

# AURORA SOUTH WISCONSIN EMS

## APPLICATION FOR AFFILIATION

NEW SERVICE AFFILIATION

LICENSE RENEWAL

LICENSE UPGRADE

TRANSFER

### EMS PROVIDER DEMOGRAPHICS

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

### LICENSURE INFORMATION

SERVICE NAME: \_\_\_\_\_

PRIMARY SERVICE? YES  NO

OTHER LCA'S: \_\_\_\_\_

IF NO, PRIMARY: \_\_\_\_\_

AFFILIATION LEVEL: EMR  EMT  AEMT

INT.  PARAMEDIC  CCP

WISCONSIN LICENSE NUMBER: \_\_\_\_\_

NREMT NUMBER: \_\_\_\_\_

BLS EXP. DATE: \_\_\_\_\_

ACLS EXP. DATE: \_\_\_\_\_

PALS EXP. DATE: \_\_\_\_\_

### PROFICIENCY DOCUMENTATION

	ATTEMPT 1		ATTEMPT 2		REMEDIATION	
	DATE:		DATE:		DATE:	

<b>SIMULATION SCENARIOS:</b>	S	U	S	U	S	U
<b>PRACTICAL SKILLS:</b>	S	U	S	U	S	U
<b>WRITTEN EXAM SCORE:</b>						

AURORA CME ACCOUNT: CREATED

PRE-EXISTING

### SIGNATURES

#### SERVICE DIRECTOR APPROVAL:

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

Signature: \_\_\_\_\_

#### MEDICAL DIRECTOR APPROVAL:

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

Signature: \_\_\_\_\_

# AFFILIATION REQUIREMENTS

## LICENSING

1. Maintain a State of Wisconsin EMS license for the highest level of care the applicant is providing at their department as described in Wisconsin Administrative Code DHS 110 and the Aurora South Wisconsin Emergency Medical Services (EMS) Guidelines.
2. Maintain an E-Licensing account with the State of Wisconsin as outlined in Wisconsin Administrative Code DHS 110.
3. Maintain all State required credentials for licensure with each emergency medical service provider and each level of practice with which the EMS professional serves as outlined in Wisconsin Administrative Code DHS 110.13. An EMS professional may not provide emergency medical care if the EMS professional does not have a current credential.
  - a. All levels shall maintain a current certification in CPR at the healthcare professional level throughout the triennial licensure period.
  - b. EMT-Intermediate and Paramedic levels shall also maintain current certification in advanced cardiac life support throughout the triennial licensure period.
  - c. Critical Care Paramedic levels shall also maintain a Critical Care Paramedic Endorsement as outlined in Wisconsin Administrative Code DHS. 110

## SKILL AND PROTOCOL PROFICIENCY – INITIAL

1. Meet all benchmarks for those skills that are within their highest scope of practice for which they are seeking licensure (see **Appendix A**).
2. Complete a written guideline test for the affiliate's scope of practice with a score of **75%** or better. Failure to pass this test will result in the opportunity to retake the exam no sooner than one week later. A second failure will require completion of a remedial education plan that has been developed in conjunction with the Office of Medical Direction (OMD) Education System and approved by the Medical Director. Decision to allow clinical practice following successful completion of the remediation plan will be at the sole discretion of the Medical Director.

## MAINTENANCE OF AFFILIATION

1. Meet all quarterly, semiannual, and annual benchmarks for those skills that are within their highest scope of practice for which they are seeking annual affiliation (see **Appendix B**).
2. Pass an annual guideline test for the affiliate's scope of practice with a score of **75%** or higher. **Failure to pass this test will result in the opportunity to retake the exam within two weeks, but no sooner than one week later.** Failure to pass the test within two weeks will result in a temporary suspension of practice privileges in the Aurora South Wisconsin EMS System. No additional re-testing will be allowed until the affiliate is able to successfully complete a remedial education plan in conjunction with the OMD Education System and approved by the Medical Director. Any further decision to allow clinical practice, restrictions on clinical practice, or to permanently suspend clinical practice privileges will be at the sole discretion of the Medical Director.

3. Maintain a current file with OMD with an up-to-date address, phone number, and email where they can be reliably contacted.
4. Meet all licensing, educational, and skill requirements discussed above.
5. Remain active in their department. A leave of absence greater than **12 months** will result in suspension of practice privileges and will require the affiliate to repeat the initial affiliation process to regain practice privileges.
6. It is the affiliate’s responsibility to immediately notify OMD, in writing, in the event there is/are:
  - a. Any change in EMS licensure status or eligibility, such as upgrade, downgrade, suspension, or loss of EMS license.
  - b. Any criminal convictions or any pending criminal charges.
  - c. Any physical, mental, or substance abuse issues that affect the ability to safely perform EMS duties.
  - d. Any extended leave of absence (greater than 12 months) from their department.

**CONTINUING MEDICAL EDUCATION**

1. Attend a minimum of three of the four quarterly in-person Continuing Medical Education (CME) training sessions provided by the Aurora South Wisconsin’s Office of Medical Direction (OMD) each year. Training events are held throughout Walworth, Kenosha, and Racine Counties and provide 2.0 hours of approved CME per class that can be applied towards Wisconsin EMS license renewal, as well as National Registry recertification.
  - a. The remaining training sessions may be done in-person, on-line (if available), or through an alternate method with prior approval by the Medical Director.
  - b. Higher levels of education (e.g. Paramedic, Critical Care, or nursing school) may be used towards required CME hours with prior approval of the Medical Director.
  - c. Extenuating circumstances (e.g. military deployment) will be handled on a case-by-case basis through OMD.

**AUDITS AND REVIEWS**

Affiliates are required to keep all certificates of continuing education obtained from outside sources for four years. The OMD may, at its discretion, audit certificates to verify completion of training. In the event a Quality Assurance issue develops, any affiliate involved shall make themselves available to meet with the Medical Director and/or their delegates.

**SIGNATURE**

**I attest I have received a copy of the above requirements and expectations as outlined by Aurora South Wisconsin EMS. Failure to meet any of the requirements as written may result in a temporary or permanent suspension of practice privileges. The OMD reserves the right to immediately suspend practice privileges for concerns about patient safety or other competencies. At the discretion of the Medical Director, a suspension may be lifted after additional training or successful completion of the re-affiliation process.**

**AFFILIATE SIGNATURE:**

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

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

Signature: \_\_\_\_\_

# APPENDIX A

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
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AIRWAY					
BVM Ventilation	X	X	X	X	X
Supraglottic Airway Insertion	O	X	X	X	X
Intubation				O	X
Cricothyrotomy					X

CARDIAC					
AED Operation	X	X	X	X	X
Mechanical CPR	O	X	X	X	X
Manual Defibrillation				X	X
Cardioversion				X	X
Transcutaneous Pacing					X

TRAUMA					
Bleeding Control	X	X	X	X	X
Needle Decompression				X	X

IV ACCESS					
IV Insertion			X	X	X
IO Insertion			X	X	X

MEDICATION					
IV/IO Fluid Bolus			X	X	X
Epinephrine (1:1000) Injection or Autoinjector	O	X	X	X	X
Epinephrine (1:10000)				X	X
Intranasal Medication Administration	O	X	X	X	X

**X = Skills verification required**  
**O = Optional w/ service authorization and approval**

Revised June 12, 2023

## APPENDIX B

	EMR	EMT	AEMT	Intermediate	Paramedic
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ANNUAL					
BVM/Basic Airway	X	X	X	X	X
AED Operation	X	X	X	X	X
Bleeding Control	X	X	X	X	X
CPR	X	X	X	X	X
IV (5 Required)			X	X	X
IO (3 Required)			X	X	X
Needle Decompression				X	X

SEMIANNUAL					
Supraglottic Airway	O	X	X	X	X
CPAP		X	X	X	X
Defibrillation		O	O	X	X
Intubation				O	X
Transcutaneous Pacing				X	X
Cardioversion				X	X
Pericardiocentesis					X
Cricothyroidotomy					X

**X = Skills verification required**  
**O = Optional w/ service authorization and approval**