may be followed by a probationary period.

(e) An EMT-Paramedic who has been placed on probation shall be monitored for performance by the Department and the mobile intensive care program that employs the person.

1. A person who has been placed on probation shall operate only when under the direct supervision of an EMT-Paramedic, registered nurse or physician. Under no circumstances may a person who has been placed on probation act independently or in conjunction with, or on the same BLS ambulance, MICU, SCTU or AMU as, another probationary EMT-Paramedic.

2. The mobile intensive care program for which the person works shall monitor his or her progress. The director shall forward to the Department a progress report at the end of the probationary period, or as required by the Department.

3. The Department shall have the right to restrict or otherwise limit the scope of practice of the probationer. Failure to meet such conditions or any terms of probation shall be cause for revocation of certification and/or other such action the Department deems appropriate.

(f) Monetary penalties may be imposed in the amount of \$200.00 per calendar day, per infraction.

1. Violations shall be considered as a single, different occurrence for each calendar day the violation occurs or remains uncorrected.

2. Subsequent violations of the same type may be subject to a penalty of \$500.00 per calendar day, per infraction.

3. In the event a person is in arrears of any monetary penalty greater than 60 calendar days, the Department may:

i. Refuse to issue any certification or renewal;

ii. Refer the delinquent account to the Office of the Attorney General for collection; and/or

iii. Take such other action as authorized by law.

(g) The Department shall notify the director of each mobile intensive care program that employs, or is thought to employ, any EMT-Paramedic against whom an enforcement action is being taken.

(h) No person shall have any action taken against his or her EMT-Paramedic certification, excluding an emergent situation as described in (a) above, unless that person has first been afforded an opportunity for a hearing in accordance with [N.J.A.C. 8:41A-5.3\(b\)](#).

(i) Any actions taken under this section shall be separate from any civil, criminal or other judicial proceeding, including actions against licenses of health care professionals issued by other departments or boards. All matters of professional misconduct shall be referred to the appropriate licensing boards, and all matters of a criminal nature shall be forwarded to the appropriate authorities for disposition. Action taken against an EMT-Paramedic does not preclude any action that may be taken against a mobile intensive care program for the same infraction.

8:41A-5.3 Hearings

(a) A person whose EMT-Paramedic certification has been summarily suspended shall, consistent with [N.J.A.C. 1:1-12.6](#), have the right to apply to the

Commissioner for emergency relief.

1. A request for emergency relief shall be submitted in writing and shall be accompanied by a response to the charges contained in the "Notice of Summary Suspension." Failure to submit such written notice shall result in the person forfeiting all rights to emergency relief.

2. All applications for emergency relief will be handled in accordance with [N.J.A.C. 1:1-12.6\(c\)](#).

3. Unless emergency relief is granted, the summary suspension shall remain in effect until such time as Department staff has conducted a full investigation into the circumstances that formed the basis for the summary suspension. Nothing herein shall be construed to prevent the Commissioner from simultaneously or thereafter moving to suspend or revoke the person's certification, issuing a formal written warning, imposing a probationary period and/or imposing a monetary penalty.

(b) If the Department proposes to issue a formal written warning, assess a monetary penalty, impose a probationary period and/or to suspend, revoke or refuse to issue or renew an EMT-Paramedic certification, the person affected shall be afforded an opportunity for hearing at the New Jersey Office of Administrative Law to contest the proposed action.

1. All warnings, monetary assessments, probationary periods, suspensions (excluding summary suspensions) and revocations shall become effective 30 calendar days after mailing of a notice of the proposed action unless the person affected, within such 30-day period, gives written notice to the Department of his or her desire for a hearing. Failure to submit such written notice shall result in the person forfeiting all rights to such a hearing.

i. Upon the filing of such written notice, the warning, assessment, probationary period, suspension (excluding summary suspensions) or revocation shall be held in abeyance until such time as the hearing has been concluded and a final decision has been rendered.

2. Refusals to issue or renew an EMT-Paramedic certification shall become effective immediately. In the event that a person desires to contest the Department's refusal to issue or renew a certification, the person shall give written notice to the Department within the 30-day period immediately following that refusal of the person's desire for a hearing.

Failure to submit such written notice shall result in the person forfeiting all rights to such a hearing.

i. In the event that a person requests a hearing, the certification shall not be issued or shall remain invalid, as applicable, until such time as the hearing has been concluded and a final decision has been rendered.

(c) A hospital or institution denied approval as a training site, a training site whose application for program/session approval has been denied, or a hospital or institution whose training site approval the Department proposes to suspend or revoke shall be afforded an opportunity for hearing at the New Jersey Office of Administrative Law to contest the action.

1. All suspensions and revocations shall become effective 30 calendar days after mailing of a notice of the proposed suspension or revocation unless the hospital or institution, within such 30-day period, gives written notice to the Department of its desire for a hearing. Failure to submit such written notice shall result in the hospital or institution forfeiting all rights to such a hearing.

i. In the event that a hearing is requested, the suspension or revocation shall be held in abeyance until such time as the hearing has been concluded and a final decision has been rendered.

2. Denial of training site approval and denial of program/session approval shall become effective immediately.

(d) The procedures governing all hearings shall be conducted in accordance with the New Jersey Administrative Procedure Act, [N.J.S.A. 52:14B-1](#) et seq. and the New Jersey Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(e) All enforcement shall be considered public information and shall be posted on the OEMS website (www.state.nj.us/health/ems) as a public notice.

1. Formal written warnings, monetary penalties, proposed probationary periods, proposed suspensions and proposed revocations shall not be posted until the 30-day hearing request period has elapsed. Summary suspensions shall be posted 10 days after they are issued. In those instances where a hearing has been requested, the enforcement action shall not be posted to the OEMS website until such time as the hearing has been concluded and a final decision has been rendered.

2. Once posted, enforcement actions shall remain on the OEMS website as follows:

- i. Monetary penalties: One year from the date on which the notice is posted;
- ii. Suspensions (Summary and Non-summary): One year from the date on which the notice is posted or for the duration of the suspension, whichever is greater; and
- iii. Revocations: Permanently.

8:41A-5.4 Penalty for impersonating an EMT-Paramedic

(a) Consistent with [N.J.A.C. 8:41A-4.1\(a\)](#), no person shall impersonate, refer to him or herself as, act in the capacity of or perform the duties of, an EMT-Paramedic unless he or she is certified or recognized by the Department in accordance with the standards set forth in this chapter.

1. Upon notice or discovery that a person is impersonating, referring to himself or herself as, or acting in the capacity of, an EMT-Paramedic without having first obtained the required EMT-Paramedic certification or recognition, or after revocation of an EMT-Paramedic certification previously issued by the Department, the Commissioner or his or her designee may issue an order directing that person to immediately cease and desist.

i. Failure to comply with an order to cease and desist may result in an action by the Department for injunctive relief in the Superior Court of New Jersey.

ii. The order to cease and desist shall constitute a final agency decision. As such, pursuant to [New Jersey Court Rule 2:2-3](#), any appeal from the Commissioner's order to cease and desist shall be filed with the Superior Court of New Jersey, Appellate Division.

iii. Orders to cease and desist shall be considered public information and shall be posted on the OEMS website (www.state.nj.us/health/ems) as a public notice. Orders to cease and desist shall remain posted on the OEMS website permanently or until such time as EMT-Paramedic certification is issued or recognized by the Department.

2. In addition to the issuance of an order to cease and desist, the Commissioner or his or her designee may:

i. Impose a monetary penalty in the amount of \$200.00 per calendar day for each day that a person is found to have impersonated, referred to him or herself as, or acted in the capacity of, an EMT-Paramedic;

ii. Refuse to issue or renew any subsequent EMT-Paramedic certification; and/or

iii. Impose additional training requirements and/or place additional conditions or restrictions on any subsequent EMT-Paramedic certification.