

Chapter 26
Emergency Medical Services

Article 1.

**Emergency Medical Technicians, Emergency Medical Technician Instructors,
Paramedic Course Coordinators.**

7 AAC 26.010. Purpose.

(a) The purpose of [7 AAC 26.010](#) - [7 AAC 26.180](#) is to promote the health and safety of the people of the state by establishing uniform minimum standards for emergency medical technicians, emergency medical technician instructors, paramedic training courses, and paramedic course coordinators.

(b) Nothing in [7 AAC 26.010](#) - [7 AAC 26.180](#) prohibits a physician authorized to practice in this state from authorizing a state-certified EMT to use a medication or procedure in an emergency situation that is not specifically covered by that person's EMT certification.

7 AAC 26.020. Application for certification.

(a) A person applying for certification as an EMT-I, EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator must apply to the department in writing on a form provided by the department.

(b) Repealed 10/23/92.

(c) The department will issue a certificate for the appropriate level to a person meeting the requirements of [7 AAC 26.030](#).

7 AAC 26.030. Qualifications for certification.

(a) A person applying for certification as an EMT-I must

- (1) except as otherwise provided in (i) of this section, be 18 years of age or older;
- (2) have successfully completed a department-approved EMT-I training course;
- (3) pass the cognitive and psychomotor examination for EMT-I approved by the department;
- (4) provide evidence of a valid CPR credential; and
- (5) establish an online account in the department license management system.

(b) A person applying for certification as an EMT-II must

- (1) have a valid certification as an EMT-I;
- (2) have successfully completed a department-approved EMT-II training course;
- (3) pass the cognitive and psychomotor examination for EMT-II approved by the department;
- (4) be sponsored by a department-approved medical director who accepts the responsibilities set out in [7 AAC 26.640](#);
- (5) provide evidence of a valid CPR credential; and
- (6) establish an online account in the department license management system.

(c) A person applying for certification as an EMT-III must

- (1) have a valid certification as an EMT-II;
- (2) have successfully completed a department-approved EMT-III training course;
- (3) pass the cognitive and psychomotor examination for EMT-III approved by the department;
- (4) be sponsored by a department-approved medical director who accepts the responsibilities set out in [7 AAC 26.640](#);
- (5) provide evidence of a valid CPR credential; and
- (6) establish an online account in the department license management system.

(d) A person applying for certification as an AEMT must

- (1) have a valid certification as an EMT-I, EMT-II, or EMT-III;
- (2) have successfully completed a department-approved AEMT training course;
- (3) pass the cognitive and psychomotor examination for AEMT administered by the department or the National Registry of Emergency Medical Technicians (NREMT);
- (4) be sponsored by a department-approved medical director who accepts the responsibilities set out in [7 AAC 26.640](#);

- (5) provide evidence of a valid CPR credential; and
 - (6) establish an online account in the department license management system.
- (e) A person applying for certification as an EMS instructor must

(1) provide evidence of at least three years of experience as an EMS provider and one of the following valid credentials:

- (A) an EMT-I, EMT-II, EMT-III, AEMT, or paramedic certification by the department;
- (B) an EMT or National Registry Paramedic certification from the National Registry of Emergency Medical Technicians (NREMT);
- (C) authorization to practice in the state as a physician or physician assistant under [AS 08.64](#) or as a registered nurse under [AS 08.68](#);

(2) provide evidence of a valid CPR Instructor credential, unless the department grants a waiver based on evidence that CPR taught as part of an EMS certification course will be taught by a person who has a valid CPR Instructor credential; and

(3) provide evidence of successful completion of

- (A) a department-approved EMS instructor course; or an instructor course that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, 2002, adopted by reference; and
- (B) the department's requirements in the Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference.

(f) A person applying for certification as an EMS instructor coordinator must provide evidence of the following:

- (1) at least three years of experience as an EMS instructor;
- (2) a valid certification as required under (e)(1) and (2) of this section;
- (3) successful completion of a department-approved instructor coordinator education program detailed in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in (e)(3)(B) of this section.

(g) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out in (1) [7 AAC 26.950\(a\)](#); or (2) [7 AAC 26.950\(b\)](#) and (c), unless the department's consideration of one or more of the factors in [7 AAC 26.950\(f\)\(1\) - \(5\)](#) results in a finding that issuance of the certificate is appropriate.

(h) Repealed 1/1/2022.

(i) The department will accept an application for EMT-I certification from an individual who is less than 18 years of age if the individual will turn 18 during the period for which certification would be valid, and upon the individual completing the course as required under (a)(2) of this section. The department will issue a certificate to the individual that is valid for the remainder of the calculated certification period upon the individual turning 18 years of age. The department will not accept an application for EMT-I certification from an individual who will not turn 18 during the period for which certification would be issued.

7 AAC 26.040. Scope of certified activities.

- (a) An EMS provider who is licensed or certified by the state under this chapter may perform
- (1) approved basic or advanced life support patient care treatment within the limits of the provider's state certification if that provider successfully completed department-approved education for the provider level set out in the department's Emergency Medical Services Scope of Practice, May 2019, adopted by reference;
 - (2) a department-approved procedure under [7 AAC 26.670](#).
- (b) A state-certified or licensed provider without a medical director may only perform procedures as set out in

the the department's Emergency Medical Services Scope of Practice, May 2019, adopted by reference in (a)(1) of this section.

7 AAC 26.050. Approved EMS courses.

As follows, a state-certified EMS instructor or EMS instructor coordinator who applies to the department for course approval must submit a previously approved or nationally recognized published curriculum at least **30 days** before the first day of the course, or at least 60 days before the first day of the course if the submitted curriculum was developed by the EMS instructor coordinator, unless the department waives this requirement:

(1) a state-certified EMS instructor or EMS instructor coordinator who applies for an EMT-I, EMT-II, EMT-III, AEMT, or EMS bridge course must

- (A) use a curriculum approved by the department that meets or exceeds applicable objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, 2021, adopted by reference;
- (B) agree to coordinate teaching the learning objectives of the course approved by the department, and use a subject-matter expert if available;
- (C) agree to have appropriate training equipment available throughout the course;
- (D) ensure that the class receives the minimum hours of instruction required for each EMS certification level, unless the department grants a waiver based on evidence of educational method;
- (E) agree to arrange for the initial cognitive and psychomotor examination under [7 AAC 26.060](#) for each student who requires department certification;
- (F) agree to assist the certifying officer in administering the cognitive and psychomotor certification examination, as set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), unless the department waives this requirement upon the showing of a reasonable justification that the department determines does not threaten public health;
- (G) agree to limit the course to students who have a valid CPR credential, or agree to increase the number of class hours to include CPR training within the EMS training course;
- (H) agree to inform students that they must be eligible under [7 AAC 26.950](#) for EMS certification;
- (I) agree to teach the approved EMS provider level set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#); and
- (J) determine that the student has successfully completed the learning objectives of the course;

(2) a state-certified EMS instructor or EMS instructor coordinator who applies to teach an educational course must agree to

- (A) teach the learning objectives of the department-approved course, including cognitive and skills assessment;
- (B) coordinate teaching the entire course and use subject-matter experts as available;
- (C) have appropriate training equipment available throughout the course; and
- (D) determine that the student has successfully completed the learning objectives of the course;

(3) a state-certified EMS instructor coordinator who applies for an EMS instructor course to certify an individual as an EMS instructor must agree to

- (A) use an instructor training program that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, 2002, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(A\)](#);
- (B) teach the objectives of the state EMS instructor course set out in the department's Guide for Emergency Medical Services Certification & Licensure,

Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#);
(C) have appropriate training equipment available throughout the course;
(D) determine that the individual meets one of the following prerequisites unless the EMS instructor coordinator includes in the course the method of instruction content described in (4) of this section:

(i) evidence that the individual successfully completed a department-approved online method of instruction course;

(ii) evidence that the individual successfully completed a department-approved equivalent method of instruction course;

(E) limit student enrollment to students who provide evidence of a valid credential under [7 AAC 26.030\(e\)\(1\)](#); and

(F) determine that the student has successfully completed the learning objectives of the course;

(4) an individual applying for method of instruction education course approval must use a curriculum that the department determines meets or exceeds objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in (1)(A) of this section;

(5) an individual who applies for approval for a refresher course must

(A) use a curriculum that includes learning objectives that the department determines meet or exceed the requirements for continuing medical education;

(B) agree to teach the approved EMS provider level set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#);

(C) agree to coordinate teaching the learning objectives of the department-approved course and use a subject-matter expert if available;

(D) ensure that the refresher course includes the required minimum number of hours of instruction set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), unless the department waives this requirement based on evidence of equivalent educational methods;

(E) attend the entire refresher course unless the department waives this requirement; and

(F) verify that the refresher course includes skills assessment to determine if the student successfully completed the learning objectives required for the applicable EMS level;

(6) an individual applying for an EMS instructor refresher course approval must

(A) teach the course learning objectives approved by the department, including cognitive and skills assessment;

(B) agree to use an EMS instructor coordinator certified to teach the course as approved by the department and agree to use a subject-matter expert if available;

(C) ensure that the refresher course includes the required minimum number of hours of instruction set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), unless the department waives this requirement based on equivalent educational method; and (D) determine that a student successfully completed the learning objective of the course;

(7) the department may require an EMS provider or instructor to complete a department-approved update if a department-approved curriculum for that EMS level changes significantly;

(8) the department may require education in a topic listed in [7 AAC 26.040\(a\)](#).

7 AAC 26.060. Administration of examinations.

(a) The department is the official testing agency for each level of certification and will develop a security system for administering all examinations.

(b) The department is the official testing agency for the National Registry of Emergency Medical Technicians, or other department-approved EMS examinations, and will control the release of all examinations approved for certification within Alaska.

- (c) The department or its designee will administer the examinations.
- (d) Examinations will have a cognitive section and a psychomotor section.
- (e) The psychomotor examination will be task oriented and will require the student to demonstrate physical skills required at each level of certification.
- (f) Examinations will be verified by a department-approved certifying officer or designee.
- (g) The department may modify its certification examination. Another entity may not modify any portion of a department-approved cognitive or psychomotor examination for certification.
- (h) The department will use certifying officers to monitor the practical part of an examination and administer the written part of an examination. A certifying officer may not be the primary instructor of the students being examined for certification, unless granted a waiver by the department upon the showing of a reasonable justification that the department determines does not threaten public health.
- (i) An individual requesting department approval as a certifying officer must be certified as an EMS instructor or EMS instructor coordinator, and an EMS provider level at or greater than the level that the individual is certifying in compliance with the department's Guide for Emergency Medical Services Certification & Licnsurc, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#).
- (j) Repealed 8/21/2019.

7 AAC 26.070. Examinations for certification.

- (a) The certification examination for EMT-I, EMT-II, EMT-III, or AEMT consists of a department-approved examination that tests the applicant on the applicable cognitive and psychomotor objectives for each level set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in [7 AAC 26.050\(1\)\(A\)](#).
- (b) The certification examination for emergency medical responder (EMR), EMT, AEMT, or National Registry Paramedic administered by the National Registry of Emergency Medical Technicians (NREMT) that tests the applicant on the cognitive and psychomotor objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in [7 AAC 26.050\(1\)\(A\)](#), qualifies for the corresponding state EMS certification level approved by the department.

7 AAC 26.080. Application fees.

- (a) An applicant for certification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator must pay to the department a nonrefundable application fee of \$25 for each application for certification.
- (b) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator must pay to the department a nonrefundable application fee of \$25 for each application for certification.
- (c) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator must pay to the department a nonrefundable late fee of \$50 for each application for recertification received after the expiration date listed on the applicant's certificate. The department will waive the late fee if the department determines that extenuating circumstances exist.
- (d) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator must pay to the department a nonrefundable application fee of \$25 for each request for a certification extension received before the expiration date listed on the applicant's certificate. The department will waive the certification extension fee if the department determines that extenuating circumstances exist.

7 AAC 26.090. Initial certification examination failure. (a) A person applying for initial certification as an EMT-I, EMT-II, or EMT-III who fails to obtain a passing score on the written examination in three attempts, or on the practical examination in two attempts, must successfully complete a refresher training course before re-examination. (b) A person applying for initial certification as an EMT-I, EMT-II, or EMT-III who fails to obtain a passing score on

either the written or practical section in two attempts after successfully completing a refresher training course must successfully retake the initial training course before re-examination.

7 AAC 26.100. Term of certification.

(a) Certification is valid for two years, except that

- (1) an initial certification for an EMT-I or ETT instructor applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;
- (2) an initial certification for an EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator applicant who completed the initial training course or department-approved orientation before July 1 of a year expires on the second March 31 following the year of issuance;
- (3) an initial certification for an EMT-I or ETT instructor applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on December 31 of the second year following the year of issuance;
- (4) an initial certification for an EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on the third March 31 following the year of issuance;
- (5) an EMT-I or ETT instructor recertification expires on the second December 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;
- (6) an EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator recertification expires on the second March 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;
- (7) based upon a reasonable justification, the department may extend the certification of an individual for a period of not more than 60 days beyond the date of the lapse of certification; and
- (8) the department may shorten or lengthen the certification period for an instructor so that the expiration date of the instructor certification matches the expiration date of the applicant's EMS provider certification or authorization required under [7 AAC 26.030](#)(e) or (f).

(b) A state-certified EMT-I, EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator certification expires if the recertification requirements listed in [7 AAC 26.110](#) are not satisfied. The certification expiration date is published online in the individual's EMS account of the department's licensing management system.

(c) The department will recertify a person upon successful completion of the recertification requirements in [7 AAC 26.110](#).

(d) If a person fails to apply for recertification within three years after the expiration date of the person's certification as an EMT-I, EMT-II, EMT-III, or AEMT, the person must reapply as for initial certification.

(e) The date used to determine eligibility for recertification is the expiration date of the certificate, not including any extension granted under (a)(7) of this section.

7 AAC 26.110. Recertification.

(a) To be recertified, an EMT-I, EMT-II, EMT-III, or AEMT, not more than one year after the date of expiration of that person's EMT certification, must

- (1) apply for recertification in writing on a form provided by the department;
- (2) provide evidence of a valid CPR credential; and
- (3) provide evidence of

(A) current certification from the National Registry of Emergency Medical Technicians (NREMT) for a department-approved corresponding level; or

(B) successful completion of department-approved continuing medical education set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), within two years before the date of application for recertification.

(b) An EMT-II, EMT-III, or AEMT applying for recertification must also provide a written statement of sponsorship from a medical director who accepts the responsibilities set out in [7 AAC 26.640](#), unless the department places the certification in inactive status for the level of certification until the requirement is met. An EMT-II, EMT-III, or AEMT in an inactive status may function within an EMT-I scope of practice under [7 AAC 26.040\(a\)\(2\)](#).

(c) To be recertified, an EMS instructor must, not more than one year before the date of expiration of the person's certification, apply for recertification, on a form provided by the department, and must provide evidence of

(1) at least one of the valid credentials under [7 AAC 26.030\(e\)\(1\)](#);

(2) a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR instructor is available for each course taught; and (3) successful completion of department-approved instructor continuing education set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), within two years before the date of application for recertification.

(d) To be recertified, an EMS instructor coordinator must, not more than one year before the date of expiration of the person's certification, apply for recertification, on a form provided by the department, and must provide evidence of

(1) at least one of the valid credentials under [7 AAC 26.030\(e\)\(1\)](#);

(2) a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR instructor is available for each course taught; and

(3) successful completion of department-approved instructor continuing education set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#), within two years before the date of application for recertification.

(e) If an EMS instructor coordinator fails to meet the certification criteria in this section, the department may grant the person an EMS instructor level certification for the shorter of the following periods:

(1) until all EMS instructor coordinator recertification criteria are documented; or

(2) for a period not to exceed two years beyond the original EMS instructor coordinator certification date of expiration.

(f) An EMT-I, EMT-II, EMT-III, or AEMT who did not timely apply for recertification under (a) of this section and whose certification has been expired for more than one year but less than three years must apply for recertification in writing, on a form provided by the department, and must

(1) provide evidence of a valid CPR credential; and

(2) provide evidence of

(A) current certification from the National Registry of Emergency Medical Technicians (NREMT) for a department-approved corresponding level; or

(B) successful completion of

(i) department-approved continuing medical education for the EMT level for which recertification is sought, as set out in the department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in [7 AAC 26.030\(e\)\(3\)\(B\)](#);

(ii) an additional 24 hours of department-approved continuing medical education;

(iii) skills verification from a department-approved instructor that the person has, not more than one year before the date of application, successfully demonstrated competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought; and

(iv) if certification has been lapsed for more than two years, the appropriate cognitive and psychomotor examination administered by the department or the National Registry of Emergency Medical Technicians (NREMT) under [7 AAC 26.130](#).

(g) An EMT-I, EMT-II, EMT-III, or AEMT with a certification expiration date after December 31, 2014, whose training did not include the skills contained in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference, must take a department-approved refresher training program or curriculum transition program that includes those skills appropriate to the level of recertification before being recertified.

(h) An applicant for recertification may not have a history that includes one or more of the grounds for denial of recertification set out

(1) in [7 AAC 26.950\(a\)](#); or

(2) in [7 AAC 26.950\(b\)](#) and (c) unless the department's consideration of one or more of the factors in [7 AAC 26.950\(f\)\(1\) - \(5\)](#) results in a finding that issuance of the certificate is appropriate.

(i) If the department determines that the curriculum originally used to train an applicant for recertification whose certificate has been lapsed for more than two years has changed substantially, the department may require the applicant to repeat the initial EMT-I, EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator course, as applicable, and apply as for initial certification.

(j) Repealed 1/1/2022.

(k) Repealed 1/1/2022.

(l) Continuing medical education hours may be applied only to satisfy the applicable recertification requirements of this section for one certification period.

7 AAC 26.115. Continuing medical education.

(a) An individual who is required under [7 AAC 26.110](#) to successfully complete continuing medical education may request the department to review a proposed continuing medical education program and determine the number of hours of continuing medical education that the department will approve for application toward the continuing medical education requirements set out in [7 AAC 26.110](#) based on successful completion of the proposed program.

(b) The provider of a proposed continuing medical education program who requests department review and approval of that program must

(1) provide evidence that the provider possesses expertise to teach the proposed material; and

(2) agree to provide each student who successfully completes the continuing medical education course with documentation that states

- (A) the name of the provider awarding the hours of continuing medical education;
 - (B) the number of hours of continuing medical education awarded;
 - (C) the date on which the hours of continuing medical education were awarded;
- and

(D) brief description of the medical content for which the hours of continuing education were awarded.

(c) A provider requesting department review and approval under (b) of this section of a proposed continuing medical education program via distance delivery education means must show that the provider

- (1) has a system in place to ensure that the individual being awarded the hours of continuing medical education is the individual who completed the work;
- (2) has a methodology for determining the number of hours of continuing medical education to be awarded based on a certain amount of work; and
- (3) uses an evaluation process to verify the student's acquisition of the subject matter.

(d) The department will award up to 12 hours of continuing medical education for serving as a certifying officer, simulated patient, bystander, or proctor in a practical examination conducted under [7 AAC 26.060](#).

7 AAC 26.120. Examinations for recertification. Repealed 10/14/84.

7 AAC 26.130. Recertification examination failure; nonrenewal of certification.

(a) Failure of an EMT-I, EMT-II, EMT-III, or AEMT to obtain a passing score on the cognitive recertification examination in three attempts or on the practical examination in two attempts, as required under [7 AAC 26.110\(f\)\(2\)\(B\)\(iv\)](#), will result in the certification not being renewed. (b) Repealed 8/21/2019. (c) Repealed 8/21/2019.

7 AAC 26.140. Grounds for suspension, revocation, or refusal to issue a certificate. Repealed.

7 AAC 26.150. Reciprocity.

(a) The department will issue an EMT-I or an AEMT certificate to a person who has a valid equivalent certification as an EMT-I or AEMT in another state or territory or has a valid certification from the National Registry of Emergency Medical Technicians (NREMT), if the person

- (1) provides the department with a copy of the valid state, territory, or National Registry of Emergency Medical Technicians (NREMT) certification;
- (2) provides the department with evidence of a valid CPR credential;
- (3) provides the department with evidence of a valid advanced cardiac life support credential, if the person seeks an AEMT certificate;
- (4) provides the department with evidence of successful completion of department-approved education in the scope of practice for the applicable level;
- (5) provides evidence of sponsorship from a medical director, approved by the department, who accepts the responsibilities set out in [7 AAC 26.640](#), if the person seeks an AEMT certificate;
- (6) establishes an online account in the department license management system; and
- (7) pays a non-refundable application fee of \$25.

(b) Repealed 8/16/2002.

(c) Repealed 8/16/2002.

(d) A person who is certified or licensed in another state or territory as an EMT-I, or equivalent, but whose training does not include the objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in [7 AAC 26.050\(1\)\(A\)](#), must take a department-approved refresher course before being issued an EMT-I certificate, valid until December 31 of the following year after application.

(e) When providing mutual aid, and when treating and transporting a patient to or within this state, a person who is licensed or certified in another state, territory, or nation, as an EMT,

mobile intensive care paramedic, or some other designation as an emergency medical responder, may provide care consistent with the scope of practice in the state, territory, or nation of origin, so long as medical direction is provided by a physician for advanced life support procedures, and the care is not precluded by the laws of the state, territory, or nation of origin.

(f) The department will, in its discretion, issue an EMT-I, EMT-II, or EMT-III certificate to a person living in another state, territory, or nation, if the person will provide care in this state under a mutual aid agreement with an emergency medical service certified under [AS 18.08](#) and this chapter. The applicant must meet the requirements of [7 AAC 26.030](#), except that a person providing advanced life support may be under the sponsorship of a physician licensed in the other state, territory, or nation who agrees to fulfill the requirements outlined in [7 AAC 26.640](#).

(g) An applicant under this section may not have a history that includes one or more of the grounds for denial of certification set out (1) in [7 AAC 26.950\(a\)](#); or (2) in [7 AAC 26.950\(b\)](#) unless the department's consideration of one or more of the factors in [7 AAC 26.950\(f\)\(1\) - \(5\)](#) results in a finding that issuance of the certificate is appropriate.

7 AAC 26.160. Persons practicing as emergency medical technicians or instructors before July 1, 1982. Repealed 10/14/84.

7 AAC 26.170. Definitions. Repealed 10/23/92.

7 AAC 26.172. Paramedic training courses.

(a) An individual or organization may apply for approval of paramedic training courses within the state. An individual or organization applying for approval of a paramedic training course shall

(1) apply to the department for course approval at least 120 days before the first day of the class; a request for course approval must be made on a form provided by the department, and must include prospective class and laboratory schedules and requirements for clinical and field internship rotations;

(2) have a course coordinator certified in accordance with [7 AAC 26.174](#) who agrees to fulfill the responsibilities set out in [7 AAC 26.176](#);

(3) agree to use a curriculum approved by the department that meets or exceeds applicable objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education standards, 2021, adopted by reference in [7 AAC 26.050\(1\)\(A\)](#), and that includes

(A) a plan for and presentation of didactic instruction in accordance with accrediting body standards;

(B) a plan for and provision of clinical instruction in accordance with accrediting body standards; and

(C) a plan for a field internship in accordance with accrediting body standards;

(4) provide evidence that sufficient medical and educational equipment, in reliable working condition, and other appropriate instructional materials will be available to meet the training needs of the paramedic training course;

(5) have a written agreement with a physician who meets the qualifications for a paramedic course medical director and agrees to fulfill the responsibilities set out in [7 AAC 26.662\(b\)](#);

(6) have written agreements with institutions and agencies that are to provide clinical experience to paramedic students; under an agreement, an institution or agency must agree to

(A) provide access to patients, in sufficient numbers and distributed by age and sex, who present common problems encountered in the delivery of advanced life support emergency patient care;

(B) assign students to sufficient clinical settings, including the operating room, recovery room, obstetrics, pediatrics, intensive care unit, psychiatric, respiratory therapy, coronary care unit, and the emergency department, in order to provide

students with access to patients, in sufficient numbers and distributed by age and sex, who present common problems in the delivery of advanced life support pre-hospital emergency patient care; and

(C) ensure that the students are supervised by course instructors or clinical hospital personnel, such as physician assistants, nurses, and physicians;

(7) have written agreements with one or more advanced life support emergency medical services agencies that have a sufficient call volume to provide students with access to patients, distributed by age and sex, who present common problems in the delivery of advanced life support pre-hospital emergency patient care; under an agreement, an agency must

(A) provide evidence that adequate personnel resources exist within the EMS system so that the assigned student is never used as a substitute for EMS system personnel or as a required team member;

(B) ensure that the student is under the direct supervision of a physician or paramedic, licensed or certified in the state where the internship takes place, who has been designated the responsibility of supervision by the course medical director;

(C) ensure that the student is assigned to a unit that has the capability of voice communications with on-line medical direction and that carries equipment and medications necessary for advanced life support;

(D) ensure that each student's performance is evaluated by the student's preceptor at the end of each shift and that the evaluation findings are documented on a form approved by the department and provided to the student at the end of each shift and to the paramedic course coordinator at least once per week; and

(E) keep records concerning the types and numbers of emergency medical care procedures performed and whether each emergency medical procedure was performed competently;

(8) agree to limit enrollment to an individual who is currently

(A) certified by the department as an EMT-I, EMT-II, EMT-III, or AEMT; or

(B) certified by the National Registry of Emergency Medical Technicians (NREMT) as an EMT or AEMT;

(9) agree to ensure that students are clearly identified, whenever they are in clinical instruction and field settings, by name plate, uniform, or other apparent means to distinguish them from licensed paramedics, other health professionals, workers, and students;

(10) agree to provide a plan to verify the student's achievement of objectives stated in the didactic instruction, clinical instruction, and field internship portions of the paramedic curriculum;

(11) agree to provide graduates of the training course with evidence of successful course completion signed by the course medical director and the paramedic course coordinator;

(12) provide an attendance policy that delineates the number of hours of didactic instruction that can be missed by a student and that ensures that appropriate remediation occurs after any excused absences; and

(13) agree to maintain during the course, and make accessible to the department within two working days of receipt of a written request from the department, the records listed in [7 AAC 26.176\(a\)\(9\)](#).

(b) The department will approve a paramedic training course that meets the requirements of (a) of this section.

(c) If the department approves a paramedic training course under (b) of this section, the didactic instruction, clinical instruction, and field internship components of the course must be completed within 24 months following the first day of the course, unless the department, in its discretion, waives this requirement.

(d) An individual who is, or was, enrolled in a department-approved paramedic training course has the right to view the documentation listed in [7 AAC 26.176\(a\)\(9\)](#). (e) In this section, "accrediting body standards" means the qualitative and quantitative measures used in assessing a health science education program's compliance with established national norms as set out by a national accrediting body, including the Commission on Accreditation of Allied Health Education Programs.

7 AAC 26.174. Qualifications for licensure as a paramedic course coordinator.

An individual may obtain a license as a paramedic course coordinator for a paramedic training course if the individual is a physician who meets the qualifications of [7 AAC 26.662\(a\)\(1\) - \(3\)](#), or if the individual is a physician assistant, registered nurse, or paramedic and is currently licensed in the state, or if the individual is certified by the National Registry of Emergency Medical Technicians as a paramedic, and the individual

- (1) completes an application form provided by the department;
- (2) with the application, provides evidence that the individual has

(A) taught at least 50 hours in eight or more of the subject areas contained in the United States Department of Transportation National standard Curriculum for the EMT-Paramedic, within the five years preceding the date of application, to an audience that included paramedics;

(B) at least three years of pre-hospital care experience at the paramedic level; and

(C) at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers within the preceding five years; and

- (3) pays to the department a \$100 application processing fee.

7 AAC 26.176. Responsibilities of the paramedic course coordinator.

(a) An individual who is licensed as a paramedic course coordinator is responsible for

- (1) academic counseling for students;
- (2) ensuring the availability of necessary training equipment;
- (3) selecting the appropriate skills lab personnel;
- (4) course development;
- (5) compliance with applicable regulations related to paramedic training and licensing;
- (6) selecting the appropriate faculty in conjunction with the course medical director;
- (7) the monitoring and evaluation of each of the course's students and members of the course faculty;
- (8) providing for course completion testing and initial testing of students for licensure through the National Registry of Emergency Medical Technicians;
- (9) ensuring that, within 21 days following completion of the didactic instruction portion of the course, the department is provided with the following information, attested by the course medical director:

(A) course number;

(B) students' names;

(C) the pass/fail status of each student and the students' final course grades;

(D) the name of the course medical director;

(E) the name of the paramedic course coordinator;

(F) the number of hours of didactic instruction training;

(G) course admission requirements;

(H) documentation of student attendance, test scores, and EMS credentials obtained during the course; and

(I) description of qualifications, duties, and responsibilities of faculty members; and (10) ensuring that, within 21 days following completion of the clinical

instruction and field internship portions of the course by each student, the department is provided with the number of hours of clinical instruction training and number of hours of field internship training for each student, attested by the course medical director.

(b) The responsibilities set out in (a) of this section may not be delegated to an individual who is not licensed by the department as a paramedic course coordinator.

7 AAC 26.178. Term of paramedic course coordinator licensure; paramedic course coordinator relicensure.

(a) A paramedic course coordinator certificate is valid for three years following the date of issue.

(b) To be relicensed, a paramedic course coordinator must, within one year after expiration of that person's paramedic course coordinator license,

- (1) apply for relicensure in writing on a form provided by the department;
- (2) pay to the department a nonrefundable application processing fee of \$50; and
- (3) provide evidence that the applicant has, within the five years before the date of application,
 - (A) taught at least 50 hours in eight or more of the objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's
 - (i) National Emergency Medical Services Education Standards, January 2009, adopted by reference; or
 - (ii) National Emergency Medical Services Education Standards, 2021, adopted by reference in 7 AAC 26.050(1)(A); and
 - (B) had at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers.

7 AAC 26.180. Grounds for suspension or revocation of paramedic course approvals.

(a) The department may suspend or revoke its approval of a paramedic training course made under 7 AAC 26.172, in compliance with the Administrative Procedure Act (AS 44.62), if the department finds that

- (1) any of the responsibilities of the course coordinator set out in 7 AAC 26.176 have not been met;
- (2) any of the requirements for course approval set out in 7 AAC 26.172(a) are missing or no longer in effect;
- (3) the applicant for course approval or certification as a paramedic course coordinator used fraud or deceit to obtain course approval or licensure as a paramedic course coordinator;
- (4) the paramedic course coordinator or another person responsible for the records of a paramedic training course falsified records related to training, student qualifications, or patient care; or
- (5) the paramedic course coordinator or another person responsible for a paramedic training course engaged in unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public.

(b) If the department receives documentation of one or more conditions listed in (a) of this section that may place a patient in danger, the department may immediately suspend its approval of the paramedic training course until allegations against the course are either substantiated or refuted. The paramedic course coordinator of a course that has been suspended under this subsection is entitled to an administrative hearing in accordance with the Administrative Procedure Act (AS 44.62) not later than 60 days after making a written request to the department.

Article 2.

Emergency Medical Services Outside Hospitals.

7 AAC 26.210. Purpose. The purpose of 7 AAC 26.210 - 7 AAC 26.290 is to promote the health and safety of the people of Alaska by setting minimum standards for an organization which provides, offers, or advertises to provide basic or advanced life-support emergency medical services outside a hospital.

7 AAC 26.220. Application for certification.

(a) An applicant for certification as an emergency medical service shall apply in writing to the department.

(b) The application form will be provided by the department and must contain the name of the organization and responsible official, the mailing address and, if different, the geographical address, evidence that the applicant meets the requirements of 7 AAC 26.230, and other information the department considers necessary.

(c) A certificate will be issued by the department if the applicant satisfies the requirements of 7 AAC 26.230.

7 AAC 26.230. Qualifications for certification.

(a) An applicant for certification as an emergency medical service providing basic life-support outside a hospital

(1) must list available certified or licensed personnel, and ensure that at least one EMT-I, and one other person to act as driver when using an emergency medical transportation vehicle, will be available to respond to emergencies 24 hours a day;

(2) must have a medical director who agrees to accept the responsibilities set out in 7 AAC 26.650(a), and must submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC 26.630;

(3) must have a direct communications capability with a physician, hospital, or mid-level practitioner such as a physician assistant or nurse practitioner, unless the department grants a waiver because of technical communications problems;

(4) must have appropriate equipment to perform basic life-support medical procedures; and

(5) must have a program of continuing education which will enable its certified emergency medical personnel to meet state recertification requirements.

(b) An applicant for certification as an emergency medical service providing advanced life-support outside a hospital

(1) must list available certified or licensed personnel who may respond to medical emergencies on a regular basis;

(2) must have an EMT-II, EMT-III, AEMT, paramedic, or other medical personnel certified or licensed to provide advanced life support, such as a registered nurse, physician assistant, or physician, and must ensure that at least one of those persons and at least one other person trained to at least the EMT-I level when using an emergency medical transportation vehicle will be available to respond to emergency calls 24 hours a day;

(3) must have a medical director who agrees to accept the responsibilities set out in 7 AAC 26.650(a), and must submit written verification on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC 26.630;

(4) must have a direct communications capability with a physician, hospital, or mid-level practitioner, unless the department grants a waiver because of technical communications problems;

(5) must have appropriate equipment to perform basic and advanced life-support medical procedures within the skill levels of available certified personnel; and

(6) must have a program of continuing education which will enable the certified emergency medical personnel to meet state recertification requirements.

(c) All state-certified EMTs and other medical personnel certified or licensed to provide basic or advanced life support, who are affiliated with a particular emergency medical service, shall be under the sponsorship of the same medical director.

7 AAC 26.240. Scope of certified activities.

- (a) A state-certified emergency medical service may provide, offer, or advertise to provide those basic or advanced life-support services that are within the capabilities of available certified or licensed personnel, and authorized by the medical director.
- (b) Certified emergency medical services under this section may provide services on air medevacs whenever this is the most suitable means of transporting the patient.

7 AAC 26.245. Reporting requirements.

- (a) A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved patient care report form for each patient treated. The report form must document vital signs and medical treatment given the patient.
- (b) A copy of the completed patient care report must be
 - (1) made available to the treatment facility not later than 24 hours after delivery of the patient;
 - (2) available to the medical director; and
 - (3) kept by the EMS service for the longer of
 - (A) seven years; or
 - (B) three years past the patient's 18th birthday.
- (c) The medical director shall periodically review the patient care reports received, to determine the appropriateness of treatment given.
- (d) A patient care report must be compliant with the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Information System (NEMSIS) and must be submitted to the department.
- (e) Patient care reporting data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics, and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues.

7 AAC 26.250. Term of initial certification. An initial certification expires on December 31 of the year following the year in which it was issued.

7 AAC 26.260. Recertification.

- (a) To renew a certification, an applicant must complete and submit an application on a form provided by the department, showing that the applicant continues to meet the applicable requirements in [7 AAC 26.230](#).
- (b) A recertification is valid for two years, and is subject to renewal under (a) of this section.

7 AAC 26.270. Grounds for suspension, revocation, or refusal to issue a certificate.

The department, after compliance with the Administrative Procedure Act ([AS 44.62](#)), may revoke, suspend, or refuse to issue a certificate

- (1) for fraud or deceit in obtaining a certificate under [7 AAC 26.210](#) - [7 AAC 26.290](#);
- (2) for gross misconduct by personnel of the emergency medical service providing basic or advanced life-support services;
- (3) if a medical director is no longer sponsoring the emergency medical service; or
- (4) for failure to maintain appropriate equipment or communications capability.

7 AAC 26.280. Actions not prohibited.

- (a) Nothing in [7 AAC 26.210](#) - [7 AAC 26.290](#) prohibits a person certified above the EMT-I level from using authorized skills. For example, a physician or paramedic, working with a basic life-support emergency medical service, is not precluded from using the physician's or paramedic's skills when authorized by law.
- (b) Nothing in [7 AAC 26.210](#) - [7 AAC 26.290](#) prohibits an uncertified person from responding to a medical emergency when no certified personnel or services are present or available, or when there are too many victims for available certified personnel to treat.

7 AAC 26.285. Mutual aid agreements. A state-certified emergency medical service may establish a mutual aid agreement with another state-certified emergency medical service or services, by

written agreements signed by the officers in charge of the services, and in accordance with a municipal or borough ordinance or resolution if the service is funded by local tax money.

7 AAC 26.290. Definitions. Repealed 10/23/92.

Article 3.

Medevac Services, Critical Care Air Ambulance Services, and Specialty Aeromedical Transport Teams Outside Hospitals.

7 AAC 26.310. Purpose. The purpose of 7 AAC 26.310 - 7 AAC 26.400 is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for certification of air medevac services, critical care air ambulance services, and specialty aero-medical transport teams. It is not the intent of 7 AAC 26.310 - 7 AAC 26.400 to prohibit transportation of emergency medical patients via any private aircraft, air taxi service, commercial airline, or government aircraft when it is in the best interests of the patient and no certified service is available within a reasonable period of time as determined by the medical attendant with the patient. Rather, the intent is to prescribe minimum standards for air medevac services, air ambulance services, or specialty aero-medical transport teams that provide, offer, or advertise to provide emergency medical care that includes advanced life support services, and transportation, to sick or injured patients as a routine service, or to prescribe standards for basic life support services that choose to become certified.

7 AAC 26.320. Application for certification.

- (a) An applicant for certification as a medevac service, critical care air ambulance service, or specialty aeromedical transport team shall apply in writing to the department.
- (b) The department will provide an application form to a person interested in certification under 7 AAC 26.310 - 7 AAC 26.400.
- (c) Within 60 days after receipt of a completed application and required attachments, the department will issue a certificate to an applicant who satisfies the requirements of 7 AAC 26.330.
- (d) A medevac service, critical care air ambulance service, or specialty aeromedical transport team that provides or offers or advertises to provide, on a routine basis, advanced life support aeromedical transportation of sick or injured patients on September 28, 1985 will have until December 31, 1985 to become certified.

7 AAC 26.330. Qualifications for certification.

- (a) An applicant for certification as a medevac service, critical care air ambulance service, or specialty aeromedical transport team shall
 - (1) except for a military service, use an aircraft operator who meets the requirements of and complies with 14 C.F.R. sec. 91 or 135;
 - (2) have available aircraft with proper restraining devices for patients, litters, and equipment;
 - (3) be available to provide service 24 hours a day, seven days a week, except when flying conditions are unsafe or when the members of the service are busy responding to another medical emergency;
 - (4) list in advertisements the levels of certified or licensed medical personnel available for its service; and
 - (5) for a medevac service, have a medical director who agrees to accept the responsibilities set out in 7 AAC 26.6509(b), and shall submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC 26.630;
- (b) In addition to the requirements listed in (a) of this section, an applicant for certification as a medevac service shall
 - (1) be an air service, hospital, medical clinic, or a certified emergency medical service outside hospitals that will routinely transport patients on medevacs;
 - (2) have available certified or licensed medical personnel, to include emergency medical technicians, paramedics, physician assistants, registered nurses, advanced practice registered nurses, or physicians, and assure the department that at least one of the certified or licensed medical personnel who has successfully completed department-approved medevac training, will be available to accompany each medevac patient; and

(3) have available appropriate medical equipment to perform emergency medical procedures within the skill levels of available certified or licensed medical personnel; the equipment must include the recommended equipment, supplies, and drugs, excluding the extrication equipment unless needed by the service, for the EMT-Ambulance, EMT-Intermediate, and those parts of the EMT-Paramedic for which the applicant has standing orders signed by the medical director, listed in "Essential Equipment for Ambulances", Aug. 1983 American College of Surgeons Bulletin, Vol. 68, No. 8.

(c) In addition to those requirements listed in (a) of this section, an applicant for certification as a critical care air ambulance service shall

(1) be able to routinely provide or offer to provide critical care air ambulance service;

(2) have available 24 hours a day, seven days a week, aircraft, containing the aircraft equipment and of the design recommended by the U.S. Department of Transportation, National Highway Traffic Safety Administration and the American Medical Association Commission on Emergency Medical Services in Air Ambulance Guidelines 1981, including a heating system, air-to-ground and air-to-air communications capability, interior lighting for patient care, pressurization, if available and required for patient care, and adequate space for proper patient care;

(3) have available licensed medical personnel, to include paramedics, physician assistants, registered nurses, critical care registered nurses, certified emergency nurses, advanced practice registered nurses, or physicians, and assure the department that at least one of the licensed medical personnel, who has successfully completed department-approved aeromedical training, will be available to accompany each seriously or critically ill or injured patient on air ambulance transports;

(4) have a medical director who agrees to accept the responsibilities set out in [7 AAC 26.650\(b\)](#), and shall submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in [7 AAC 26.630](#);

(5) have written procedures for handling all categories of patients who will be provided transportation; and

(6) have available, for all categories of patients being transported, appropriate medical equipment that must include the recommended equipment, supplies, and drugs listed in "Appendix D to Hospital Resources Document, Air Ambulance Operations", Section B, Oct. 1984, American College of Surgeons Bulletin, Vol. 69, No. 10, and medications or equipment for other missions as required by the medical director.

(d) In addition to those requirements listed in (a) of this section, an applicant for certification as a specialty aeromedical transport team shall

(1) be a specialty aeromedical transport team that routinely transports a special category of patients by air;

(2) have available licensed medical personnel, to include paramedics, physician assistants, registered nurses, critical care registered nurses, certified emergency nurses, advanced practice registered nurses, or physicians, who have had training in the medical specialty for which the specialty aeromedical transport team is to be certified, and assure the department that at least one of the licensed medical personnel, who has successfully completed department-approved aeromedical training, will be available to accompany each patient being transported;

(3) have a medical director who agrees to accept the responsibilities set out in [7 AAC 26.650\(b\)](#), and shall submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in [7 AAC 26.630](#);

(4) have written procedures for handling all categories of patients who will be provided transportation; and

(5) have available appropriate medical equipment, which must be department approved, for the special category of patients being routinely transported.

(e) Only equipment needed for each individual patient is required to be on the aircraft at any given time.

(f) Equipment must have been tested in the airborne environment to determine if it works as designed at high altitudes, and does not interfere with aircraft operations.

(g) In its discretion, the department will allow revisions to the equipment lists for each category of certified service, based on documented medical or transportation factors.

7 AAC 26.350. Reporting requirements.

(a) A certified medevac service, critical care air ambulance service, or specialty aeromedical transport team shall complete a department-approved inflight patient care form for each patient transported. On the patient care form the service or team shall document vital signs and medical treatment given the patient, the air carrier used, and other necessary information required by the department.

(b) The certified service shall ensure that a copy of the completed inflight patient care form (1) accompanies the patient to the facility to which the patient is being transported; (2) is sent to the medical director of the medevac service, critical care air ambulance service, or specialty aeromedical transport team; and (3) is kept on file for at least five years by the certified service.

7 AAC 26.360. Term of initial certification. An initial certification expires on December 31 of the second year following the year it was issued.

7 AAC 26.370. Recertification.

(a) To renew a certification, an applicant shall

(1) complete and submit an application on a form provided by the department;

(2) show that the medevac service, critical care air ambulance service, or specialty aeromedical transport team continues to meet the appropriate requirements listed in 7 AAC 26.330 and 7 AAC 26.340; and

(3) show evidence that all medical attendants employed or used on the medevac service, critical care air ambulance service, or specialty aeromedical transport team have current certificates or licenses, as well as have at least 16 hours per certification period of continuing medical education in specialized aeromedical patient transportation topics.

(b) A recertification is valid for two years, and may be renewed under (a) of this section.

7 AAC 26.380. Grounds for suspension, revocation, or refusal to issue a certificate. The department, after compliance with the Administrative Procedure Act (AS 44.62), may revoke, suspend, or refuse to issue a certificate for

(1) fraud or deceit in obtaining a certificate under 7 AAC 26.330;

(2) misconduct or malpractice in providing patient care by personnel of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(3) no available medical director of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(4) failure to have available appropriate medical equipment for the respective certification requirements of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(5) except for a military service, failure of the aircraft operator to comply, in all operations, with 14 C.F.R. 91 or 135;

(6) failure of the critical care air ambulance service to have appropriate aircraft as described in 7 AAC 26.330(c)(2); and

(7) failure to have enough certified or licensed personnel to provide service 24 hours a day, seven days a week, except as provided in 7 AAC 26.330(a)(3).

7 AAC 26.390. Actions not prohibited.

(a) Notwithstanding 7 AAC 26.310 - 7 AAC 26.400, an uncertified private aircraft, air taxi service, commercial airline, or government aircraft may transport an emergency patient or a medical escort and medical equipment, or both, if no certified service is available within a reasonable period of time.

(b) Notwithstanding 7 AAC 26.310 - 7 AAC 26.400, an uncertified person may respond to a medical emergency and transport patients when no certified personnel or services are present or available, or when there are too many victims for available certified personnel or services to treat and transport.

7 AAC 26.400. Definitions. Repealed 10/23/92.

Article 4.

Emergency Trauma Technician Instructors and Approved Emergency Trauma Technician Training Courses.

7 AAC 26.410. Purpose. 7 AAC 26.410 - 7 AAC 26.490 establish uniform minimum standards for emergency trauma technician (ETT) instructors, emergency trauma technician instructor training programs, and emergency trauma technician training courses.

7 AAC 26.420. Application for certification.

- (a) A person who wishes to apply for a certificate as an ETT instructor shall apply in writing to the department on a form provided by the department.
- (b) The department may require an applicant to obtain criminal and driving records from one or more federal or state agencies at the applicant's own cost.
- (c) The department will issue a certificate if an applicant meets the requirements of 7 AAC 26.430.

7 AAC 26.430. Qualifications for certification.

- (a) A person applying for certification as an ETT instructor must
 - (1) be 18 years of age or older;
 - (2) provide evidence of at least one of the following valid credentials:
 - (A) an ETT card;
 - (B) an EMT-I, EMT-II, EMT-III, or AEMT certification from the department;
 - (C) an EMT, AEMT, or National Registry Paramedic certification from the National Registry of Emergency Medical Technicians (NREMT);
 - (D) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under AS 08.64 or as a registered nurse under AS 08.68;
 - (3) provide evidence of at least one year of experience as an ETT, EMT, AEMT, or paramedic, as applicable;
 - (4) provide evidence of a valid CPR credential;
 - (5) provide evidence of successful completion of
 - (A) a department-approved instructor training program; or
 - (B) an instructor training program that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, 2002, adopted by reference in 7 AAC 26.030(e)(3)(A); and
 - (6) establish an online account in the department license management system.
- (b) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out (1) in 7 AAC 26.950(a); or (2) in 7 AAC 26.950(b) and (c) unless the department's consideration of one or more of the factors in 7 AAC 26.950(f)(1) - (5) results in a finding that issuance of the certificate is appropriate.

7 AAC 26.440. Scope of certified activities. A certified ETT instructor may teach emergency trauma technicians to perform those basic life support emergency care skills outlined in the goals and objectives of the Emergency Trauma Technician Instructor's Guide.

7 AAC 26.450. Approved training courses.

- (a) An organization applying for approval of a course leading to ETT instructor certification must
 - (1) 60 days or more before the first day of the course, notify the department of the course dates and proposed schedule;
 - (2) propose a curriculum, acceptable to the department, which includes methods of instruction and is designed to adequately familiarize students with the instruction of those basic life support emergency care skills outlined in the goals and objectives of the Emergency Trauma Technician Instructor's Guide;

- (3) propose a minimum of 24 hours of instruction;
 - (4) propose use of an instructor approved by the department;
 - (5) include in its proposal objective criteria for determining whether a student has successfully completed the course; the criteria must be adequate to ensure that students are familiar with both teaching methodology and the course content of the emergency trauma technician training program; and
 - (6) propose that enrollment in the instructor training program be limited to persons who obtain at least a 90 percent score on the emergency medical technician examination, in no more than two attempts, in the 12 months preceding the first day of the class.
- (b) A person applying for approval of an emergency trauma technician training course must
- (1) 14 days or more before the first day of the course, notify the department of the course dates and proposed schedule;
 - (2) propose a curriculum acceptable to the department;
 - (3) provide evidence of current certification by the department as an ETT instructor; and
 - (4) propose a minimum of 40 hours of instruction.
- (c) Within 14 days following completion of emergency trauma technician examinations, the instructor of a course approved under (b) of this section shall submit to the department or its designee a class roster that includes student grades for both the written and practical examinations.
- (d) Approved ETT instructors are encouraged to use physicians, mid-level practitioners, nurses, and other subject matter experts as instructors in a department-approved emergency trauma technician training course.

7 AAC 26.460. Administration of examinations. The department is the official testing agency for ETT instructor training programs and will develop a security system for administering the necessary examinations.

7 AAC 26.470. Term of certification.

- (a) An initial certification for an ETT instructor issued before July 1 expires on December 31 of the following year.
- (b) An initial certification for an ETT instructor issued after June 30 expires on December 31 of the second year following the year of issuance.

7 AAC 26.475. Recertification.

- (a) An ETT instructor who wishes to apply for recertification must, not more than 90 days before or 12 months following expiration of his or her certification,
- (1) apply for recertification on a form provided by the department;
 - (2) provide evidence of current state certification as an EMT-I, EMT-II, or EMT-III, current state licensure as a paramedic, current registration as a paramedic by the National Registry of Emergency Medical Technicians (NREMT), or licensure in this state as a registered nurse, mid-level practitioner, or physician; and
 - (3) provide a letter of recommendation from a state-approved emergency medical service training agency confirming that the applicant has been the primary instructor for at least one emergency trauma technician course, or department-approved emergency medical technician-I course, within the preceding two years. Ems
- (b) A recertification expires on December 31 of the second year following the expiration of the previous certificate, regardless of the date of the issuance of the recertification.

7 AAC 26.480. Lapse of certification. A person who fails to apply for recertification within the 12 months following expiration of his or her ETT instructor certification must retake the ETT instructor training course and otherwise qualify under [7 AAC 26.430](#) before being recertified.

7 AAC 26.485. Persons practicing as emergency trauma technician instructors before March 31, 1987. Repealed.

7 AAC 26.490. Definitions. Repealed 10/23/92.

Article 5.

Approved Automated External Defibrillation Training Programs.

7 AAC 26.510. Purpose. Repealed.

7 AAC 26.520. Application for certification. Repealed.

7 AAC 26.530. Qualifications for certification. Repealed.

7 AAC 26.540. Scope of certified activities. Repealed.

7 AAC 26.550. Approved training courses. Repealed.

7 AAC 26.555. Medical director responsibilities. Repealed.

7 AAC 26.560. Examinations for initial certification. Repealed.

7 AAC 26.565. Term of certification. Repealed.

7 AAC 26.570. Recertification. Repealed.

7 AAC 26.575. Examination for recertification. Repealed.

7 AAC 26.580. Recertification examination failure; lapse of certification. Repealed.

7 AAC 26.585. Approved automated external defibrillation training programs.

(a) A person may conduct an automated external defibrillation (AED) training program if the person complies with (b) of this section.

(b) An AED training program must

(1) document whether each student has successfully completed the program, provide each student with a card, certificate, or other evidence of completion, and maintain documentation that must include the program completion date, course content, and expiration date or recommended renewal date that is not more than two years from the date of initial training;

(2) teach AED according to the current guidelines of the International Liaison Committee on Resuscitation (ILCOR), 2018 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations, adopted by reference in 7 AAC 26.985(d), for basic life support AED; and

(3) require each student to demonstrate competence, using either an actual automated external defibrillator or an AED simulator.

(c) An applicant with department approval to conduct an AED training program may continue to conduct that program if the applicant

(1) maintains compliance with (b) of this section; and

(2) submits to the department written biennial confirmation of compliance with (b) of this section, providing evidence that the department considers necessary to verify the applicant's submission.

7 AAC 26.590. Definitions. Repealed 10/23/92.

Article 6.

Medical Directors.

7 AAC 26.610. Purpose. The purpose of 7 AAC 26.610 - 7 AAC 26.690 is to promote the health and safety of the people of this state by establishing uniform minimum standards for a medical director for a person or entity certified, or seeking certification, under this chapter. Nothing in 7 AAC 26.610 - 7 AAC 26.690 is intended to prohibit a physician from authorizing a state-certified emergency medical technician to use a drug or procedure in an emergency situation that is not specifically covered by the EMT-I, EMT-II, EMT-III, or AEMT certification.

7 AAC 26.620. State EMS medical director. The department will designate a state EMS medical director, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of medical direction within the state's EMS system.

7 AAC 26.630. Medical director qualifications.

(a) To be a medical director for a state-certified EMT-II, EMT-III, AEMT, or paramedic, for an EMT-II, EMT-III, or AEMT training course, or for a state-certified basic life support emergency medical service, advanced life support emergency medical service, or aeromedical service, a person must

(1) be currently

(A) licensed to practice medicine in this state, or, for an aeromedical service, in this state or the state in which the service is based; or

(B) working as a physician in the regular medical service of the United States armed services or the United States Public Health Service; and

(2) participate in an orientation provided by the department or its designee, within one year after accepting medical director responsibilities.

(b) To be a medical director for a state-certified EMT-II, EMT-III, AEMT, or paramedic, a person must be trained in American Heart Association advanced cardiac life support or a department-approved equivalent.

(c) To be a medical director for a state-certified medevac service (7 AAC 26.310 - 7 AAC 26.390), a person must have 16 hours of department-approved medevac training.

(d) To be a medical director for a state-certified critical care air ambulance service (7 AAC 26.310 - 7 AAC 26.390), a person must have 16 hours of department-approved aeromedical training and must be either board-certified or board-eligible in, or have other department-approved credentials demonstrating competence in, critical care or aeromedicine.

(e) To be a medical director for a state-certified specialty aeromedical transport team (7 AAC 26.310 - 7 AAC 26.390), a person must have 16 hours of department-approved aeromedical training and must be board-certified or board-eligible in the medical specialty for which the aeromedical team is to be certified.

7 AAC 26.640. Medical director responsibilities: certified or licensed persons.

(a) A medical director's approval of standing orders for a state-certified or licensed EMT-I, EMT-II, EMT-III, AEMT, paramedic, or emergency medical dispatcher, for the activities described in 7 AAC 26.040, must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

(b) The medical director for a state-certified EMT-I, EMT-II, EMT-III, AEMT, paramedic, or emergency medical dispatcher shall

(1) provide direct or indirect supervision of the medical care provided by each state-certified EMT-I, EMT-II, EMT-III, AEMT, paramedic, or emergency medical dispatcher;

(2) establish and annually review treatment protocols;

(3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state-certified or licensed EMT-I, EMT-II, EMT-III, AEMT, or paramedic and the circumstances under which the techniques may be performed;

(4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II, EMT-III, AEMT, or paramedic and quarterly on-site supervisory visits; the department may grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and

(5) regularly review the competency of each sponsored EMS provider.

7 AAC 26.650. Medical director responsibilities: certified organizations.

(a) The medical director for a state-certified basic life support or advanced life support emergency medical service under 7 AAC 26.210 - 7 AAC 26.285 shall

(1) approve treatment protocols or medical standing orders that delineate the medical procedures that may be performed by the certified or licensed medical care personnel;

(2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors;

(3) establish transportation/transfer arrangements in cooperation with emergency department physicians at the nearest appropriate referral hospitals: these arrangements shall specify the primary destination of all categories of emergency patients, including burns, central nervous system injuries, pediatric emergencies, high risk infants, behavioral emergencies, and cardiac emergencies;

(4) establish a written policy for how certified personnel are to deal with an intervener physician or the patient's private physician who wishes to assume responsibility for patient care at the scene or en route to the hospital; and

(5) establish a written policy for how certified personnel are to deal with a cardiac arrest patient who was treated with an automated external defibrillator before the certified personnel's arrival.

(b) The medical director for a state-certified medevac service, critical care air ambulance service, or specialty aeromedical transport team ([7 AAC 26.310](#) - [7 AAC 26.390](#)) shall

(1) approve treatment protocols or medical standing orders that delineate medical procedures that may be performed by the certified or licensed medical care personnel;

(2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors; and

(3) advise on the medical requirements of patient transportation in the airborne 0 service dispatch services using emergency medical dispatchers (EMD's) shall (1) approve an emergency medical dispatch priority reference system; the system must include caller interrogation questions, pre-arrival EMS instructions, and protocols matching the dispatcher's evaluation of severity of injury or illness and the number of victims with vehicle response modes and configurations; (2) provide indirect supervision of medical triage decisions and treatment instructions provided by EMD's; (3) periodically review on at least a monthly basis a sample of medical triage decisions and treatment instructions provided by EMD's to callers. (b) The medical director of the emergency medical dispatcher services may be the medical director of an ambulance service dispatched by the same agency or business.

7 AAC 26.660. Medical director responsibilities: training courses.

(a) The medical director for a department-approved training course shall

(1) be available in person or by telephone to answer specific questions arising during the training course;

(2) ensure that additional medications or procedures are taught and evaluated in compliance with current medical practice and guidelines; and

(3) assume responsibility for the techniques and procedures performed as part of the course, such as venipunctures, fluid infusion, and injection.

(b) The medical director may delegate to another physician or physicians the responsibility for conducting some of the training described in this section.

(c) The medical director assumes responsibility for the technical procedures performed as part of the course, but has no obligation to provide sponsorship to any student outside of the classroom setting or after the course is completed.

7 AAC 26.662. Medical directors of paramedic training courses.

(a) A person may serve as the medical director of a paramedic training course only if the person

(1) is licensed under [AS 08.64](#) to practice medicine in this state;

(2) holds a temporary permit as a physician applicant under [AS 08.64.270](#); or

(3) is authorized to practice medicine in this state under an exemption set out in [AS 08.64.370\(1\)](#) or (4).

(b) The medical director of a paramedic training course is responsible for

(1) reviewing all components of the paramedic training course to ensure that instructional accuracy is maintained;

(2) assisting with the selection of course faculty in conjunction with the course coordinator;

(3) reviewing the progress of each student to ensure that instructional goals are being met and that demonstration of competence is occurring before the student is put into a patient care setting; and

(4) acting as liaison to hospitals and pre-hospital emergency medical services participating in the paramedic training course.

7 AAC 26.670. Approval of additional medications and procedures.

(a) A medical director, to authorize a state-certified EMT-I, EMT-II, EMT-III, or AEMT to use additional medications or procedures not covered under [7 AAC 26.040](#), must

- (1) submit in writing on a form provided by the department a request for approval;
- (2) include in the request for approval a needs assessment with supporting data and a plan to evaluate current and ongoing training and competence in additional medications or procedures; and
- (3) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

(b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, EMT-III, or AEMT.

7 AAC 26.680. Delegation of certain medical director responsibilities. If approved by the department, a medical director may delegate review of EMS reports under [7 AAC 26.245](#) or patient care forms under [7 AAC 26.350](#) to another physician, paramedic, registered nurse, mid-level practitioner, or EMT with supervisory experience. The person acting as delegate shall send to the medical director copies of the EMS reports or patient care forms.

7 AAC 26.690. Withdrawal of directorship.

(a) If a medical director withdraws directorship, that person shall notify the department, and each person or entity certified under this chapter for whom the withdrawing person acted as medical director.

(b) If the medical director of a service or team certified under this chapter withdraws directorship, that service's or team's certificate is suspended until the service or team provides written verification, on a form provided by the department, that it has a medical director who meets the qualifications set out in [7 AAC 26.630](#). The service or team may continue to respond to emergencies, but, until the suspension is lifted, may not offer any advanced life support services.

(c) An EMT-I, EMT-II, EMT-III, or AEMT who is without a medical director may perform only those basic life support procedures as defined in [7 AAC 26.999](#) that are within the scope of activities for a state-certified EMT set out in [7 AAC 26.040](#).

Article 7.

Trauma Centers, Trauma Registry, and Trauma Care Fund.

7 AAC 26.710. Purpose. The purpose of [7 AAC 26.710](#) - [7 AAC 26.745](#) is to promote the health and safety of the people of Alaska by setting minimum standards for hospitals or medical clinics to voluntarily meet criteria adopted by the department so that they may represent themselves as trauma centers. Nothing in [7 AAC 26.710](#) - [7 AAC 26.745](#) is intended to require a hospital, clinic, or other entity to be certified as a trauma center in order to treat patients with traumatic injuries. However, under [AS 18.08.084\(e\)](#), a hospital, clinic, or other entity not certified as a trauma center under [AS 18.08.082](#), may not represent itself as a trauma center.

7 AAC 26.715. Application for certification.

(a) An organization that wishes to apply for certification as a trauma center shall apply in writing to the department on a form obtained from the department.

(b) The application form will request the name of the organization and responsible official, the mailing address and, if different, the geographical address, evidence that the applicant meets the requirements of [7 AAC 26.720](#), and other information the department considers necessary to determine whether the applicant has met the qualifications for certification outlined in [7 AAC 26.720](#).

(c) A certificate as a trauma center will be issued by the department

- (1) based on community, regional, and statewide needs, including the optimal number of different levels of trauma centers throughout the state according to population, geography, and other factors related to optimal care and appropriate transfer of trauma patients; and
- (2) if the applicant meets the requirements of [7 AAC 26.720](#).

7 AAC 26.720. Qualifications for certification.

- (a) An applicant for certification as a level I trauma center or specialty trauma referral center must
- (1) provide to the department evidence that the trauma center has received a certificate of verification as a level I trauma center from the Committee on Trauma, American College of Surgeons;
 - (2) participate in the statewide trauma registry administered by the department and provide data to the department as required under [7 AAC 26.745](#); and
 - (3) be designated by the department based on [7 AAC 26.715](#).
- (b) An applicant for certification as a level II trauma center or regional trauma center must
- (1) provide to the department evidence that the trauma center has received a certificate of verification as a level II trauma center from the Committee on Trauma, American College of Surgeons;
 - (2) participate in the statewide trauma registry administered by the department and provide data to the department as required under [7 AAC 26.745](#); and
 - (3) be designated by the department based on [7 AAC 26.715](#).
- (c) An applicant for certification as a level III trauma center or area trauma center must
- (1) provide to the department evidence that the trauma center has received a certificate of verification as a level III trauma center by the Committee on Trauma, American College of Surgeons;
 - (2) participate in the statewide trauma registry administered by the department and provide data to the department as required under [7 AAC 26.745](#); and
 - (3) be designated by the department based on [7 AAC 26.715](#).
- (d) An applicant for certification as a level IV trauma center or local trauma stabilization center must
- (1) provide to the department evidence that the trauma center has received verification that the trauma center meets the criteria listed for level IV trauma centers by the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#), contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, revised as of October 12, 2017 and adopted by reference;
 - (2) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the trauma center that a site visit is necessary;
 - (3) participate in the statewide trauma registry administered by the department and provide data as required under [7 AAC 26.745](#); and
 - (4) be designated by the department based on [7 AAC 26.715](#).
- (e) An applicant for certification as a level I or II trauma center with pediatric commitment shall
- (1) provide evidence to the department that the trauma center has received a certificate of verification for pediatric trauma care from the Committee on Trauma, American College of Surgeons;
 - (2) participate in the statewide trauma registry administered by the department and provide data to the department as required under [7 AAC 26.745](#); and
 - (3) be designated by the department based on [7 AAC 26.715](#).
- (f) An applicant for certification as a level V trauma center or local trauma stabilization clinic must
- (1) provide evidence to the department that the clinic has received verification that the clinic has met the criteria listed for level V trauma centers by the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#), contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in (d) of this section;
 - (2) agree for the department to conduct a site visit to verify that relevant criteria have been met if the department notifies the clinic that a site visit is necessary; and (3) be designated by the department based on [7 AAC 26.715](#).

7 AAC 26.725. Term of initial certification. An initial certification expires on December 31 of the third year following the certification as a trauma center under [7 AAC 26.720](#) by the department.

7 AAC 26.730. Recertification.

- (a) To renew a certification as a level I, level II, or level III trauma center, an applicant must
- (1) provide to the department evidence of reverification by the Committee on Trauma, American College of Surgeons;

- (2) meet applicable requirements under [7 AAC 26.720](#);
 - (3) complete and submit an application on a form provided by the department; and
 - (4) be designated by the department based on [7 AAC 26.715](#).
- (b) To renew a certification as a level I or level II trauma center with a pediatric commitment, an applicant must
- (1) provide to the department evidence of reverification by the Committee on Trauma, American College of Surgeons;
 - (2) meet applicable requirements of [7 AAC 26.720](#);
 - (3) complete and submit an application on a form provided by the department; and
 - (4) be designated by the department based on [7 AAC 26.715](#).
- (c) To renew a certification as a level IV trauma center, an applicant must
- (1) complete and submit an application on a form provided by the department;
 - (2) provide to the department evidence that the trauma center received reverification that the trauma center continues to meet the criteria listed for level IV trauma centers by the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#), contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#);
 - (3) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the trauma center that a site visit is necessary; and
 - (4) be designated by the department based on [7 AAC 26.715](#).
- (d) A recertification is valid for three years, and is subject to renewal under (a), (b), (c), or (e) of this section.
- (e) To renew a certification as a level V trauma center, the applicant must
- (1) complete and submit an application on a form provided by the department;
 - (2) provide to the department evidence that the clinic received reverification that the clinic continues to meet the criteria listed for level V trauma centers by the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#), contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#);
 - (3) agree for the department to conduct a site visit to verify that the clinic has met level V criteria, if the department notifies the clinic that a site visit is necessary; and
 - (4) be designated by the department based on [7 AAC 26.715](#).

7 AAC 26.735. Actions not prohibited. Nothing in [7 AAC 26.710](#) - [7 AAC 26.745](#) prohibits a hospital, clinic, or other entity from treating a person with traumatic injuries even if the hospital, clinic, or other entity is not certified as a trauma center under this chapter so long as the hospital, clinic, or other entity may lawfully provide treatment in this state.

7 AAC 26.740. Grounds for suspension, revocation, or conditioning a certificate. After compliance with the Administrative Procedure Act ([AS 44.62](#)), the department will, in its discretion, suspend, revoke, or condition a certificate issued under [7 AAC 26.720](#) or [7 AAC 26.730](#) for any of the following reasons:

- (1) fraud or deceit in obtaining a certificate;
- (2) gross misconduct by personnel employed by or on contract with the trauma center;
- (3) failure to maintain appropriate staffing or equipment, or otherwise failing to continue meeting the criteria listed, if applicable, in the Committee on Trauma, American College of Surgeons' Resources for Optimal Care of the Injured Patient, 2014; Resources for Optimal Care of the Injured Patient, 2014, as amended from time to time, is adopted by reference; or
- (4) failure to comply with state law, including [7 AAC 26.710](#) - [7 AAC 26.745](#).

7 AAC 26.742. Appeal of denial of certificate. An applicant that is denied an initial certification under [7 AAC 26.720](#) or recertification under [7 AAC 26.730](#) may file an appeal under [AS 44.62](#) (Administrative Procedure Act).

7 AAC 26.745. Trauma registry.

- (a) The department will establish a trauma system review committee in accordance with [AS 18.23.070\(5\)\(A\)](#).
- (b) The trauma system review committee shall keep trauma registry data confidential in accordance with [AS 18.23.030](#), except that reports on

(1) trauma patients admitted to the hospital, declared dead in the emergency department, or transferred to another acute care hospital for treatment will be provided to that hospital; these reports include a patient log, a trauma service summary, a quality assurance summary, and a survival probability summary;

(2) patients treated by a state certified emergency medical service will be provided to that service, including a summary of activity, a quality assessment summary, a quality assurance summary, and a documentation compliance summary; and

(3) patient care reporting data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues.

(c) An acute care hospital in this state certified under [7 AAC 26.710](#) - [7 AAC 26.745](#) as a level I, level II, level III, or level IV trauma center or as a level I or level II trauma center with a pediatric commitment must participate in the statewide trauma registry administered by the department. A hospital not certified as a trauma center under [7 AAC 26.710](#) - [7 AAC 26.745](#) may participate in the statewide trauma registry administered by the department. A hospital that participates in the statewide trauma registry shall make available to the department abstracts in the form prescribed by the department of the medical records of all trauma patients who were admitted to the hospital, declared dead in the emergency department, or transferred to another hospital for treatment.

(d) The department may delegate the responsibility for collecting data under this section to a hospital, other public agencies, or to private persons or agencies, if the person or agency agrees to maintain confidentiality of the data in accordance with [7 AAC 26.790\(b\)](#).

(e) A trauma center certified under [7 AAC 26.710](#) - [7 AAC 26.745](#) must provide trauma registry data to the department at least quarterly of each year on March 31, June 30, September 30, and December 31 of that year. Data on all trauma patients discharged between January 1 and March 31 must be submitted to the department by June 30. Data on all trauma patients discharged between April 1 and June 30 must be submitted to the department by September 30. Data on all trauma patients discharged between July 1 and September 30 must be submitted to the department by December 31. Data on all trauma patients discharged between October 1 and December 31 must be submitted to the department by March 31 of the following year.

(f) A hospital not certified as a trauma center under [7 AAC 26.710](#) - [7 AAC 26.745](#) may provide trauma registry data to the department at least semi-annually each year on June 30 and December 31. Data on all trauma patients discharged between July 1 and December 31 may be submitted to the department by June 30 of the following year. Data on all trauma patients discharged between January 1 and June 30 may be submitted to the department by December 31 of the same year.

(g) The department will provide reports for quality review of trauma care under (b)(1) of this section to each acute care hospital or state certified emergency medical service within 30 days following the receipt of trauma registry data from that hospital or state certified emergency medical service.

(h) A clinic in this state certified under [7 AAC 26.710](#) - [7 AAC 26.745](#) as a level V trauma center shall make available to the department clinic logs in the form prescribed by the department of all trauma patients who were transferred from the clinic to a hospital for treatment or declared dead in the clinic.

7 AAC 26.750. Requirements for payment from trauma care fund.

(a) The commissioner will authorize payment from the trauma care fund ([AS 18.08.085](#)) to trauma centers as provided in (b) - (d) of this section.

(b) To be eligible for payment under this section, a trauma center in this state must

(1) be certified under [7 AAC 26.720](#); and

(2) apply for money in writing to the department on a form obtained from the department.

(c) The commissioner will pay a trauma center certified under [7 AAC 26.720](#) an amount according to its designated level, with each certified trauma center that is designated at that level to receive the same amount of money, as follows:

(1) the commissioner will pay the highest amount to each trauma center that the department certified with a Level I special designation upon evidence, received as

- provided under [7 AAC 26.720\(a\)\(1\)](#), of verification as a Level I trauma center by the Committee on Trauma, American College of Surgeons;
- (2) the commissioner will pay the second highest amount to each trauma center that the department certified with a Level II special designation upon evidence, received as provided under [7 AAC 26.720\(b\)\(1\)](#), of verification as a Level II trauma center by the Committee on Trauma, American College of Surgeons;
- (3) the commissioner will pay the third highest amount to each trauma center that the department certified with a Level III special designation upon evidence, received as provided under [7 AAC 26.720\(c\)\(1\)](#), of verification as a Level III trauma center by the Committee on Trauma, American College of Surgeons;
- (4) the commissioner will pay the fourth highest amount to each trauma center that the department certified with a Level IV special designation upon evidence, received as provided under [7 AAC 26.720\(d\)\(1\)](#), and verified with any site visit that the department determined necessary under [7 AAC 26.720\(d\)\(2\)](#), that the organization met the criteria listed for a Level IV trauma center by the Committee on Trauma, American College of Surgeons in the materials adopted by reference in [7 AAC 26.720\(d\)\(1\)](#).
- (d) Each year, the commissioner will set the amounts described in (b) of this section,
- (1) subject to the availability of appropriations;
- (2) consistent with the requirements of [AS 18.08.085](#); and
- (3) after considering recommendations received from the trauma system review committee established under [7 AAC 26.745\(a\)](#). (e) A trauma center that has received money from the trauma care fund ([AS 18.08.085](#)) shall submit an annual report to the department on July 1 of each year, documenting and verifying the use of the money.

Article 8.

Emergency Medical Dispatchers.

7 AAC 26.810. Purpose.

The purpose of [7 AAC 26.810](#) - [7 AAC 26.840](#) is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for emergency medical dispatchers (EMD's). These sections are intended to establish uniform minimum standards for certification of EMD's who routinely give medical treatment advice and other instructions to callers over the telephone before the arrival of the emergency medical service at the scene of the emergency. Nothing in [7 AAC 26.810](#) - [7 AAC 26.840](#) is intended to require that public safety dispatchers who dispatch emergency medical services be certified EMD's.

7 AAC 26.815. Application for certification.

- (a) A person applying for certification as an EMD shall apply in writing to the department on a form obtained from the department.
- (b) The application form will request the person's name, age, mailing and, if different, geographical addresses, evidence that the person meets the requirements of [7 AAC 26.820](#), and other information the department considers necessary to determine whether the applicant has met the qualifications for certification outlined in [7 AAC 26.820](#).
- (c) A certificate will be issued by the department if the applicant meets the requirements of [7 AAC 26.820](#) for EMD certification.

7 AAC 26.820. Qualifications for certification.

A person applying for certification as an EMD must

- (1) provide evidence of successful completion within two years before the date of application of a department-approved EMD training program;
- (2) provide evidence of a valid CPR credential; and
- (3) pay a non-refundable application fee of \$10 to the department.

7 AAC 26.825. Scope of certified activities.

A person who is state certified as an EMD shall, with written approval from an EMD medical director, use a medical dispatch priority reference system approved by the medical director under [7 AAC 26.655](#).

7 AAC 26.830. Approved training courses.

An organization applying for course approval for training of a certified emergency medical dispatcher (EMD) must show that it has

- (1) appropriate training equipment, including a dispatch console or simulator;
- (2) an EMD instructor credentialed by a nationally or state recognized EMD training organization, and approved by the department as being qualified to teach subjects related to EMD activities;
- (3) a curriculum approved by the department that provides a minimum of 24 hours of instruction in subjects related to EMD activities; and
- (4) a medical director who approves the course curriculum and is available to answer medical questions during the course.

7 AAC 26.835. Term of certification.

Certification for EMD is valid for two years, except that

- (1) an initial certification for an applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;
- (2) an initial certification for an applicant who completed the initial training course after June 30 of a year expires on December 31 of the second year following the year of issuance;
- (3) all recertifications expire on the second December 31 following the expiration of the most recent certification; and
- (4) in order to ensure a comprehensive emergency medical services system, the department will, in its discretion, extend the certificate of an EMD for a period of not more than 60 days beyond the date of the lapse of certification.

7 AAC 26.840. Recertification. To obtain recertification, an EMD must, not more than 90 days before or six months after expiration of the EMD's certification,

- (1) apply for recertification to the department;
- (2) provide evidence of a valid CPR credential;
- (3) provide written approval from the medical director for the emergency medical dispatcher services;
- (4) repealed 8/16/2002; and (5) pay a non-refundable application fee of \$10 to the department.

Article 9.

Paramedic License.

7 AAC 26.845. Application for license.

- (a) An applicant for a license as a paramedic shall apply in writing on a form provided by the department.
- (b) The application will be provided by the department and must contain the applicant's name, age, mailing address, and geographical address if different from the mailing address, and any other information that the department considers necessary.

7 AAC 26.850. Qualifications for initial license.

- (a) An applicant for a paramedic license must
 - (1) be 18 years of age or older;
 - (2) provide a letter from the applicant's physician sponsor verifying that the applicant will, at all times, be under the supervision of a physician sponsor approved by the department, as required by [7 AAC 26.640](#);
 - (3) have passed the appropriate Nationally Registered Paramedic (NRP) examination process as determined by the department for either initial or reciprocity applicants administered by the National Registry of Emergency Medical Technicians (NREMT);
 - (4) submit verification of licensure from the appropriate licensing authority in each state where the applicant holds or has ever held a license as a paramedic or other health care professional;
 - (5) submit a nonrefundable application fee of \$75; and
 - (6) submit verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program accepted by the National Registry of Emergency Medical Technicians (NREMT).

- (b) An applicant for licensure as a paramedic who is currently licensed in another state
- (1) must fulfill the requirements of (a) of this section;
 - (2) may not be currently under suspension or revocation as a paramedic or EMT-paramedic, or the equivalent; and
 - (3) may not be the subject of an unresolved investigation, complaint review procedure, or disciplinary proceeding undertaken by a certifying or licensing agency in another state.
- (c) The department may require an applicant to provide additional documentation necessary to verify the applicant's education or experience.

7 AAC 26.855. Sponsorship.

- (a) A person licensed as a paramedic shall immediately report to the department, on a form provided by the department, any change of sponsorship.
- (b) When a sponsor withdraws sponsorship of a paramedic, the paramedic may not practice above the EMT-I level until the department approves a new physician sponsor.

7 AAC 26.860. Approved curriculum. The approved curriculum for a license as a paramedic is a curriculum approved by the department that meets or exceeds applicable objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, 2021, adopted by reference in 7 AAC 26.050(I)(A).

7 AAC 26.865. License issuance and expiration. Upon documentation that an applicant has successfully completed the requirements of this chapter, the department will issue the applicant a license to practice as a paramedic. A license expires biennially on a date set by the department. A license must be renewed under 7 AAC 26.870.

7 AAC 26.870. Renewal of license.

- (a) An applicant for renewal of a paramedic license shall submit
- (1) a completed license renewal application form provided by the department;
 - (2) evidence of
 - (A) current Nationally Registered Paramedic (NRP) certification from the National Registry of Emergency Medical Technicians (NREMT); or
 - (B) successful completion of continuing medical education that meets paramedic National Continued Competency Program (NCCP) Guidelines;
 - (3) evidence of a valid CPR credential;
 - (4) a nonrefundable license renewal fee of \$75; and
 - (5) a written statement of sponsorship from a medical director who accepts the responsibilities set out in 7 AAC 26.640; the department will place the license in inactive status until the written statement of sponsorship is received; a paramedic in an inactive status may function within an EMT-I scope of practice under 7 AAC 26.040(a)(2).
- (b) If an applicant for renewal cannot meet the requirements for renewal under (a) of this section, the applicant must apply and meet the requirements for initial licensure under 7 AAC 26.850.

7 AAC 26.one. Lapsed paramedic license.

- (a) A paramedic license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits
- (1) documentation that the continuing medical education requirements of 7 AAC 26.870 have been met;
 - (2) the renewal fees required by 7 AAC 26.870.
- (b) A paramedic license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits
- (1) a complete renewal application on a form provided by the department;
 - (2) documentation that the continuing medical education requirements of 7 AAC 26.870 have been met for the entire period during which the license has been lapsed;
 - (3) verification of licensure from each state where the applicant holds or has ever held a paramedic license or other health care professional license; and
 - (4) the applicable fees required by 7 AAC 26.870.

(c) Notwithstanding (a) and (b) of this section, the department may refuse to reinstate a paramedic license for the same reasons that it may impose disciplinary sanctions against a licensee under this chapter.

7 AAC 26.880. Provisional license.

(a) The department may issue a provisional license to an applicant for initial licensure who has met all requirements of [7 AAC 26.850](#) except for passing the examination required in [7 AAC 26.850](#). The applicant shall submit written verification from the National Registry of Emergency Medical Technicians (NREMT) that the applicant is awaiting examination results or is scheduled to take the next examination.

(b) A provisional license is valid for two months after the results of the examination for licensure have been issued, until the physician sponsor withdraws sponsorship, or until the department is notified that the provisional licensee has failed the examination for licensure, whichever occurs first.

(c) A provisional license is not renewable.

7 AAC 26.885. Grounds for suspension, revocation, or refusal to issue a license.

The department, after compliance with the Administrative Procedure Act ([AS 44.62](#)), may revoke, suspend, or refuse to issue a license for

(1) fraud or deceit in obtaining a certificate or license required by this chapter, or from another state, or from the National Registry of Emergency Medical Technicians;

(2) using alcohol or other drugs

(A) to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or

(B) that is illegal under state or federal law;

(3) conviction of an offense under [AS 11.71.010](#) (misconduct involving a controlled substance in the first degree) or an offense with substantially similar elements in another jurisdiction;

(4) conviction within the preceding 10 years of an offense that is a class B or class C felony or class A misdemeanor under [AS 11.71](#) (misconduct involving a controlled substance), or an offense with substantially similar elements in another jurisdiction;

(5) gross misconduct in the performance of duties as a paramedic;

(6) practice beyond the scope authorized by the sponsor physician; or

(7) practice above the EMT-I level without physician sponsorship.

7 AAC 26.890. Scope of authorized activities.

(a) A licensed paramedic, when under the supervision of a sponsoring physician, or when under the specific written standing order of a physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the paramedic is caring for a patient in a hospital or at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained. The authorized activities are

(1) electrocardiographic monitoring and defibrillation;

(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;

(3) performing endotracheal intubation and pulmonary ventilation by approved methods;

(4) performing gastric suction by intubation; (5) obtaining blood for laboratory analysis;

(6) administering parenterally, orally, or topically any approved agents or solutions; and

(7) performing other procedures authorized by a sponsoring physician.

(b) A person enrolled in a paramedic training program may perform the activities set out in (a) of this section if

(1) the activities are required as part of the training program;

(2) the activities that take place in a hospital are supervised by a physician, physician assistant, licensed paramedic, or nurse; and

(3) the activities that take place outside a hospital are supervised by a licensed paramedic, a physician sponsor, or the physician sponsor's designee.

7 AAC 26.895. Prohibited acts. A person may not represent as a paramedic or EMT-paramedic unless the person is licensed as a paramedic under this chapter.

7 AAC 26.897. Identification. While performing the duties of a paramedic, the licensee shall be clearly identified by name plate, uniform, or other apparent means to distinguish the licensee from other health care professionals, workers, and students.

Article 10.

General Provisions.

7 AAC 26.900. Definitions. Repealed.

7 AAC 26.950. Grounds to suspend, revoke, or deny certification or recertification.

(a) The department will revoke, suspend, deny, or not issue an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator if the individual

(1) has been convicted of an offense against a person set out in [AS 11.41](#) that is a class A or unclassified felony or an offense with substantially similar elements in another jurisdiction;

(2) has been convicted of an offense under [AS 11.71.010](#) (Misconduct Involving a Controlled Substance in the First Degree) or an offense with substantially similar elements in another jurisdiction;

(3) is currently incarcerated for an offense set out in (b)(1) - (3) of this section or an offense with substantially similar elements in another jurisdiction; or

(4) requests that the individual's certification or recertification be revoked, suspended, or not issued.

(b) The department will revoke, suspend, or deny an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator if the department determines that the individual

(1) within the preceding 15 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor for an offense against a person under [AS 11.41](#), or an offense with substantially similar elements in another jurisdiction;

(2) within the preceding 10 years has been convicted of an offense that is a felony or class A misdemeanor under [AS 11.61](#) (Offenses Against Public Order), or an offense with substantially similar elements in another jurisdiction;

(3) within the preceding 10 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor under [AS 11.71](#) (Misconduct Involving a Controlled Substance), or an offense with substantially similar elements in another jurisdiction;

(4) within the preceding three years has been convicted under [AS 28.35.030](#) of operating a vehicle, aircraft, or watercraft while intoxicated, or under [AS 28.35.032](#) for refusal to submit to a chemical test;

(5) has failed to notify the department in writing within 30 days after being charged with an offense that is a class A misdemeanor or a felony under the law of this state or an offense with substantially similar elements in another jurisdiction;

(6) is currently on work release, probation, or parole;

(7) has committed gross misconduct in the performance of duties as an EMT;

(8) has violated federal or state laws pertaining to medical practice;

(9) has used fraud or deceit to obtain a certificate from this state under [7 AAC 26.010 - 7 AAC 26.180](#), or from another state, or from the National Registry of Emergency Medical Technicians;

(10) has cheated on an examination for certification, committed theft of certification examination materials, or misused certification examination materials;

(11) has had a certificate or license as a health care provider revoked or suspended by the licensing or certifying authority of a state, territory, or country, or by the National Registry of Emergency Medical Technicians;

(12) has knowingly, willfully, or grossly negligently violated patient privacy or confidentiality by releasing information to persons who are not directly involved in the care or treatment of the patient, or otherwise authorized to receive the information;

(13) has falsified or altered training records, certification records, or patient records, or participated in the release or issuance of false continuing medical education documents, including verifying continuing medical education for an individual who did not

legitimately attend an educational session, or signing an individual into an educational session that the individual did not actually attend; or

(14) has committed an act that constitutes a violation of a federal, state or local law, and that recklessly endangers other EMS providers, public safety officials, students in an approved EMS training program, patients, or the general public.

(c) The department will revoke, suspend, or deny an individual's certification or recertification as an ETT instructor, EMS instructor, EMS instructor coordinator, or MICP course coordinator for one or more of the following reasons:

(1) improperly disclosing testing materials or the content of department administered examinations;

(2) knowingly enrolling, in a department approved training program, students who did not meet the requirements outlined in the applicable course approval provisions of this chapter;

(3) knowingly teaching more than one course that is required to be approved by the department without the courses being approved by the department under this chapter;

(4) using a curriculum that did not contain all of the objectives required for a course for which department approval is required under [7 AAC 26.050](#) or [7 AAC 26.450](#), as applicable; or

(5) teaching a course approved by the department that did not provide the minimum number of hours required under this chapter.

(d) Revocations, suspensions, and refusals to certify or recertify on a ground set out in (a)(1) and (a)(2) of this section are permanent. If the department, on a ground set out in (a)(3) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 36 months after termination of the individual's sentence, parole, or probation, whichever term ends latest. However, the department may lengthen or shorten this period based on the factors set out under (f) of this section. If the department, on a ground set out in (a)(4) of this section, revokes or suspends the certification of or does not certify or recertify an individual, if the individual is otherwise eligible for certification and if the department receives a written request from the individual that the certificate be issued, the department will issue a certificate valid for the remainder of the certification period.

(e) If the department, on a ground set out in (b)(1) - (3), (b)(6) - (14), or (c) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 36 months after termination of sentence, parole or probation, or, if a criminal penalty is not imposed, 36 months after the effective date of the revocation, suspension, or denial of certification or recertification. If the department, on a ground set out in (b)(4) or (5) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 12 months after the effective date of the revocation, suspension, or denial of certification or recertification.

(f) Notwithstanding the time periods set out in (b) and (e) of this section, when acting on an application of an individual whose certification or recertification is subject to suspension, revocation, or denial under (b) or (c) of this section, the department may lengthen or shorten the period of time during which the individual is ineligible to apply for certification or recertification by making a determination based on the following factors:

(1) the seriousness or frequency of the offense;

(2) the length of time since the offense;

(3) evidence of rehabilitation;

(4) the satisfactory completion of all sentencing requirements;

(5) the potential danger posed to the public by an individual.

(g) The department will require an applicant who has reported a charge or conviction of a criminal offense listed in this section to obtain criminal records from one or more federal or state agencies at the applicant's own cost.

7 AAC 26.955. Departmental action to revoke, suspend, or refuse to issue a certificate.

(a) If the department receives, from a reliable and verifiable source, information that could constitute grounds to revoke, suspend, or deny an individual's certification or recertification, the department will initiate an investigation to determine whether departmental action under this section is warranted. If the investigation results in the substantiation of grounds to revoke, suspend, or deny the individual's certification or recertification, the department will initiate appropriate action under this section.

(b) The department will issue a notice of denial of certification or recertification by certified mail or personal delivery to an applicant upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under [7 AAC 26.950](#) for denying an individual's certification or recertification. In the notice the department will specify the reasons for the denial. An individual who is denied certification or recertification may appeal the decision of the department in accordance with [7 AAC 26.960](#).

(c) The department will issue a notice of revocation by certified mail or personal delivery to a certificate holder upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under [7 AAC 26.950](#) for revocation. With the notice the department will include an accusation that specifies each reason for the revocation. In the notice the department will establish an effective date of the revocation at 15 days after the date of issuance of the notice unless the individual whose certification is to be revoked appeals the determination in accordance with [7 AAC 26.960](#) and is granted a temporary stay under [7 AAC 26.960\(b\)](#) of the order to revoke.

(d) The department will issue a notice of suspension by certified mail or personal delivery to a certificate holder upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under [7 AAC 26.950](#) for revocation. With the notice the department will include an accusation that specifies each reason for the suspension and the length of the suspension. In the notice the department will establish an effective date of the suspension at 15 days after the date of issuance of the notice unless the individual whose certification is to be suspended appeals the determination in accordance with [7 AAC 26.960](#) and is granted a temporary stay under [7 AAC 26.960\(b\)](#) of the order to suspend.

(e) Based on the evidence presented to the department, if the department finds reasonable cause to believe that allowing the person to continue in the practice of an EMT poses an immediate danger to public health or safety, the department will issue a notice of immediate suspension to the certificate holder without a hearing. In the notice the department will specify each reason for the immediate suspension. A notice of immediate suspension takes effect upon issuance. The holder of the suspended certification may not practice during the term of the immediate suspension. An individual whose certification is subject to immediate suspension may appeal the immediate suspension in accordance with [7 AAC 26.960\(e\)](#).

7 AAC 26.960. Appeals procedures.

(a) An applicant or certificate holder may appeal to the commissioner a determination by the department to revoke, suspend, or deny certification or recertification by requesting, in writing, an administrative hearing. To be timely, a request must be received within 15 days after the issuance of the notice of revocation, suspension, or denial of certification or recertification.

(b) Upon receipt of the request for appeal, a hearing will be scheduled to be held within 30 days after receipt of the request. Notice of the date, time, and place of the hearing will be sent to the applicant or certificate holder, and to that person's attorney or representative, if any, within 10 days after the receipt of the request. At this time, the commissioner may designate a department employee who was not involved in the original agency determination to make the final agency determination.

(c) A decision by the department to refuse to certify or a decision by the department to refuse to grant reciprocity under [7 AAC 26.150](#) remains in effect throughout the administrative appeal process.

(d) A certificate holder whose certificate is subject to suspension or revocation may seek a temporary stay of the department's determination pending the outcome of the hearing under this section by filing a written request to the commissioner with a sworn affidavit setting out the reasons for seeking the stay. A stay will be granted only if the commissioner determines that the public safety will be reasonably protected. As necessary to assure the protection of the public safety, the commissioner will impose conditions on the certificate holder for the term of the stay.

(e) A certificate holder whose certificate is subject to immediate suspension under [7 AAC 26.955\(e\)](#) or who has been denied a request for a temporary stay under (d) of this section may seek expedited review of the department's determination by filing a timely request for an expedited review with the commissioner. To be timely, the request must be received within 15 days after the department's action. The commissioner or the commissioner's designee will receive written evidence and schedule a telephonic or in-person hearing on the sole issue of whether a temporary stay may be granted pending an appeal. The commissioner or the commissioner's designee will deny the request for a temporary stay upon expedited review if

that person determines, by a preponderance of evidence, that the denial of a temporary stay is necessary to assure the protection of the public.

(f) The commissioner may designate a hearing officer from the staff of the division of public health within the department to perform a hearing under this section. The hearing officer may not be a person who was involved in the original agency determination. The commissioner or the commissioner's designee will, or the hearing officer shall, accept written argument and documentary evidence from the applicant or certificate holder and the department staff. As necessary to provide an opportunity to present and cross examine witnesses, the commissioner or commissioner's designee will, or the hearing officer shall, hold an oral hearing. A party may not request an oral hearing to address only a question of law. The applicant or certificate holder may be represented at the hearing by an attorney or other representative.

(g) The rules of evidence contained in [AS 44.62.460](#) - [AS 44.62.480](#) (Administrative Procedure Act) will be used for hearings under this section.

(h) The commissioner or commissioner's designee will issue a decision, or, if a hearing officer conducts the hearing, the hearing officer shall issue a recommended decision, within 10 working days after the written and testimonial records are closed, unless the commissioner or the commissioner's designee extends the period to address unusually complex questions of fact or law, or to allow post-hearing briefs or the presentation of newly discovered evidence not previously discoverable. If a hearing officer conducts the hearing, the commissioner or the commissioner's designee will adopt, modify, or remand the recommended decision within 10 working days after receiving it from the hearing officer. An adopted or modified decision becomes final and takes effect 15 days after issuance by the commissioner or the commissioner's designee and constitutes final agency action for the purposes of judicial review.

(i) The commissioner or the commissioner's designee may order a reconsideration of a decision on that person's own motion or on petition of a party. To be considered, a petition for reconsideration must be filed with the department within 15 days after issuance of the decision. The commissioner or commissioner's designee will not order reconsideration more than 30 days after the issuance of a decision. If action is not taken on a petition within the time allowed for ordering reconsideration, the petition is considered denied.

7 AAC 26.980. Emergency use of epinephrine approval.

(a) The department will approve

(1) an epinephrine auto-injector training program that meets the department's Standards for the Approval of Training Programs for Emergency Use of Epinephrine, dated 2011, and adopted by reference;

(2) an epinephrine ampule training program that meets the department's Standards for the Approval of Training Programs for Emergency Use of Epinephrine, dated 2011, and adopted by reference;

(b) An organization that is requesting approval of a training program under (a)(2) of this section must be under the authority of a medical director. (c) In this section, "ampule" means ampule, multi-dose vial, or prefilled syringe.

7 AAC 26.985. CPR credential and training.

(a) The department will consider a CPR or CPR instructor credential as valid, for the purposes of this chapter, only if the credential meets the requirements of this section.

(b) To hold a valid CPR credential, the person must have successfully completed a basic life support (BLS) CPR course and hold a current CPR credential from a training agency recognized under (d) of this section.

(c) To hold a valid CPR instructor credential, the person must have successfully completed a basic life support (BLS) instructor course and hold a current CPR instructor credential from a training agency recognized under (d) of this section.

(d) The department will only recognize a training agency, for the purposes of this section, if that agency

(1) teaches CPR in accordance with the current guidelines of the International Liaison Committee on Resuscitation (ILCOR), 2018 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations, as amended from time to time, and adopted by reference for basic life support CPR;

(2) requires its CPR classes to instruct on adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices;

- (3) issues CPR and CPR instructor credentials to successful participants that are valid for no longer than two years; and
- (4) has a system for credentialing and evaluating CPR instructors.

7 AAC 26.999. Definitions. In this chapter,

- (1) "acute care hospital" means a state licensed hospital or federal hospital that provides medical and surgical outpatient and inpatient services to persons with injuries or illnesses;
- (2) "advanced life support" has the meaning given in [AS 18.08.200](#);
- (3) "AED" means automated external defibrillation;
- (4) "AEMT" means a person who has been certified or licensed in a state or territory as an Advanced Emergency Medical Technician (AEMT) certified by the National Registry of Emergency Medical Technicians (NREMT);
- (5) "aeromedical service" means a medevac service, an air ambulance service, a critical care air ambulance service, or a specialty aeromedical transport team;
- (6) "aeromedical transport team" means a team of two or more health care workers who are trained and equipped to provide care to a patient being transported in an aircraft;
- (7) "air medevacs" means transporting emergency patients by fixed or rotary wing aircraft with at least one certified or licensed emergency medical responder in attendance;
- (8) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic and advanced life-support equipment carried on an ambulance that meets department approval and the needs of local EMS patient care guidelines;
- (9) "area trauma center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level III Trauma Center Designation Criteria, located in the American College of Surgeons' Resources for Optimal Care of the Injured Patient, adopted by reference in [7 AAC 26.740](#), unless a specific exception is granted by the department;
- (10) "automated defibrillator"
 - (A) means a defibrillator that is capable of automated rhythm analysis, and that will charge and deliver a defibrillation, with minimal operator intervention, after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia;
 - (B) does not include a semi-automatic defibrillator;
- (11) "basic life support" means those emergency care skills set out in the goals and objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in [7 AAC 26.050\(1\)\(A\)](#);
- (12) "certified or licensed medical personnel" means EMT-I's, EMT-II's, EMT-III's, AEMT's, paramedics, physician assistants, advanced practice registered nurses, registered nurses, or physicians authorized by law to provide medical care in this state or in the state in which the certified or licensed service is based;
- (13) "certifying officer" means a person designated
 - (A) by the department to ensure the security of the examinations for state certification or licensure;
 - (B) to ensure that the security of examinations for certification meets testing requirements by the National Registry of Emergency Medical Technicians (NREMT);
- (14) "commissioner" means the commissioner of health;
- (15) "continuing medical education" or "CME" means ongoing education in

(A) topics included in the initial training course objectives for certified EMD, emergency medical responder (EMR), EMT-I, EMT-II, EMT-III, or AEMT or continuing education requirements of cognitive and psychomotor learning for which the provider is certified;
(B) other department-approved educational subjects required for maintenance of professional organization certification;
(C) college courses in anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, injury prevention, or statistics, or department-accepted courses;
(D) content presented using critiques, didactic sessions, practical drills, workshops, seminars, commercial educational systems, distributed learning, or other department-approved educational methods;
(E) professional EMS education systems such as the National Continued Competency Program (NCCP) by the National Registry of Emergency Medical Technicians (NREMT) or accredited education by the Commission on Accreditation for Pre-Hospital Education (CAPCE);

(16) "CPR" means cardiopulmonary resuscitation;

(17) "critical care air ambulance service" means an organization or entity that is, or that uses by contractual arrangement, an aircraft operator or operators, with appropriate aircraft, and that provides or advertises to provide emergency medical care that includes advanced life support services and air transportation under the direct or indirect supervision of a medical director, through personnel trained at least to the paramedic, physician assistant, advanced practice registered nurse, registered nurse, or physician level; generally, a critical care air ambulance service has the expertise to provide a higher level of medical care than does a medevac service and usually provides transportation from the initial treatment hospital to a referral hospital;

(18) "curriculum" means a collection of objectives, educational standards, or course materials;

(19) "department" means the Department of Health;

(20) "department-approved aeromedical training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant;

(A) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(B) specific medical situations, such as escort responsibilities and self-care, patient stress and prolonged immobility, medication problems and side effects, motion sickness, nosebleed, hearing problems, flying across time zones and international borders, patient preparation for transportation, enplaning and deplaning, stages of flight, oxygen administration, intravenous therapy, tracheal suction, CPR, chest tubes, retention balloons, and dressing change;

(C) specific medical situations, such as patient assessment, head injuries, chest, abdominal, neck or spinal injuries, orthopedic disorders, facial wounds and injuries, eye problems, ear and throat problems, respiratory problems, cardiac problems, gastrointestinal problems, poisoning and overdose, hematologic disorders, urological disorders, behavioral states, maternal transport, infant and pediatric transport, burns, hypothermia and cold water near-drowning, and diving injuries;

(D) responsibilities during preflight, inflight, and postflight phases of an air ambulance mission;

(E) legal considerations of air ambulance service and recordkeeping for air ambulance services;

(F) lifting and moving patients, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(G) medications, including the times that medications are administered and adjustments that are required when changing time zones;

(H) medical equipment used aboard aircraft;

(I) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(J) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(K) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(L) aircraft emergencies, such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(21) "department-approved medevac training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) decision to medevac, planning and systems coordination, and escort training objectives;

(B) aircraft and equipment considerations, such as types of aircraft, patient care, selection of aircraft and air carriers, minimum and special needs, effects of the environment, safety factors, and transferring and retrieving equipment;

(C) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(D) supporting activities, such as recordkeeping and the role of protocols and standing orders;

(E) lifting and moving patients, survival during inflight emergencies, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(F) medical equipment used aboard aircraft;

(G) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(H) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(I) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(J) aircraft emergencies such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(22) "direct or indirect supervision" means direct voice contact or by written standing orders;

(23) "distance delivery education" means educational activities in which the student and the instructor are not in the same physical location; "distance delivery education" includes videoconference or teleconference, performing directed studies, distributed learning, and virtual instructor lead training;

(24) "EMD" means an emergency medical dispatcher;

(25) "EMD medical director" means a physician who is authorized to practice medicine in this state who assumes medical oversight of emergency medical dispatch services, including the approval of systematized caller interrogation questions, systematized pre-arrival instructions, and protocols to match the dispatcher's evaluation of injury or illness severity and the number of victims with vehicle response modes and configurations;

(26) "emergency medical dispatcher" means a person certified by the department who has successfully completed a department-approved emergency medical dispatcher course and has met all other department requirements for certification;

(27) "emergency medical dispatch priority reference system" means a protocol system approved by the EMD medical director, used by a dispatch agency to dispatch aid to medical emergencies, and must include

(A) systematized caller interrogation questions;

(B) systemized pre-arrival instructions; and

(C) protocols matching the dispatcher's evaluation of injury or illness severity and numbers of victims with vehicle response modes and configurations;

(28) "emergency medical service" means an organization that provides basic or advanced life support medical services outside a hospital;

(29) "emergency medical services" means the provision of emergency medical care and transportation of the sick or injured;

(30) "emergency medical technician" has the meaning given in [AS 18.08.200](#);

(31) "emergency trauma technician" means a person who has successfully completed an emergency trauma technician training course approved by the department under [7 AAC 26.450](#);

(32) "EMS" means emergency medical services;

(33) "EMS bridge" means a specialized curriculum designed between two EMS courses for which the course is designed;

(34) "EMS communications capability" means point-to-point voice communications between EMS responders in the field and a higher-level medical facility, such as a clinic with mid-level practitioners, or a hospital;

(35) "EMS provider" means an individual that is certified, licensed or trained to provide emergency medical services;

(36) "EMS training" means the didactic, clinical, and psychomotor education, or instruction, provided to an emergency medical student or responder;

(37) "EMT"

(A) means an emergency medical technician;

(B) includes a person who has been certified or licensed as an EMT in a state or territory or by the National Registry of Emergency Medical Technicians (NREMT);

(38) "EMT-Paramedic" or "National Registry Paramedic" means a person who has been certified or licensed as a paramedic in a state or territory, or who has been certified as a paramedic by the National Registry of Emergency Medical Technicians (NREMT);

(39) "ETT" means emergency trauma technician;

(40) "ETT card" means documentation of successful completion of an ETT training course approved by the department under [7 AAC 26.450](#);

(41) "gross misconduct" means the knowing violation of [AS 18.08](#) or this chapter;

(42) "high-risk maternal transport team" means a team of two or more health care workers who are trained and equipped to provide care to women with potentially serious complications of pregnancy during transport;

(43) "high-risk newborn transport team" means a team of two or more health care workers who are trained and equipped to provide care to newborns during transport;

(44) "hours of instruction" means hours devoted to the didactic, clinical, and psychomotor training of the course participants, but does not include hours used for the certification testing of students;

(45) "inflight patient care form" means a preprinted form that includes spaces for recording information, including the patient's name; date of flight; name of air carrier; diagnosis; originating and terminating points and patient's condition upon departure and arrival; an inflight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention; unusual circumstances encountered during the flight, including inordinate altitudes flown, turbulence, and times associated with

these abnormal conditions; and other information, such as billing information for medical and transportation expenses;

(46) "intervener physician" means a physician who has not previously established a doctor-patient relationship with the emergency patient, but who is willing to accept responsibility for a medical emergency, and who can provide proof of a valid medical license;

(47) "local trauma stabilization center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the department's level IV trauma center designation criteria, contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#);

(48) "local trauma stabilization clinic" means a clinic that

- (A) provides advanced trauma life support before a patient is transferred to a higher level of care; and
- (B) is designated by the department as having met the essential standards for Level V trauma centers as specified in the department's level V trauma center designation criteria, contained in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#);

(49) "medevac service" means an organization or entity that provides aeromedical evacuation or medically assisted transportation and usually provides transportation from the scene of the emergency, or a remote village or occupation site, to the initial treatment hospital;

(50) "medical director" means, except in [7 AAC 26.620](#), an individual who meets the applicable qualifications in [7 AAC 26.630](#) and who agrees to perform the responsibilities specified in this chapter for supervision of an EMT-I, EMT-II, EMT-III, AEMT, emergency medical dispatcher, EMD or EMS instructor education course, emergency medical service, medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(51) repealed 1/1/2022;

(52) "paramedic course coordinator" means an individual who is certified in accordance with [7 AAC 26.174](#) to fulfill the responsibilities set out in [7 AAC 26.176](#);

(53) "mid-level practitioner" means a person certified or licensed by the state as an advanced practice registered nurse or as a physician assistant;

(54) repealed 1/1/2022;

(55) "mutual aid agreement" means a written agreement that permits an emergency medical service to go to the aid of another emergency medical service within or outside the local service area, and to receive aid from another emergency medical service within or outside of the local service area, during multiple casualty incidents or other situations as defined in the agreement;

(56) "objectives" means instructional content or learning outcomes as part of the curriculum, course lesson, activity, cognitive knowledge, or demonstrated skill;

(57) "on-line physician" means a physician immediately available in person or by radio or telephone, when medically appropriate, for communication of medical direction to non-physician prehospital care-givers;

(58) "organization that provides basic or advanced life-support emergency medical services outside a hospital"

- (A) means an organization, such as an ambulance service, rescue squad, fire department, or medevac service that, as one of its primary functions, provides basic or advanced life-support emergency medical services;

- (B) does not include other organizations having ancillary emergency health or patient care responsibilities;

(59) "other organization having ancillary emergency health or patient care responsibilities" means an organization such as the community health aide program, the uniformed services, the National Park Service, the United States Forest Service, a logging camp, the Alaska Marine Highway System, the Alaska Railroad, or private corporation, that must provide services to individuals needing immediate medical care in order to prevent loss of life or aggravation of psychological or physiological illness or injury;

(60) "patient contact" means a contact by an EMT with a person who is sick or injured in which the EMT performs at least one of the following:

- (A) patient assessment;**
- (B) obtaining vital signs;**
- (C) providing treatment;**

(61) "pediatric transport provider" means a health care worker who is trained and equipped to provide care to children during transport;

(62) "pediatric transport team" means a team of two or more health care workers who are trained and equipped to provide care to children during transport;

(63) "pre-arrival instructions" means telephone rendered, medically approved, written instructions given by trained EMD's through callers that help to provide aid to the victim and control of the situation before the arrival of prehospital EMS personnel; "pre-arrival instructions" are part of an instruction given by a certified emergency medical dispatcher and are used as close to word-for-word as possible;

(64) "primary instructor" means an EMS instructor, EMS instructor coordinator, ETT instructor, or paramedic course coordinator who

- (A) requested course approval under this chapter; or**
- (B) coordinated a training program approved by the department under this chapter, or taught more hours in that program than any other instructor;**

(65) "protocols" mean written clinical standards for EMS practice in a variety of situations within the EMS system;

(66) "reasonable period of time" means that period of time in which the medical attendant with the patient, or the supervising physician, feels that the patient's condition will not deteriorate significantly;

(67) "refresher course" means a course, of at least 24 hours in length, that includes cognitive and psychomotor skills appropriate for an EMT-I, EMT-II, EMT-III, AEMT, or paramedic;

(68) "regional trauma center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level II Trauma Center Designation Criteria, located in the American College of Surgeons' Resources for Optimal Care of the Injured Patient, adopted by reference in [7 AAC 26.740](#);

(69) "Resources for Optimal Care of the Injured Patient" means a publication of the Committee on Trauma, American College of Surgeons, and is adopted by reference in [7 AAC 26.740](#); (70) "responsible official" means a person who has administrative responsibility for the operations of an emergency medical service, and includes the chief of a fire department or ambulance service;

(71) "reverification" means the

- (A) process used by the American College of Surgeons' Committee on Trauma to re-evaluate the trauma care capabilities and performance of a center previously verified as meeting the criteria of a level I, level II, or level III trauma center using the current guidelines set out in Resources for Optimal Care of the Injured Patient, adopted by reference in [7 AAC 26.740](#); or**
- (B) process used by a physician and nurse from the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#) with expertise in trauma care, and additional**

licensed physicians or nurses with that expertise as needed, to re-evaluate the trauma care capabilities and performance of a hospital or clinic previously verified as meeting the criteria of a level IV or level V trauma center using the current guidelines set out in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#); (72) "semi-automatic defibrillator" means a defibrillator that is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but requires user interaction in order to deliver a countershock;

(73) "skill sheets" means the forms containing frequently used and critical psychomotor skills;

(74) "specialty aeromedical transport team" means an aeromedical transport team that provides advanced life support services and can accommodate the special medical needs of the category of patient the applicant is certified to serve, including a high-risk newborn transport team, high-risk maternal transport team, or pediatric transport team; generally, a specialty air medical transport team transports a certain category of patient to a specialty hospital referral center capable of meeting the particular needs of the patient;

(75) "specialty trauma referral center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level I Trauma Center Designation Criteria, located in the American College of Surgeons' Resources for Optimal Care of the Injured Patient, adopted by reference in [7 AAC 26.740](#);

(76) "standing orders" means strictly defined written orders for actions, techniques, or drug administration, to be used when communication contact has not been made with a base station physician;

(77) "state-approved EMS training agency" means a regional nonprofit EMS agency, a regional native corporation that provides EMS training, a university in this state providing EMS training, a state agency providing EMS training, or an organization that employs emergency medical technician instructors;

(78) "successful course completion" means verification on forms provided by the department, that the student has met all the cognitive and learning objectives, and psychomotor skill competencies of the course, in the training course classroom setting;

(79) "trauma center" means an acute care hospital, clinic, or other entity that has met minimum standards for staffing, equipment, and organizational commitment to manage the care and treatment of traumatic injury victims, and is certified by the department as a level I, level II, level III, level IV, or level V trauma center under [7 AAC 26.720](#) or recertified under [7 AAC 26.730](#);

(80) "trauma patient" means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen (International Classification of Diseases, ICD-10 codes) or other categories of injuries as defined by the department;

(81) "trauma registry" means a statewide database on traumatic injury victims, whose injuries are of sufficient severity to result in hospitalization or death, to assess the appropriateness and quality of care and treatment in the prehospital and hospital setting and to study the epidemiology of serious injuries;

(82) "under the direct supervision of a physician or paramedic" means that the physician or paramedic is physically present and able to view, provide patient care, and provide recommendations regarding the assessment and treatment provided by the paramedic intern from the time of arrival at the scene to the time the patient care is transferred to another medical provider;

(83) "vehicle response configuration" means the specific vehicles of varied types, capabilities, and numbers responding to render assistance;

(84) "vehicle response mode" means the use of driving techniques, such as red lights-and-siren, to respond to an emergency medical situation;

(85) "verification" means the

(A) process used by the Committee on Trauma, American College of Surgeons, to assess the trauma care capabilities and performance of a trauma center as a level I, level II, or level III trauma center; or

(B) process used by a physician and nurse from the state trauma system review committee under [AS 18.23.070\(5\)\(A\)](#) with expertise in trauma care, and additional licensed physicians or nurses with that expertise as needed, to evaluate the trauma care capabilities and performance of a hospital or clinic as meeting the criteria of a level IV or level V trauma center using the current guidelines set out in Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available, adopted by reference in [7 AAC 26.720](#);

(86) "voice recorder" means a device capable of continuous recording of the voice communications at the scene;

(87) "working day" means a day other than Saturday, Sunday, or a state holiday.

(88) "license" means a license or certificate issued as evidence of authority to practice as an EMS provider;

(89) "paramedic" has the meaning given to "mobile intensive care paramedic" in [AS 18.08.200](#).