

CLARIFYING CERTIFICATION, ACCREDITATION, LICENSURE, AND INTERSTATE MOBILITY FOR EMS CLINICIANS:

Ensuring Competency, Accountability, and Public Protection

A joint position paper by the **National Registry of Emergency Medical Technicians** (National Registry), the **Committee on Accreditation of Educational Programs for the EMS Professions** (CoAEMSP), the **National Association of State EMS Officials** (NASEMSO), and the **Interstate Commission for EMS Personnel Practice** (EMS Compact).

States hold both the constitutional authority and responsibility to safeguard public welfare by ensuring that licensed professionals are competent and of sound moral character. In emergency medical services (EMS), as with other healthcare professions, this responsibility is achieved through collaboration between the **state EMS Regulatory Agencies** and independent specialized non-governmental organizations. The **National Registry** is the national certification body in the United States, specializing in evaluating the knowledge, skills, and abilities of EMS Clinicians (Clinicians) to ensure they possess the entry-level competencies required for safe patient care. Similarly, the **CoAEMSP** serves as conduit for the national accreditation body for paramedic education programs - the Commission on Accreditation of Allied Health Education Programs (CAAHEP), ensuring that these institutions adhere to the necessary standards of EMS education. The **NASEMSO**, is the organization that convenes the staff of states' EMS agencies in order to advance promising regulatory practices and uniformity in approach. Finally, the **EMS Compact** enables state licensed EMS personnel to function in other states under very specific legally defined circumstances.

Through these partnerships, states leverage specialized entities to assess entry-level competency and enforce standardization across educational programs. This collaborative effort streamlines the evaluation process and workforce enablement and enhances public safety by upholding consistent professional and educational standards across the nation and the entirety of the EMS profession.

National professional standards are critical to ensuring that Clinicians—like nurses, physicians, and other medical professionals—are held to the same rigorous standards, regardless of state or locality. The public expects that an emergency medical technician's (EMT) or paramedic's qualifications and competencies remain uniform across the nation, whether in urban, rural, or underserved areas. These standardized expectations allow patients and communities to trust that the care they receive is of the same high quality, no matter where they are.

While national EMS certification by the **National Registry** focuses on the technical proficiency of Clinicians, state licensure assures the public that these professionals are not only competent but also trustworthy, ethically sound, and legally authorized to provide medical care. This two-tiered system—certification and licensure—serves as a critical safeguard for public health and safety, ensuring that only qualified, authorized, and reliable professionals are entrusted with the responsibilities of EMS care.



This paper clarifies the distinct, yet complimentary, roles and responsibilities of the **National Registry, CoAEMSP**, the **EMS Compact**, and **state Regulatory Agencies** in the processes of certification, accreditation, and licensure. Additionally, it underscores the importance of mandatory reporting to national databases, such as the **National EMS Coordinated Database (NEMSCD)** and the **National Practitioner Data Bank (NPDB)**, which are essential to maintain the integrity of the EMS profession and protect public trust.

Legal Differences Between Certification and Licensure

Although the terms **certification** and **licensure** are sometimes used interchangeably, there are important functional and legal distinctions between them in the context of EMS.

Certification

Certification is an independent process that assesses an individual's knowledge, skills, and abilities in a specific domain to ensure that they meet a predetermined set of standards. In EMS, since 1970, **national certification** is provided exclusively by the **National Registry**.

National EMS Certification

Ensures that prospective Clinicians possess the minimum entry-level competency as defined by national standards. Certification serves as a validation to State Officials, employers, peers, and the public that an individual has the requisite minimum knowledge, skills, and abilities to perform safely and effectively on an entry level basis.

Certification does not grant legal authority to practice

While certification attests to an individual's competency and qualifications, it does not confer the legal right to provide patient care. The authority to practice EMS is granted through **state licensure** (terminology related to which is discussed below).

Licensure

Licensure is the state's legal grant of authority, rooted in the 10th Amendment of the U.S. Constitution, which grants states the exclusive power to regulate professions within their jurisdictions. This authority allows states and territories to define the scope of practice for Clinicians and to set the legal and professional standards required to safeguard public welfare.

Ensure Professional Accountability and Public Protection

Licensure ensures professional accountability and public safety by regulating EMS personnel within a specific jurisdiction. States confirm that individuals meet the necessary educational and certification standards as well as other state-specific requirements, thus guaranteeing they possess the required knowledge and skills to practice EMS safely and effectively.

Set Competency and Education Standards

The U.S. Supreme Court case *Dent v. West Virginia* (1889) affirmed that states have the constitutional authority to establish competency and education requirements for licensed professionals. This ruling supports states' ability to define the standards necessary to protect public health and safety.

Evaluate Moral Character and Criminal History

Licensure also involves assessing an individual's moral character and criminal history as part of the decision-making process. The Supreme Court case *Hawker v. New York* (1898) reaffirmed that states not only have the authority but also the obligation to evaluate an individual's character and criminal background when determining their eligibility for licensure. This helps ensure that licensed Clinicians are not only technically competent but also uphold ethical standards and are fit to serve the public.



EMS Certification and Licensure

In the United States, the **National Registry** serves as the exclusive national certification body for EMS. States utilize the **National Registry** certification process, which is both independently accredited and legally defensible, to evaluate an individual's entry-level competency in knowledge, skills, and abilities when seeking state licensure as a Clinician. However, the final decision to grant an individual the right to practice rests with the state through licensure. States assess certification, educational background, criminal history, and other public safety considerations to determine whether the individual should be licensed to practice EMS.

Confusion often arises because some states refer to their licensure processes as "certification." This confusion stems from the 1960s, when states began tracking the number of individuals certified in First Aid who were working on ambulances. When EMS was organized into a licensed medical profession by states in the late 1960s and 1970s, the traditional terminology of "certification" carried over in many states. However, regardless of the term used, if an occupation has a statutorily defined scope of practice and only individuals authorized by the state can legally perform those functions, then those individuals are effectively licensed. Whether the state uses the term "certification" or "license," the legal effect remains the same: licensure is the state authorization granting the right to practice.

Roles and Responsibilities of Key Entities

The legal authority for an individual to practice EMS is the culmination of independent processes, including paramedic education program accreditation, state approval of education programs below the level of paramedic, national certification, and ultimately state licensure. In addition, the public is protected through information shared in national databases, and, through the **EMS Compact**, practice in multiple jurisdictions may be authorized. Clinicians should understand the roles and responsibilities of each entity involved in the licensure process to ensure they meet the necessary standards and comply with all legal requirements.

National Registry

Role

The **National Registry** is a non-profit, non-governmental organization responsible for certifying EMS Clinicians. Established in 1970 under President Lyndon Johnson's Committee on Highway Traffic Safety to create a unified national certification agency for the examination of EMS personnel, at its core, the **National Registry** is focused on public safety through validating the knowledge, skills, and competency of EMS professionals and providing a uniform standard across states for emergency medical care.

The **National Registry's** examinations are independently accredited by the National Commission on Certifying Agencies (NCCA)*, which adheres to the rigorous Standards for Educational and Psychological Testing to evaluate examination programs. Credentialing protects the public, assures consumers that professionals have met standards of practice, advances the EMS profession, and establishes standards of professional knowledge, skills, and practice.

** NCCA is the accreditation body of the Institute for Credentialing Excellence.*

Responsibilities

Collaborates with federal and state agencies to establish minimum competency requirements to ensure consistency in EMS training and practice nationwide.

Creates cognitive examinations items that ensure alignment with national EMS education standards.

Reduces the burden of examination development for governments, ensuring consistency across the nation,



eliminating the need for multiple state-specific standards.

Develops national standardized examinations for EMRs, EMTs, AEMTs, and paramedics. Recertification is required every two years to ensure ongoing competency.

Tracks nationally certified EMS personnel and provides verification services for employers and state agencies.

Supports research initiatives to improve EMS practices and works with educational institutions to enhance EMS training programs.

Assists state offices in implementing national certification requirements to ensure that certified professionals meet legal and regulatory requirements for practice. Verifies the good standing of paramedic educational programs with **CoAEMSP**. Candidates must complete a state-approved EMS education program for certification at any level below paramedic. For paramedic certification, candidates must complete a CAAHEP-accredited program or one with a **CoAEMSP** Letter of Review (LoR).

Conducts an independent review of disciplinary actions if a Clinician's state license is sanctioned, suspended, or revoked. To apply for certification or recertification, individuals must be eligible to qualify for a full, unrestricted license to practice as a Clinician. The review process is initiated by state notification, self-disclosure, or records from the **NEMSCD** or **NPDB**.

Notifies state EMS offices when certification-related disciplinary decisions are made.

CoAEMSP

Role

CoAEMSP is a non-governmental, non-profit organization responsible for recommending accreditation of paramedic educational programs to ensure that they meet national educational standards established by CAAHEP. CAAHEP's origins trace back to the American Medical Association and its Council on Medical Education, which began accrediting health profession programs in 1935. In 1994, CAAHEP was incorporated as an independent accrediting body, following the AMA's decision to delegate its accreditation responsibilities to a separate entity. Today, CAAHEP is the largest programmatic accreditor of health sciences education in the United States. **CoAEMSP** plays a critical role in maintaining the quality and consistency of paramedic education by ensuring that programs adhere to these rigorous standards.

Responsibilities

Reviews EMS educational programs at the paramedic and when voluntarily sought, AEMT level to verify compliance with CAAHEP standards and makes accreditation recommendations to CAAHEP. CAAHEP makes the final accreditation decision, which is then conveyed to the state **Regulatory Agency**.

Investigates complaints against educational programs and, if action is taken by CAAHEP, shares any final sanctions or accreditation decisions with the state EMS **Regulatory Agency** and the **National Registry**.

State and Territorial EMS Offices

Role

State, territorial, and the District of Columbia EMS **Regulatory Agencies** hold the exclusive authority to issue and regulate EMS licenses within their respective jurisdictions. These offices are responsible for ensuring that Clinicians possess the necessary knowledge, skills, and abilities, as well as meet the required moral and ethical standards, before granting a license to practice. This oversight ensures public safety and



accountability within the EMS profession. **NAEMSO** convenes the staff of states' EMS agencies in order to advance promising regulatory practices and uniformity in approach.

Responsibilities

Establishes the legal requirements for EMS education, scope of practice, and licensure, ensuring public safety and professional accountability.

Approves EMS educational programs and conducts regular evaluations to ensure compliance with state and national standards.

Grants licensure to Clinicians and determines who is authorized to practice within their jurisdiction.

Investigates complaints related to Clinicians and educational programs to maintain compliance with regulations and uphold professional standards.

Initiates administrative action affecting Clinician's licensure when criteria for sanctions are met.

Notifies the **National Registry** of any disciplinary actions taken against a Clinician's license, including suspensions and revocations.

Reports actions taken against paramedic educational programs to **CoAEMSP** to maintain accreditation standards and accountability.

Reports licensure actions to **NPDB** to ensure transparency and professional accountability across state lines.

If a member of the **EMS Compact**, reporting licensure actions to the **NEMSCD** for the effective monitoring of interstate practice.

EMS Compact

Role

The **EMS Compact** is both a state law and an interstate agreement that allows qualified Clinicians to practice in other Compact member states, known as Remote States, through the recognition of an EMS license issued by their Home State if both the Home and Remote States have passed the EMS Compact law. The **EMS Compact** is governed by the Interstate Commission for EMS Personnel Practice, a governmental regulatory body responsible for overseeing and regulating the interstate practice of EMS in the United States. This agreement facilitates seamless practice across state lines, enhancing workforce mobility, especially during emergencies, while maintaining consistent public safety and professional standards across all member states.

Responsibilities

Governs interstate sharing of Clinician data. The secure and efficient exchange of Clinician licensure and disciplinary data among through the **NEMSCD**. As a legislative requirement, it ensures that states share primary source equivalent data, providing a reliable foundation for verifying licensure status and tracking adverse actions. Additionally, the **NEMSCD** de-duplicates state Clinician licensure records, making it the only system that provides a unique, de-duplicated count of licensed EMS personnel across member states. This capability is critical for workforce analysis, disaster preparedness, and national security, enabling real-time visibility of the EMS workforce and ensuring rapid deployment capabilities in emergencies.

Reports adverse actions. Member states are required to report any adverse actions taken against Clinicians to the **NEMSCD**.



Encourages voluntary reporting. Non-member states and other jurisdictions are encouraged to voluntarily report actions to the **NEMSCD** to enhance nationwide safety standards.

Protects public health and safety by ensuring only qualified EMS personnel practice across jurisdictions.

Fosters state cooperation. Encourages cooperation among member states in the areas of EMS personnel licensure and regulation, promoting consistency and collaboration across jurisdictions.

Facilitates information exchange. Enables member states to share EMS personnel licensure, adverse actions, and investigatory information, ensuring transparency and safety across state lines.

Promotes legal compliance with the laws governing EMS personnel practice in each member state, ensuring that Clinicians operate within the legal scope of practice across all jurisdictions.

Grants all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses, ensuring that Clinicians are responsible and accountable for maintaining standards in every state they practice.

Designated Authorizing Agencies (DAAs)

Role

DAAs are unique federal and military EMS entities that function as both employers and quasi-regulators.

DAAs are often independent of state oversight. Although **DAAs** do not possess the constitutional authority to issue licenses to practice, they credential and authorize EMS personnel to operate within specific federal roles and under a defined scope of practice. **DAAs** are also responsible for approving and overseeing federally operated EMS education programs, ensuring that EMS personnel working in federal or military settings meet the required standards. The term **DAAs** was created by the **National Registry** to address an operational need and gap specific to federal EMS components that do not fall under state licensure.

Responsibilities

Authorizes EMS personnel to function within specific federal or military roles.

Approves and authorizes EMS education programs at the emergency medical responder (EMR), EMT, Advanced Emergency Medical Technician (AEMT), and paramedic levels, ensuring these programs meet federal and organizational standards.

Authorizes candidates to take **National Registry** certification examinations, allowing EMS personnel to obtain national certification through approved channels.

Conducts investigations into affiliated EMS personnel when necessary, ensuring compliance with federal and organizational guidelines.

Reports any sanctions or disciplinary actions imposed on EMS personnel to the **National Registry**, maintaining accountability and transparency.

National Reporting

National databases and reporting mechanisms are essential for maintaining public protection and ensuring the integrity of the EMS profession. By tracking adverse actions and disciplinary measures taken against Clinicians, these systems provide transparency across jurisdictions, preventing unqualified or sanctioned individuals from continuing to practice undetected. Effective national reporting helps safeguard public trust and ensures that



EMS professionals are held to consistent standards nationwide.

The **NEMSCD** and the **NPDB** are critical components in this process. Both databases track adverse actions, disciplinary measures, and other significant information related to Clinicians. These tools serve as key reporting mechanisms, promoting transparency, protecting public safety, and ensuring accountability across state lines.

NEMSCD

Role

NEMSCD is a centralized national system created and authorized by **EMS Compact** legislation to track licensure information and adverse actions taken against Clinicians in all **EMS Compact** member states. It facilitates the real-time sharing of information regarding disciplinary actions, including suspensions and revocations of licenses, ensuring that critical data is accessible across jurisdictions.

Who is Required to Report

EMS Compact member states are legally required to report all licensure records and disciplinary actions taken against Clinicians to the **NEMSCD**. This includes suspensions, revocations, and other sanctions that limit or revoke a Clinician's ability to practice. Non-member states are also encouraged to voluntarily submit licensure records and disciplinary actions to the database to promote nationwide transparency.

Purpose and Importance

Reporting to **NEMSCD** ensures that adverse actions are shared in real-time with all state licensing offices, preventing Clinicians with revoked or suspended licenses from practicing in other states without regulatory oversight. This system enhances public protection by ensuring that Clinicians who pose a risk to patient safety cannot bypass state licensure requirements by moving to another jurisdiction. It also promotes professional integrity by holding Clinicians accountable across all member states, ensuring consistent enforcement of standards.

NPDB

Role

The **NPDB** is a federal repository established under the Health Care Quality Improvement Act of 1986 to enhance the quality of healthcare, improve patient safety, and combat fraud and abuse within the healthcare system. It is operated by the U.S. Department of Health and Human Services and serves as a centralized database that collects and disseminates information regarding the credentials, conduct, and performance of healthcare professionals, including Clinicians. The **NPDB** tracks incidents such as adverse licensure actions, and other disciplinary measures, providing essential data to regulatory bodies and healthcare entities.

Who is Required to Report

State regulatory bodies are legally required to report disciplinary actions taken against Clinicians to the **NPDB**. This includes license suspensions, revocations, medical malpractice claims, and any sanctions or penalties related to professional misconduct, incompetence, or other adverse actions.

Purpose and Importance

Reporting to the **NPDB** is vital for ensuring transparency, accountability, and public safety within the healthcare system. By making this information accessible to state licensing boards, employers, and other healthcare entities, the **NPDB** ensures that Clinicians with a history of malpractice or disciplinary actions cannot evade regulatory oversight by moving to a different state or organization. This promotes professional integrity and helps maintain high standards of practice across all healthcare fields, including EMS. Additionally, the **NPDB** serves as a safeguard against fraud and abuse, ensuring that Clinicians who pose a risk to patient safety are properly monitored.



Conclusion

The synergy between certification, accreditation, and licensure in EMS is vital to ensuring that the public receives care from qualified, skilled, and ethically sound professionals. **Certification**, provided by the **National Registry**, verifies the technical competence of Clinicians, while state **licensure** grants them the legal authority to practice. Through **CoAEMSP** recommendation for CAAHEP accreditation, paramedic education programs are held to rigorous educational standards, ensuring that EMS personnel are well-prepared for the challenges of their profession. The **EMS Compact** further enhances the system by enabling duly licensed EMS Clinicians to practice across state lines, ensuring workforce mobility and a rapid response in times of need.

In addition to these processes, **DAAs** play a crucial role in regulating EMS personnel within federal and military settings where Congress has granted exclusive federal jurisdiction and other defined circumstances. Together, these entities uphold professional accountability and ensure public safety across various jurisdictions and environments.

Moreover, national reporting systems like the **NEMSCD** and the **NPDB** are indispensable for maintaining public trust and ensuring transparency. By tracking disciplinary actions and adverse events, these databases prevent Clinicians with a history of malpractice or licensure issues from continuing to practice undetected in other states. This national reporting framework promotes consistent standards, protecting the public, and preserving the integrity of the EMS profession.

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