U.S. Department of Homeland Security
Federal Emergency Management Agency

National Emergency Responder Credentialing

EMS Job Titles

FEMA 509-3

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Background

This document describes baseline and additional EMS criteria for the National Emergency Response Credentialing System.

Credentialing

The EMS Working Group determined the job titles listed herein to be the most commonly requested EMS personnel in a state-to-state, mutual aid-based response.

1. Required Criteria

Considering existing, nationally-accepted standards, the EMS Working Group extracted relevant education, training, experience, physical/medical fitness, certification, and licensing criteria to define the baseline criteria for each job title listed above. These baseline criteria represent the minimum requirements for EMS personnel to participate in the Incident Management Systems Division's National Emergency Responder Credentialing System.

2. Recommended Criteria

The EMS Working Group identified additional recommended criteria relating to education, training, certification, experience, and physical/ medical fitness where it believed such standards and baseline criteria might enhance job performance. These criteria are not required and represent the EMS Working Group's recommendations for EMS personnel to participate in the Incident Management Systems Division's National Emergency Responder Credentialing System.

3. Clinically-Based Courses

Many nationally recognized clinically-based certification/verification courses such as Advanced Cardiac Life Support are appropriate and essential resources for field personnel. Such courses are not included within these criteria because they are recognized as an employer/system expectation commonly used to measure knowledge and performance. They are desirable but have not been included within these criteria as a requirement that must be inventoried.

4. Equivalent Courses

Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

5. Categories

Please refer to the *Definitions* section for the categories used in the National Emergency Responder Credentialing System.

Web Site

For more information, you can also refer to the National Mutual Aid and Resource Management Web site located at:

http://www.fema.gov/nims/mutual_aid.shtm.

Supersedure

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Changes

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Definitions

AHJ	Authority Having Jurisdiction
ATP	Airline Transport Pilot
CAMTS	Commission on Accreditation of Medical Transport Systems
CBRNE	Chemical, biological, radiological, nuclear, and high-yield explosives.
certification	Designation granted by AHJ that an individual has met requirements and achieved specific knowledge, skills, and abilities.
CEVO	Emergency Vehicle Operator's Course
DDC	Defensive Driving Course
DEA	Drug Enforcement Administration
education	Formal instruction based on a curriculum that prepares an individual with the core knowledge and skill for entry into a discipline and for performing a job function.
EMR	Emergency Medical Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-Advanced	Emergency Medical Technician-Advanced*
EVO	Emergency Vehicle Operator
experience	Time required functioning in a job title for an individual to attain proficiency in applying knowledge, skills, and abilities.
FAA	Federal Aviation Administration
FEMA	Federal Emergency Management Agency
GVW	Gross Vehicle Weight
HazMat	Hazardous Materials
ICS	Incident Command System
IS	Independent Study
licensing	Legal designation granted by AHJ that an individual has met the necessary legal requirements to function in a job title.
MCI	Mass casualty incident
NHTSA	National Highway Transportation Safety Administration
NIMS	National Incident Management System
NREMT	National Registry of Emergency
NRP	Neonatal Resuscitation Program
OSHA	Occupational Safety and Health Administration
physical/ medical fitness	Physical and medical considerations that when applied, help to ensure safe performance in risky environments.

PIC	Pilot in Charge
Td	Tetanus and Diphtheria
Tdap	Tetanus, Diphtheria, and Pertussis
training	Instruction and/or activities that enhance an individual's core knowledge, increase a skill set and proficiency, and strengthen and augment abilities.

Job Titles

1. Air Medical Transport Manager or Administrator	
DESCRIPTION:	The primary focus is patient and air medical crew safety through the coordination of patient transportation and the maintenance of records relating to patient identification, condition, and destination via rotary-wing or fixed-wing air ambulance. The Air Medical Transport Manager: 1. Assists in the identification and allocation of resources to support all air medical missions. 2. May facilitate the communication of information between the scene and sending/receiving facilities in conjunction with the Air Medical Transport Physician. 3. Coordinates aviation activities with the Aviation Coordinator, Air Operations Branch Director, and other transportation team leaders.

Table 1-1: Required Criteria

TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. FEMA IS-700: NIMS, An Introduction. 4. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	1. Minimum of 2 years of supervisory, management, or administrative experience with an established air medical transport service. 2. Knowledge of CAMTS accreditation and safety standards for patients requiring air medical transport.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 1-2: Recommended Criteria

TRAINING:	Completion of the following courses and/or curricula: 1. Ongoing training in operations and management and care of patients involved in an MCI. 2. ICS 300: Intermediate ICS.
EXPERIENCE:	Medical Transport Leadership Institute or equivalent
CERTIFICATION:	Certified Medical Transport Executive or equivalent college-level education
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that require refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	

2. Air Medical Transport Mechanic

DESCRIPTION:	The primary focus is to ensure that aircraft used for medical missions are maintained to airworthiness standards prescribed by applicable regulations. The Air Medical Transport Mechanic: 1. Is responsible for the direct operation and administration of avionics maintenance and support. 2. Will ensure: • Compliance withFAA and other related regulations. • That aircraft avionics and avionics-related equipment inspection and maintenance records are originated and retained for review as needed. • That specific equipment and special tools are made available to accomplish the inspection, maintenance, and repair of avionics-related components on any aircraft in use. • That all appropriate entries have been made and/or transcribed to the aircraft journal and technical logs with respect to the avionics maintenance function and airworthiness status of the aircraft.

Table 2-1: Required Criteria

EDUCATION:	High school diploma or General Equivalency Diploma (GED).
TRAINING:	Completion of FAA-certified mechanic school or equivalent on-the-job training.
CERTIFICATION:	Completion of Airframe & Powerplant Certification.
LICENSING:	Valid driver's license.
COMMENTS:	

Table 2-2: Recommended Criteria

TRAINING:	Completion of the following courses and/or curricula: 1. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Minimum of 2 years of experience working as an aviation mechanic

PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	

3. Air Medical Transport Paramedic

DESCRIPTION:	The primary focus is the acute management and transportation of the broad range of patients who access the emergency medical system. The Air Medical Transport Paramedic: 1. Possesses basic and advanced skills to include invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. 2. Has education and experience in areas of patient care commensurate with the patient care mission. 3. May be called upon to assist in the triage of patients and provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility.

Table 3-1: Required Criteria

EDUCATION:	Completion of a state-recognized paramedic program based on the NHTSA National Standard Curriculum.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. FEMA IS-700: NIMS, An Introduction. 4. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Ongoing, active participation with an established air medical transport service.
CERTIFICATION:	Successful completion of a state-approved program at this level or NREMT certification at this level.
LICENSING:	Active status of legal authority to function as a paramedic granted by a state, the District of Columbia, or U.S. territory.
COMMENTS:	

Table 3-2: Recommended Criteria

EDUCATION:	Successful completion of the minimum terminal learning objectives for Paramedic as defined by NHTSA National EMS Education Standards. See Note 1.
TRAINING:	Completion of the following courses and/or curricula: 1. Ongoing training in the management and care of patients involved in an MCI. 2. Neonatal Resuscitation Program (NRP) or equivalent, if expected to transport high-risk OB or neonatal patients.
EXPERIENCE:	1. Minimum of 2 years of emergency and critical care paramedic experience 2. Knowledge of CAMTS Accreditation Standards for patients requiring air medical transport
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
CERTIFICATION	Certified Flight Paramedic (FP-C)
COMMENTS:	**Note 1:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education, and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and Paramedic job titles should be expected to transition to these educational standards as they are implemented.

4. Air Medical Transport Physician

DESCRIPTION:	The primary focus is to oversee the care that the air medical transport crew delivers to the patient from the point of initial contact throughout the entire transport and appropriate disposition of the patient to the point of definitive care. The Air Medical Transport Physician: 1. Is a licensed physician with education and experience in areas of medicine and pre-hospital care commensurate with the patient care mission. 2. Serves as a clinical resource to the air medical transport crew. 3. Has the authority over all patient care and clinical aspects of the air medical transport service.

Table 4-1: Required Criteria

EDUCATION:	Graduate of an accredited medical school and completion of an accredited residency program.
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. FEMA IS-700: NIMS, An Introduction. 4. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI. 5. Air Medical Physician Association's (AMPA) Medical Director Core Curriculum or equivalent basic training as an aviation medical transport (AMT) medical director.
EXPERIENCE:	Ongoing, active participation with an established air medical transport service
CERTIFICATION	Completion of the following: 1. Board certification or board-eligible in emergency medicine (or comparable specialty). 2. Current DEA Registration.
LICENSING:	Active status of legal authority to function as a physician granted by a state, the District of Columbia, or U.S. territory
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 4-2: Recommended Criteria

TRAINING:	Completion of the following courses and/or curricula: 1. ICS-300: Intermediate ICS. 2. Base Station Course or equivalent.
EXPERIENCE:	1. Active participation in the care of critically ill/injured patients 2. Knowledge of CAMTS Accreditation Standards for patients requiring air medical transport
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS	

5. Air Medical Transport Pilot (Rotorcraft)

DESCRIPTION:	The primary focus is the safe, coordinated transport of air medical personnel and equipment to the location of an incident and subsequent provision of safe, coordinated transport of injured victims to an appropriate destination. The Air Medical Transport Pilot (Rotorcraft) has authority for acceptance of specific missions and will make all decisions concerning suitability of weather conditions, landing areas, condition of the aircraft for flight, loading of the aircraft, and other factors affecting flight safety.

Table 5-1: Required Criteria

EDUCATION:	Completion of required ground school on aeronautical knowledge; pass the required knowledge and practical test that applies to the aircraft type and class certificate sought
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. FEMA IS-700: NIMS, An Introduction. 4. Instrument Flight Training, See Note 2. 5. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI. 6. Risk assessment training and hazard mitigation. 7. Air Medical Resource Management/Aeronautical Decision Making (ADM)/Crew Resource Management.
EXPERIENCE:	Pilot is current in aircraft type and pilot rating as determined by the AHJ. Completion of the following: 1. 2000 hours of pilot-in-command time (in helicopters for rotorcraft operations). 2. 250 hours of unaided night time. 3. 300 hours of turbine time. 4. 100 hours of EMS time.
PHYSICAL/MEDICAL FITNESS:	Completion of the following: 1. Annual flight physical with medical class certificate that corresponds with the pilot certificate/rating.
CERTIFICATION	Commercial Pilot Certificate with Instrument Rating (Rotorcraft) preferred. Military or Public Use pilot equivalent training, documented to the same standard or higher.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum. **Note 2:** This requirement does not require current certificate; individuals need to have successfully completed the training.

Table 5-2: Recommended Criteria

TRAINING:	1. Ongoing training in operations of management and care of patients involved in MCI incidents. 2. 100 hours night-vision goggles 3. Hoist operations, rappelling operations, mountain operations, desert operations, and over-water operations as applicable to the mission the pilot will be asked to perform
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	

6. Air Medical Transport Registered Nurse

DESCRIPTION:	The primary focus is to provide direct care and transportation of critical and emergent patients who access the EMS scene or inter-facility health care system. The *Air Medical Transport Registered Nurse* possesses the education and experience in areas of patient care commensurate with the patient care mission, and will serve as a functional member of the air medical transport crew, providing critical assessment, triage, treatment, and transportation of patients via rotor-wing or fixed-wing air ambulance.

Table 6-1: Required Criteria

EDUCATION:	Graduate of an accredited nursing program.
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. FEMA IS-700: NIMS, An Introduction. 4. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Ongoing, active participation with an established air medical transport service.
LICENSING:	Active status of legal authority to function as a registered nurse granted by a state, the District of Columbia, or U.S. territory.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 6-2: Recommended Criteria

TRAINING:	Completion of the following courses and/or curricula: 1. Ongoing training in the management and care of patients involved in an MCI. 2. Neonatal Resuscitation Program (NRP) or equivalent, if expected to transport high risk OB or neonatal patients.
EXPERIENCE:	1. Minimum of 2 years of emergency and critical care nursing experience. 2. Knowledge of CAMTS Accreditation Standards for patients requiring air medical transport.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that require refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a “waiver of liability”.
CERTIFICATION	Completion of at least one of the following: • Certified Flight Registered Nurse (CFRN). • Certified Transport Registered Nurse (CTRN). • Certified Emergency Nurse (CEN). • Critical Care Registered Nurse (CCRN).
COMMENTS:	

7. Emergency Medical Responder (EMR)

DESCRIPTION:	The primary focus is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR possesses the education and experience in areas of patient care commensurate with the patient care mission. Additionally, the EMR*:* 1. Has the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. 2. Functions as part of a comprehensive EMS response, under medical oversight. 3. Performs initial triage and basic interventions with minimal equipment.

Table 7-1: Required Criteria

EDUCATION:	Completion of state-recognized first responder program based on the NHTSA National Standard Curriculum.
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. FEMA IS-700: NIMS, An Introduction. 3. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Ongoing, active participation with an EMS-providing entity, organization, or agency.
CERTIFICATION	Successful completion of a state-approved program at this level or NREMT certification at this level.
LICENSING:	Active status of legal authority to function as a First Responder or an Emergency Medical Responder granted by a state, the District of Columbia, or U.S. territory.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 7-2: Recommended Criteria

EDUCATION:	Successful completion of the minimum terminal learning objectives for Emergency Medical Responder as defined by the NHTSA National EMS Education Standard, See Note 1.
TRAINING:	1. Ongoing training in the management and care of patients involved in an MCI. 2. ICS-200: Basic ICS.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that require refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	**Note 1:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and paramedic job titles should be expected to transition to these educational standards as they are implemented.

8. Emergency Medical Technician (EMT)

DESCRIPTION:	The primary focus is to provide basic triage, assessment, and noninvasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other healthcare settings. Additionally, the EMT possesses the education and experience in areas of patient care that are commensurate with the patient care mission, providing care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility. The EMT*n* level is the minimum licensure level for personnel transporting patients in ambulances.

Table 8-1: Required Criteria

EDUCATION:	Completion of a state-recognized EMT program based on NHTSA National Standard Curriculum
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. FEMA IS-700: NIMS, An Introduction. 3. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Ongoing, active participation with an EMS-providing entity, organization, or agency.
CERTIFICATION	Successful completion of a state-approved program at this level or NREMT certification at this level.
LICENSING:	Active status of legal authority to function as an Emergency Medical Technician granted by a state, the District of Columbia, or U.S. territory.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum. **Note 2:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and paramedic job titles should be expected to transition to these educational standards as they are implemented.

Table 8-2: Recommended Criteria

EDUCATION:	Successful completion of the minimum terminal learning objectives for EMT as defined by NHTSA National EMS Education Standards. See Note 1.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-200: Basic ICS. 2. Ongoing training in the management and care of patients involved in an MCI.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	**Note 1:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and paramedic job titles should be expected to transition to these educational standards as they are implemented.

9. Emergency Vehicle Operator (EVO)

DESCRIPTION:	The primary focus is the safe operation of assigned emergency vehicles less than 26,000 lbs. GVW used for patient care and/or transport. The EVO: 1. Is responsible for checking the fuel and oil levels and inspects the vehicle to ensure that the brakes, windshield wipers, and lights are working and that a fire extinguisher, flares, and other safety equipment are aboard and in working order. 2. Ensures cargo is secure and adjusts the mirrors so that both sides of the vehicle are visible from the driver's seat. 3. Reports equipment that is inoperable, missing, or loaded improperly to the Emergency Vehicle Mechanic.

Table 9-1: Required Criteria

TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. FEMA IS-700: NIMS, An Introduction. 3. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI. 4. CEVO or equivalent. 5. DDC4 or equivalent.
EXPERIENCE:	Ongoing, active involvement with an EMS-providing entity, organization, or agency.
CERTIFICATION:	Emergency Vehicle Operator course.
LICENSING:	Valid driver's license with appropriate endorsements if required by licensing state.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 9-2: Recommended Criteria

EXPERIENCE:	2 years minimum driving experience plus a minimum of 1 year EVO experience.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	

10. Emergency Vehicle Operator-Heavy (EVO-H)

DESCRIPTION:	The primary focus is the safe operation of heavy or large emergency vehicles over 26,000 lbs. GVW with special operating requirement (airbrakes, medium- or heavy-duty chassis) used for patient care and/or transport. The Emergency Vehicle Operator-Heavy: 1. Is responsible for checking the fuel and oil levels and inspects the vehicle to ensure that the brakes, windshield wipers, and lights are working and that a fire extinguisher, flares, and other safety equipment are aboard and in working order. 2. Ensures cargo is secure and adjusts the mirrors so that both sides of the vehicle are visible from the driver's seat. 3. Reports equipment that is inoperable, missing, or loaded improperly to the Emergency Vehicle Mechanic.

Table 10-1: Required Criteria

TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. FEMA IS-700: NIMS, An Introduction. 3. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI. 4. CEVO, (for heavy or large emergency vehicles over 26,000 lbs. GVW), or equivalent. 5. DDC4 or equivalent.
EXPERIENCE:	1. Ongoing, active participation with an EMS-providing entity, organization, or agency. 2. Demonstrate basic competency of vehicle operation.
CERTIFICATION	EVO
LICENSING:	Valid driver's license with appropriate endorsements if required by licensing state.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 10-2: Recommended Criteria

EXPERIENCE:	2 years minimum driving experience plus a minimum of 1 year EVO and 1 year EVO-Heavy experience.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	

11. EMS Physician

DESCRIPTION:	The primary focus is to ensure quality patient care and provide medical oversight of EMS resources within an established command and control system during an incident response. The EMS Physician: 1. Is a licensed physician who possesses the education and experience in areas of medicine and out-of-hospital care commensurate with the patient care mission. 2. Primary responsibilities include the development and initiation of EMS protocols, oversight of EMS resource allocation, and appropriate triage, treatment, handling, and transportation of victims. 3. Has the authority over all patient care and clinical aspects of the EMS service.

Table 11-1: Required Criteria

EDUCATION:	Graduate of an accredited medical school and completion of an accredited residency program.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. ICS-300: Intermediate ICS. 4. FEMA IS-700: NIMS, An Introduction. 5. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI. 6. Nationally or State-recognized EMS Medical Director course or curriculum. 7. Predeployment briefing on Federal, State, and/or local MCI and disaster plans and applicable EMS laws and regulations for area to which physician will be responding.
EXPERIENCE:	1. Minimum of 2 years of experience or training in out-of-hospital emergency care of the acutely ill or injured patient. 2. Knowledge of Federal, State, and local MCI and disaster plans. 3. Actively provides medical direction to an EMS service.
CERTIFICATION	Current DEA registration
LICENSING:	Active status of legal authority to function as a physician granted by a state, the District of Columbia, or U.S. territory
COMMENTS:	

Table 11-2: Recommended Criteria

EDUCATION:	Post-graduate education in emergency medicine (or comparable specialty).
TRAINING:	Completion of the following courses and/or curriculum: 1. Base Station Course or equivalent. 2. Nationally or State recognized EMS Medical Director curriculum. 3. Completion of 8 hours annually of Category 1 Continuing Medical Education (CME) based on EMS related content.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
CERTIFICATION	1. Active status of legal authority to function as an EMS Physician, EMS Medical Director, or equivalent granted by a state, the District of Columbia, or U.S. territory. 2. Board certification or board-eligible in emergency medicine.
COMMENTS:	

12. Medical Supply Coordinator

DESCRIPTION:	The primary focus is to acquire and maintain control of appropriate medical equipment and supplies for units assigned to the medical group. The *Medical Supply Coordinator* requests additional medical supplies and distributes medical supplies to treatment and triage units, and coordinates with the Logistics Section of ICS.

Table 12-1: Required Criteria

EDUCATION:	Completion of state recognized First Responder or EMR program based on NHTSA National Standard Curriculum
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS 2. ICS-200: Basic ICS 3. FEMA IS-700: NIMS, An Introduction 4. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI
EXPERIENCE:	Ongoing, active participation with an EMS-providing entity, organization, or agency
LICENSING:	Active status of legal authority to function at the minimum of First Responder or EMR granted by a state, the District of Columbia, or U.S. territory
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 12-2: Recommended Criteria

EDUCATION:	Successful completion of the minimum terminal learning objectives for EMR as defined by NHTSA National EMS Education Standards. See Note 1.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-300: Intermediate ICS. 2. Ongoing training in the management and care of patients involved in an MCI.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies. 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	**Note 1:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education, and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and paramedic job titles should be expected to transition to these educational standards as they are implemented.

13. Paramedic

DESCRIPTION:	The primary focus is to provide emergency care based on an advanced assessment and the formulation of a field impression, including basic and advanced skills focusing on the acute management and transportation of the broad range of patients who access the emergency medical system. The *Paramedic:* 1. Possesses the education and experience in areas of medicine and pre-hospital care commensurate with the patient care mission 2. Skills include triage, assessment, and ongoing monitoring capabilities as well as invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. 3. Provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility. Paramedic is the minimum licensure level required for the full range of advanced out-of-hospital care.

Table 13-1: Required Criteria

EDUCATION:	Completion of a state-recognized paramedic program based on NHTSA National Standard Curriculum.
TRAINING: SEE NOTE 1	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS. 2. FEMA IS-700: NIMS, An Introduction. 3. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI.
EXPERIENCE:	Ongoing, active participation with an EMS-providing entity, organization, or agency.
CERTIFICATION	Successful completion of a state-approved program at this level or NREMT certification at this level.
LICENSING:	Active status of legal authority to function as a paramedic granted by a state, the District of Columbia, or U.S. territory.
COMMENTS:	**Note 1:** Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.

Table 13-2: Recommended Criteria

EDUCATION:	Successful completion of the minimum terminal learning objectives for paramedic as defined by NHTSA National EMS Education Standards. See Note 1.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-200: Basic ICS. 2. Ongoing training in the management and care of patients involved in an MCI.
PHYSICAL/ MEDICAL FITNESS:	1. Individuals must be healthy enough to function under field conditions, which may include all or some of the following: • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments). • Long periods of standing. 2. Individuals should not require personal medications that need refrigeration of any kind 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies 4. Immunizations: • Td toxoid or Tdap. Receipt of primary series and booster within 10 years. • Documentation of Hepatitis B Vaccination Series and documentation of a positive titer (antibody to HBsAg) OR completion of a "waiver of liability".
COMMENTS:	**Note 1:** NHTSA National EMS Education Standards are a component of the EMS Education Agenda for the Future: A System Approach, a comprehensive plan for a national EMS education system that will result in improved efficiency in the education process, enhanced consistency in the quality of the EMS education and greater competency of the entry level EMS provider. EMR, EMT, EMT-Advanced, and paramedic job titles should be expected to transition to these educational standards as they are implemented.