**EMS Department Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Initial Affiliation  Licensure Upgrade/Downgrade  Transfer or from another squad

**EMS Provider Demographics:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NREMT Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affiliation Completion Checklist:**

Date of Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passed Skills Testing[[1]](#footnote-1):  Yes  No  Deferred Written Test Score[[2]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_

Medical Patient Assessment  Trauma Patient Assessment  Mega-Code

Intubation & difficult airway  Defibrillation - Manual

Needs Access to Pyxis[[3]](#footnote-3): Yes No

Affiliated with department in E-Licensing: Yes No

Approved by Service Director: Yes No

**EMT-P Scope of Practice \*\* Items**

***Please mark all that the candidate has been trained in and approved to use***

Medication Assisted Intubation

CO Monitoring

Continuous Positive Airway Pressure (CPAP)

Flo-Safe  Whisper Flo

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR Mechanical Device

AutoPulse  Lucas  Other

External Skin Clamp

Aurora IV Pump for medicated fluids

Immunizations

Intra-Nasal Medication Administration (IN)

Central Line Medication Administration

PICC Line Medication Administration

Venous blood sampling

Labetalol Administration

Nitrous Oxide Administration

Norepinephrine Administration

Tranexamic Acid (TXA)

**Affiliation Checklist:**

**Licensure Items**

1. Maintain all state-required certifications for licensure which include American Heart Association Basic Life Support for Healthcare Providers (BLS) or equivalent (for all licensure levels) and American Heart Association Advanced Cardiac Life Support (ACLS) or equivalent for all EMT-Intermediates (ALS) and EMT-Paramedics.

AHA BLS Expires: \_\_\_\_\_  AHA ACLS Expires: \_\_\_\_\_  AHA PALS Expires: \_\_\_\_\_

1. Maintain a State of Wisconsin EMS license for the level of care the candidate is providing as described in Wisconsin Administrative Code DHS 110 and the Medical Director’s protocols.
2. Maintain an e-Licensing account with the State of Wisconsin as outlined in Wisconsin Administrative Code DHS 110.

**Continuing Education**

1. Read the quarterly online learning packet and complete the written exam with at least 80% correct to pass[[4]](#footnote-4). This is done once each quarter and participants will receive a minimum of one hour of medical director approved continuing education credit that can be used toward Wisconsin EMS license renewal[[5]](#footnote-5).
2. Attend one of the scheduled in-person trainings held throughout Walworth, Kenosha, and Racine counties each quarter1. This is done once each quarter and participants will receive a minimum of two hours of medical director approved continuing education credit that can be used toward Wisconsin EMS license renewal2.
3. Should the EMR/EMT be unable to complete this requirement, with early notification to the EMS office we will identify options to complete this requirement.
4. Outside training and higher education (e.g. Paramedic or nursing school) can be used to meet these training hours.

**Audits and Reviews**

1. In the event a Quality Assurance issue develops, any EMR/EMT involved MUST make themselves available to meet with the Medical Director and/or his designee.

**Maintenance of Affiliation**

1. The EMR/EMT must keep on file with the EMS office a current phone number and email address where they may be contacted.
2. It is the responsibility of each EMR/EMT to notify the EMS office of:
   1. Any change in licensure status or eligibility for licensure; such as upgrade, downgrade, loss of driving privileges, or criminal conviction.
   2. If the EMR/EMT is going on an extended leave of absence (i.e. greater than 30 days).

**Submittal of Affiliation**

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Service Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*If different than the person completing the affiliation*

**Forward to the Aurora South Region EMS Office the following documents:**

A completed copy of this document

A copy of the candidate’s driver’s license

A Pyxis Access Request form if applicable

1. Skills testing may be differed if the candidate has successfully passed a National Registry Emergency Medical Technician exam at their licensure level within the past six months or currently affiliated with Aurora South Region EMS and is in good standing. [↑](#footnote-ref-1)
2. The candidate is expected to maintain familiarity and proficiency with the Aurora South EMS Protocols. This will be tested annually. [↑](#footnote-ref-2)
3. Need to send a completed Pyxis Access Request Form and a copy of the applicant’s Driver’s License to the EMS office. Expect that it may take up to 96 hours to process the request. Requests can only be processed on business days. [↑](#footnote-ref-3)
4. If the EMR/EMT is affiliated with two or more squads, this requirement only needs to be completed once, but at the EMR/EMT’s highest licensure level. [↑](#footnote-ref-4)
5. This training can also be used to satisfy NREMT recertification education requirements. [↑](#footnote-ref-5)