American Board of Emergency Medicine

Emergency Medical Services (EMS) Initial Certification
Frequently Asked Questions (FAQs)

Questions about the EMS Eligibility Criteria

1. **How long will the EMS practice pathways be in effect?** The EMS practice pathways will close at the end of the 2019 application cycle, on July 1, 2019. All eligibility requirements must be completed and applications postmarked by that date. As of January 2015, there were 41 ACGME-accredited programs in EMS. See FAQ#31 for information about how to access a list of currently accredited programs.

2. **Is it true that physicians certified by another board are eligible to apply for certification in EMS?** Yes. Physicians with current primary certification issued by any of the 24 American Board of Medical Specialties (ABMS) Member Boards, you may apply for certification in EMS. ABEM is the sponsor of the EMS subspecialty, so you will apply to ABEM for certification, ABEM will verify your credentials, administer the certification exam, and issue your EMS certificate, and ABEM will administer your EMS Maintenance of Certification (MOC) program.

3. **I am board eligible in my specialty, but not actually certified. Do I need to become certified in my specialty to be eligible for certification in EMS?** Yes. You must be certified in your specialty by an ABMS Member Board to meet the eligibility criteria of the EMS subspecialty.

4. **The eligibility criteria state that EMS physicians are responsible for medical oversight of the whole EMS team. However, both of the practice pathways allow physicians who are assistants, associates, or direct providers of pre-hospital emergency care to be eligible. How are these seemingly conflicting statements reconciled?** This criterion does not specify that the eligible physician has to be the only physician responsible for medical oversight. Assistant and associate medical directors also have responsibility for oversight of the whole EMS team, and therefore qualify. If a physician is neither an associate nor an assistant medical director, but provides direct patient care in the pre-hospital environment, he or she is personally practicing EMS medicine and therefore qualifies.

5. **What exactly does “direct patient care in the field” mean?** The physician must be physically present in the pre-hospital environment, providing hands-on patient care, as well as directing the patient care of other field providers.

6. **What does “direct medical decision-making” mean?** The EMS physician may perform “direct medical decision-making” in a number of ways, including in-person, while providing care in the field or while providing radio/telephone consultation through on-line medical direction of EMS providers.

7. **What does “control of care provided by EMS personnel” mean?** This means that the EMS physician has administrative and supervisory authority over all aspects of the medical care provided by EMS personnel. The laws in every state in the U.S. require that EMTs and paramedics operate under the supervision of a physician medical director. The EMS physician is responsible for developing and updating of medical protocols and policies, assuring that the EMS personnel he or she supervises are competent to act as health care...
providers in the field, ensuring that the medical care provided by EMS personnel meets the acceptable standard of care, and having a mechanism, either personally or by proxy (online medical direction), for immediate medical consultation with field personnel should the need arise. All of these responsibilities and activities mean that the medical director has oversight of and therefore ultimate “control” of the medical care provided by EMS personnel.

8. Can any time spent as a medical director for an agency (state or otherwise) that does not have direct patient care responsibilities be included? An example is a physician who is acting as the State Medical Director. He or she does not see patients in that capacity, but does set policy and protocols. By itself, this type of position does not qualify. However, should the medical director of such an agency also be a direct provider of pre-hospital care in some other capacity, or also be functioning as a medical director (even part time) for an agency with direct patient care responsibilities, he or she may qualify.

9. Does it matter if the physician has practiced EMS on a volunteer rather than a paid basis? Both volunteer and paid EMS physicians may meet the eligibility criteria. ABEM must be able to independently verify the physician’s practice in either venue for it to count toward fulfilling the practice requirement.

10. Does it matter if my EMS practice preceded my residency training? Yes. EMS practice that preceded residency training cannot count toward fulfilling the eligibility criteria. Practice preceding residency training could not have been physician-level practice of EMS.

11. Does it matter if my EMS practice occurred during my residency training? Yes. EMS practice that occurs during residency training cannot count toward fulfilling the eligibility criteria.

12. Does it matter if my EMS practice followed my residency training but preceded my EMS fellowship training? Yes, such practice can be submitted to fulfill the eligibility criteria. However, the practice must have occurred within the time frame specified in the eligibility criteria.

13. If an EMS service has no position description for an assistant or an associate, yet physicians appear to be functioning in those capacities, could they be eligible? For example, those who volunteer on the special events/bike team, sit on ambulance boards of rural districts, are volunteer medical directors of rural basic life support fire departments, or are very active in starting and overseeing a Tactical Emergency Medic System, working closely with the city SWAT team. A physician that has no official title but functions in the role of an assistant or associate medical director, as evidenced by his or her involvement with all aspects of the EMS system, may qualify as long as he or she meets the other eligibility requirements. In such cases, the physician is responsible for providing detail of his or her practice demonstrating such involvement, which will be independently verified by ABEM.

14. Can fire department directorship be sufficient for the EMS practice pathway? Yes, as long as the fire department is also a licensed EMS service providing pre-hospital patient care on an ongoing basis.

15. Can EMS practice that occurs in the Emergency Department (ED) count toward the EMS eligibility criteria? ABEM uses the following guidelines when reviewing EMS practice that occurs in the ED:
• If the physician is assigned the responsibility of providing on-line medical oversight to EMS personnel with no other patient care responsibilities during a shift, the time can be counted.
• If the physician leaves the ED to ride with an ambulance/paramedic supervisor/quick response vehicle and is taking care of patients, the time in the field can be counted.
• If the physician is providing on-line medical oversight to EMS personnel as one of the regular duties of any physician during a shift in the ED, the time cannot be counted.

16. **Can disaster medicine count toward the EMS eligibility criteria?** A physician whose practice is solely disaster medicine may not fulfill the eligibility criteria, specifically all of the various functions that are listed to describe a practice of EMS. It is the physician’s responsibility to provide a complete description of the practice, addressing the components of the eligibility criteria, for individual review by ABEM.

17. **Can wilderness medicine count toward the EMS eligibility criteria?** No. See FAQ #16.

18. **Can ski patrol count toward the EMS eligibility criteria?** No. See FAQ #16.

19. **Would educators of paramedics or other ancillary roles be qualified under the practice pathways?** Physicians may count the time that they are didactic or clinical instructors of paramedics and other ancillary EMS personnel to fulfill the practice pathway requirement. They may also count time used to remediate providers, provide recurrent training, or test competencies of providers. This may not be the sole activity used to fulfill the eligibility criteria, but can be combined with medical directorship of an agency with patient care responsibilities and/or direct pre-hospital care.

20. **Can on-call time count toward the EMS eligibility criteria?**

• If the medical director cannot work any other job during the hours on call, but must strictly stay available for the EMS on-call commitment, all on-call hours may be counted.
• If the medical director is free to work a shift in the ED, or take any other type of call during the hours on EMS call, only hours actually worked toward EMS tasks during the on-call time may be counted.
• If the physician is riding with an ambulance/paramedic supervisor/quick response vehicle and taking care of patients, these hours may be counted, even during “down time” when they are waiting to respond to a call.
• Time spent at home, sleeping, etc., in an on-call status does not count.
• Physicians who are trained and qualified members of volunteer EMS agencies can count assigned response shifts as “on duty/call” even if they respond from home or office, provided that they are required to respond to whatever calls occur during that period.
• No double counting of time or hours is allowed.

21. **Do the 400 hours per year of EMS practice require patient contact?** The eligibility criteria indicate that the time be spent as an assistant, associate, or medical director of an EMS agency with patient care responsibility, or as a direct provider of pre-hospital emergency care. Medical directors of EMS agencies with patient care responsibilities provide direct patient care as part of their job. If a physician is not a medical director he or she may still qualify by virtue of providing direct patient care himself or herself in the pre-hospital environment as long as the hourly requirement is met by doing so.
22. **Do the 400 hours include or exclude administrative time?** Administrative time can be included in the 400 hours.

23. **Related to the requirement for 60 months of EMS practice of at least 400 hours per year, is there a minimum number of hours that must be worked in a month for that month to count as practice time?** There is no minimum number of hours that must be worked in a single month. However, the annual requirement must be met.

24. **Must a physician practice EMS in each of the 60 months required?** Yes, a physician who wishes to apply under the practice pathway must have practiced EMS during 60 months within the six years prior to submitting an application for certification. Practice time does not have to be contiguous, but must total 60 months. For each 12-month period of the required 60 months, the physician must have practiced EMS at least 400 hours. The 400 hours is a minimum requirement per year, not an average.

25. **Would the following activities count toward the required number of hours of practice: local agency operational medical director (OMD), regional OMD, participation in the State Medical Director’s Committee, attendance at the annual state EMS symposium?** Yes, these activities can be used to fulfill the practice eligibility criteria. They may not be used in isolation, but may be combined with medical direction of an agency with patient care responsibilities and/or with being a direct provider of pre-hospital care.

26. **Does practice have to occur in the U.S.?** No. International experience and participation in international EMS development may be counted to fulfill the eligibility criteria. Likewise, military experience in combat casualty and EMS may be counted. ABEM must be able to independently verify the activity with someone who had supervisory responsibility for the physician.

27. **How is the time requirement to be tracked?** Many EMS physicians have not kept good records of their time spent in EMS. The EMS physician must provide his or her best estimate of the dates and hours of EMS practice submitted to fulfill the eligibility criteria. If the physician has not maintained complete records, the information may be available from the department or company that billed for services, paystubs, or other like documentation. This documentation should not be sent to ABEM unless it is specifically requested. ABEM must be able to independently verify the practice activity submitted.

28. **I completed an unaccredited EMS fellowship and have been practicing EMS medicine. Am I required to apply under the practice-plus-training pathway?** Not necessarily. If you meet the requirements of the practice pathway—at least 60 months of EMS practice of at least 400 hours per year during the past six years—you can apply under the practice pathway. Your practice must have been completed while an assistant, associate, or medical director of an EMS agency with patient care responsibility, or as a direct provider of prehospital emergency care.

**QUESTIONS ABOUT EMS FELLOWSHIP TRAINING**

29. **Many of the EMS programs are two years in length, but the eligibility requirements for the practice-plus-training pathway require that the fellowship be one year in length. If the fellowship is two years in length, can someone be eligible for certification in EMS after completing just one year?** No.
The requirement states that a physician must successfully complete an acceptable, unaccredited fellowship in EMS. If the fellowship was or is a two-year fellowship, both years must be successfully completed. This is because the curriculum has been distributed across all training time in the program; therefore there could be critical rotations that are more diffusely distributed in two-year programs. The entirety of the program must be completed, even in current unaccredited programs, to ensure the full curriculum has been completed and the physician exposed to the EMS core content.

30. **What is the best way for me to train in EMS?** As of March 2015, there were 41 EMS fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Alternatively, you may complete an “acceptable” unaccredited EMS fellowship program to be eligible for certification in EMS. This means that the program is at least 12 months in length and the curriculum covers the **Core Content of EMS Medicine**. Go to the National Association of EMS Physicians website, [http://www.naemsp.org](http://www.naemsp.org), to see the accepted EMS Fellowship Curriculum and a list of current EMS fellowship programs.

31. **How do I find out which EMS fellowship programs are ACGME accredited?** To find out which EMS programs have been approved by the ACGME, follow the link below, select Emergency Medical Services from the drop-down menu, and click “Run Report.” You can start the process by clicking here.

**QUESTIONS ABOUT THE EMS CERTIFICATION APPLICATION PROCESS**

32. **Is applying for certification and registering for the exam the same thing?** No. You must apply for certification and receive approval before registering for the exam. After you apply, ABEM will review your credentials and independently verify that you have met the eligibility criteria. This process may include review by the ABEM Credentials Committee. After your application has been approved as meeting the eligibility criteria, starting on March 1 of the exam year you will be able to register for the EMS certification exam.

33. **When is the application period for EMS certification?** Please follow this link to see the application dates for EMS certification.

34. **How do I apply for certification in EMS?** You may obtain an EMS application packet by clicking this link. You must complete the application, print it, provide your notarized signature on the application form, and submit it to ABEM together with any supplemental materials requested and the application fee. You must submit your original application.

35. **Do the practice or training requirements have to be met as of the date of the exam, or as of the date when I submit my application?** You must meet practice requirements as of the date on which you submit your EMS certification application to ABEM. However, you can finish EMS fellowship training after you submit your EMS certification application, provided that you graduate at least two weeks prior to the exam.

36. **What credentials will ABEM review?** ABEM will verify that you hold primary certification by an American Board of Medical Specialties (ABMS) Member Board, and that your medical licensure status fulfills the ABEM Policy on Medical Licensure.

If your primary certification is not in Emergency Medicine, ABEM will submit your name to the ABMS to verify your primary certification. ABEM will verify your certification again prior to issuing you a certificate in EMS.
ABEM will also submit your name to the ABMS to verify the status of your medical licensure through the Federation of State Medical Boards (FSMB).

If you apply through the Practice Pathway or the Practice-Plus-Training Pathway, ABEM will also independently verify your practice. If you apply through the Practice-Plus-Training Pathway or the EMS Fellowship Training Pathway, ABEM will independently verify your training.

37. Who is acceptable to verify a physician’s EMS practice? ABEM will accept independent verification of a physician’s EMS practice from someone who served in a supervisory role or someone who had responsibility for the physician’s work schedule. This may be a department chair, regional EMS director, local ED director, former fellowship director, co-medical director, or the highest ranking EMS agency administrative officer.

38. If my application is found not to meet the eligibility criteria and is therefore not approved, will I be able to receive a refund of my application fee? No. Application fees are not refundable.

QUESTIONS ABOUT THE EMS CERTIFICATION EXAMINATION

39. What resources will be used to create the EMS certification exam? The EMS certification examination is based on the Core Content of EMS Medicine. In addition, the knowledge, training, and practice experience of the minimally qualified EMS subspecialty candidate has been defined, and also serves as a foundation for the EMS certification exam.

40. What topics will be covered on the EMS certification examination? The EMS certification examination is a comprehensive exam covering the breadth of the field of Emergency Medical Services. The Core Content of EMS Medicine forms the basis of the exam. The list below describes the relative weight given to different elements of the Core Content of EMS Medicine in constructing the EMS multiple choice certification exam.

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<th>Topic</th>
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<tbody>
<tr>
<td>Clinical Aspects of EMS Medicine</td>
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<tr>
<td>Medical Oversight of EMS</td>
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<tr>
<td>Quality Management and Research</td>
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<td>Special Operations</td>
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41. Are there sample questions, textbooks, prep courses, or other materials ABEM recommends to help physicians prepare for the EMS certification exam? ABEM does not provide sample questions or recommend textbooks or materials other than the Core Content of EMS Medicine and a description of the minimally qualified EMS subspecialty candidate, to assist physicians in preparing for the EMS exam. ABEM also does not track or endorse prep courses for its exams. However, such courses may be available, and you may participate in any of them as you wish.

42. When will the EMS certification exam be administered? Please follow this link to see the date(s) for the next EMS certification exam.

43. When will I be able to register for the EMS certification examination? Registration for the exam typically begins March 1 of the year in which the exam will be offered for physicians who have an open, approved application on file with ABEM.
44. **How will I sign up for the EMS certification examination?** If you have an open, approved EMS certification application on file with ABEM, you will be able to register for the exam using the ABEM website, www.abem.org. When your application is approved, ABEM will send you instructions for obtaining your ABEM user ID and password and accessing registration. Within 24 hours after you register and submit your exam fee, you will be able to call the ABEM testing vendor, Pearson VUE Professional Testing Centers, to schedule your appointment to take the exam.

45. **What type of exam is the initial certification examination?** The exam contains approximately 300 single-best answer multiple choice questions. Up to 15 percent of the questions have a pictorial stimulus. The EMS certification examination is administered at Pearson VUE professional computer-based testing centers throughout the United States. Each exam appointment is approximately 8 hours in length, with approximately 6.5 hours devoted to actual testing time.

46. **After I schedule an appointment to take the exam, may I change the appointment?** Yes. You may change your exam appointment up to 24 hours before the exam begins.

47. **If I register for the EMS certification examination and later discover that I cannot take the exam, will I receive a refund of my exam fee?** Yes. You must cancel your exam appointment and submit a request in writing to ABEM to withdraw from the exam no later than the day before your exam appointment or the day before the last day of exam administration if you do not have an exam appointment. You will then receive a 90% refund of your exam fee. ABEM will retain 10% of your exam fee to cover administrative expenses. See the ABEM [Policy on Fees](#) for more information.

48. **If I do not take the EMS certification examination the same year I apply, must I reapply?** If your application is approved before the exam begins, but you do not take it, you do not need to reapply if you take the exam the next time it is offered. Instead, you would need to reactivate your status and pay a reactivation fee to be able to register for the next offered exam. If you do not reactivate and take the next offered exam, you would have to reapply for certification, meeting the eligibility criteria in place at the time and paying the full application fee. See the ABEM Policy on [Maintaining Open and Active Subspecialty Certification Applications](#) for more detail.

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