

**Eligibility Requirements: Category A**

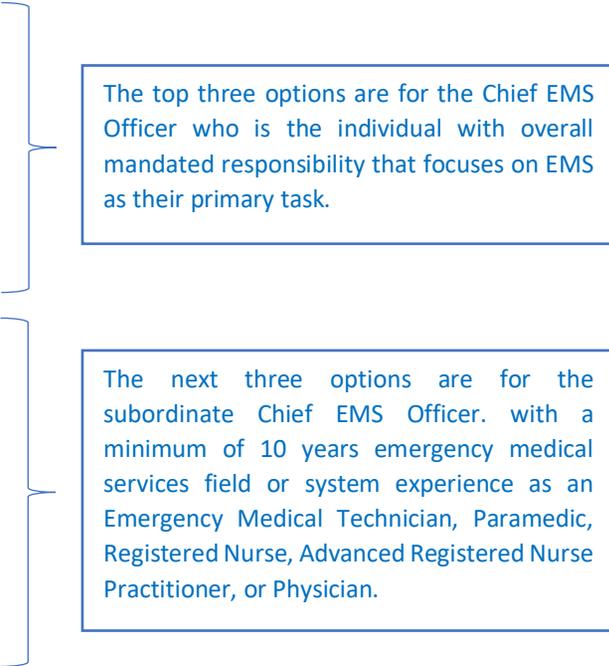
Those meeting one or more of the criteria below are excluded from the Technical Competency component, component 6, of the Candidate Application. Candidates who wish to provide us with recent evidence of their performance are encouraged to do so.

**CHECK ONLY 1 BOX**

In addition to the requirements below, you must have had a minimum of 10 years EMS field or system experience as an EMT, Paramedic, RN, ARNP or Physician. This information should be documented on the resume provided.

- 5 years as the Chief EMS Officer\* with a Masters Degree
- 10 years as the Chief EMS Officer\* with a Bachelors Degree
- 15 years as a the Chief EMS Officer\* with an Associates Degree (or international equivalent degree) & endorsement from your supervisor
- 10 years as a Chief EMS Officer with a Masters Degree
- 15 years as a Chief EMS Officer with a Bachelors Degree
- 20 years as a Chief EMS Officer with an Associates Degree (or international equivalent degree) & endorsement from your supervisor

*\*The Chief EMS Officer is defined as the individual with overall mandated responsibility that focuses on EMS as their primary task.*



The top three options are for the Chief EMS Officer who is the individual with overall mandated responsibility that focuses on EMS as their primary task.

The next three options are for the subordinate Chief EMS Officer. with a minimum of 10 years emergency medical services field or system experience as an Emergency Medical Technician, Paramedic, Registered Nurse, Advanced Registered Nurse Practitioner, or Physician.

# CREDENTIALING TIPS

## How to Complete the Chief EMS Officer Application

### Eligibility Requirements: Category B

Candidates must have a minimum of 10 years EMS field or system experience as an EMT, Paramedic, RN, ARNP or Physician and score at least 150 points in Education and Experience to qualify in completing the remainder of the application.

**Education** (check highest level only)

- Doctoral or Masters Degree – 150 points
- Bachelors Degree – 100 points
- Associates Degree (or international equivalent degree) – 50 points
- Academic Certificate – 25 points  
(A college program designed to provide basic training in a specific field of study.)

Check the degree or academic certificate you have earned. Only one box may be checked here.

Points:

Calculate additional points for completion of the following: *Provide copies of course certificates.*

- Management of Emergency Medical Services through NFA – 5 points
- Advanced Leadership Issues in Emergency Medical Services through NFA – 5 points

Check appropriately if you completed the National Fire Academy courses listed.

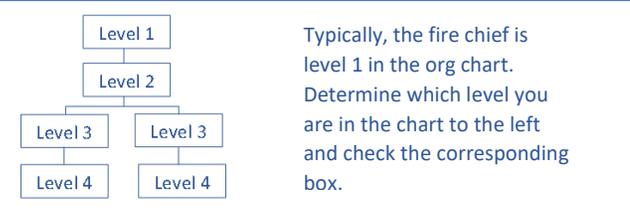
Points:

**Experience**

Candidates will need to provide an organizational chart to verify their position within the department. Points will also be given for the length of time in a position.

**Current Position:**

- Level 1 – Chief EMS Officer\* - 60pts
- Level 2 - 50pts
- Level 3 - 40pts
- Level 4 - 30pts
- Level 5 - 20pts
- Level 6 - 10pts



Typically, the fire chief is level 1 in the org chart. Determine which level you are in the chart to the left and check the corresponding box.

Points:

“Levels” are described as the number of supervisory positions between the candidate and the Chief EMS Officer.  
 \*The Chief EMS Officer is defined as the individual with overall mandated responsibility that focuses on EMS as their primary task.

**Length of Service:** Maximum number of points: 30

- Level 1 - 3pts/year \_\_\_\_\_ pts
- Levels 2-4 - 2pts/year \_\_\_\_\_ pts
- Levels 5-6 - 1pt/year \_\_\_\_\_ pts

Based on the levels in the chart above, calculate your length of service points. You can use more than one level to achieve up to 30 points.

Points:

**Complexity (based on the department’s workforce):**

- 751 + - 50pts
- 400-750 - 40pts
- 100-399 - 30pts
- Less than 99 - 20pts

Check the appropriate box for your department’s workforce for complexity points.

Points:

**Current Designee in Good Standing:**

- CFO, CTO, FM – 10 Points
- FO – 5 Points
- Dual Designated – add 5 Points

Check the appropriate box(es) for additional designations held from CPC.

Points:

**CFAI Accreditation Experience:** Add 5 points for each box checked:  
 Current Accreditation Manager (AM);  Current Team Leader (TL);  Current AM and TL

**Total points received:** \_\_\_\_\_

List total points earned...if 150 or more you are you are eligible to continue.

Total Points:

**Component 1: Personal & Employment Information**

Personal Information

<input type="checkbox"/> Primary Mailing Address		
Last Name:	First Name:	MI:
Home Address 1:		
Home Address 2:		
Home City:	Home State:	Home Zip:
Home Phone:	Fax:	
Mobile Phone:	E-mail:	
Referred by (if applicable):		

Include ALL personal information requested.

Employment Information

***Please attach a current resume and organization chart.***

<input type="checkbox"/> Primary Mailing Address		
Agency Name:		
Position Title:		
Years in Position:	Immediate Supervisor:	
Work Address 1:		
Work Address 2:		
Work City:	Work State:	Work Zip:
Work Phone:	Ext:	
Mobile Phone:	Fax:	
E-mail:	Organization Website Address:	
Please indicate the best method for the peer reviewer to contact you to schedule the phone interview:		

Be sure to check which mailing address is your preference.

Include ALL employment information requested. Your immediate supervisor listed here will sign the demographics page and submit a letter of reference.

**Component 1: Personal & Employment, Continued**

**Demographic Information**

Please fill in the requested information on the department you are currently working for.

Population Served:  
Type of Department:  
Fire:  Commercial/Private:  Hospital:   
Third Party Service:   
Total Personnel: (Full-Time Equivalents)  
Uniformed: Civilian:  
Paid on Call: Career: Volunteer:  
Type of Staffing:  
Fully Career:  Mostly Career:  Fully Volunteer:   
Mostly Volunteer:  Federal/Military:  Industrial:   
Other:   
Annual Budget:  
What level of EMS service does the department provide?  
Basic Life Support:  Advanced Life Support:   
Does your department transport patients?  
Yes  No   
What other services does your department provide?  
Air Medical:  Injury Prevention:  Public Health Screening:   
Immunizations:  Other: (please specify)

General demographic information about the Department you are currently working with.

**Supervisor Attestation Statement**

Please have your immediate supervisor sign below:

I, \_\_\_\_\_ (applicant's supervisor) do attest that the above information and complete to the best of my knowledge.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Supervisor listed in your employment information page needs to sign here.

## Component 2: Letters of Reference

All candidates must submit **three (3)** letters of reference from individuals who are knowledgeable of your experience, education and accomplishments during your career.

One must be from your immediate supervisor and one letter must be from a Medical Director or Physician.

Please list the three (3) names, their respective agency and contact information below and attach the signed letters of reference:

- 1.
  - 2.
  - 3.
- 
- 

Three letters of reference are required:

- 1 from your supervisor listed on your employment information page
- 1 from a medical director or physician.
- 1 from a person that knows you well in a professional, personal, or volunteer capacity.

### Component 3: Professional Development

#### Education

Includes formal educational degrees and certificate programs from accredited colleges and universities. *Please attach copies of the official transcripts.*

Name of Institution	Location	Degree	Grad y

- List all degree and certificate programs.
- Attach copies of transcripts.
- Degrees must be from accredited colleges.

#### Certifications, Licenses and Professional Designations

Includes current applicable certifications (EMT, Paramedic, ACLS, etc.) licenses (RN, DO, MD, etc.) and designations. *Please attach copies of the certificates and/or licenses.*

Certification	Certification Agency	Date(s)

- List all applicable certifications: e.g. Fire Officer, Firefighter, Fire Instructor, EMT
- Attach certificate copy or transcript.
- List only current certifications.
- Do not use more spaces than provided in the application.



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**Designee Development Goals**

As a candidate for this designation, you must show that you will continue to grow personally and professionally. Please indicate your intended participation in courses, workshops, association memberships, and community involvement and how you would implement or address Firefighter Life Safety Initiatives #1 and #5.

#1 – Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.

Reference: <http://www.lifesafetyinitiatives.com>

- Articulate a plan of action for where you want to take your career in the next 3 years. Include such items as:
  - Future training, certification, degrees
  - Community involvement.
  - Association memberships
- Acceptable to highlight achievements but should be mostly future goals.
- Should be in paragraph format.
- Include how you will address the Firefighter Life Safety Initiatives listed.



**Component 5: Professional Memberships/Affiliations and Community Involvement**

Professional Memberships and Affiliations

In the spaces below, list any professional memberships and relevant affiliations for the period of the last **five (5)** years. *Do not provide attachments.*

Organization	Level of Involvement	Dates

- List all applicable organizations you have been involved with e.g. IAFC, IAFF, NFPA, Local Fire Chiefs, Local Emergency management group.
- Note what level of involvement: member, board member, officer
- Not required to fill all spaces.
- Do not use more spaces than provided on the application.

Community Involvement

In the spaces below, list the community and charitable organizations and level and hours of involvement you have participated in during the last **five (5)** years.

Organization	Level of Involvement	Hours of Involvement	Dates

- List all applicable involvement with community and charitable organizations e.g. Lions Club, Scouting, American Legion, Red Cross, United Way.
- Note what level of involvement: chair, officer, member, worker.
- Note hours of involvement over which time period (e.g. 2 hours per month)
- Not required to fill all spaces.
- Do not use more spaces than provided on the application.

**Component 6: Technical Competencies**

**Technical Competency #1: Assessment & Planning**

Category: Strategic Planning

Learning Content: Community General Planning, Planning Methodologies, Demographics, Economics, Environment, Climate, Topography, Geography, Culture, Ethnic Influences, Collecting, Analyzing and Assessing Data. Change Process, Trends and Patterns. Deployment Strategies; Fixed, Dynamic and SSM; Public Health Planning; Disaster/MCI; Point of Distribution Strategies.

Reference: NFPA 1021 6.1.2

**Education**

Training Sponsor	Course Name	Date(s)	Credits/Cc Hour

**Experience**

ONLY REQUIRED FOR CATEGORY-B APPLICATIONS

Learning content outlines the knowledge, skills and abilities related to the competency.

- Each competency includes learning content and Job Performance Requirement (JPR) from a corresponding NFPA standard.
- Candidates are required to address both education and experience sections under each technical competency.
- Education:
  - List up to seven courses/training classes you have participated in that corresponds to the competency.
  - List should include (in preferred priority order): college level courses, National Fire Academy courses, certification courses, special seminars, or conferences.
  - It is not required to fill all the spaces.
  - Do not use more spaces than the application provides.
- Experience:
  - Provide a narrative that addresses relevant experience to the competency.
  - Include present and prior work experience.
  - Current examples preferred, include major projects completed during your career.
  - The technical competency should be written in paragraph format, with no minimum length requirement. Must sufficiently cover the requirements.
  - Two paragraphs is a good rule of thumb...not a requirement.
  - This is a professional designation so spelling and grammar are extremely important.

**COMPONENT 6: ATTESTATION STATEMENT**

From an individual who can verify your experience:

I, _____ do attest that I have reviewed Technical Competency numbers _____ through _____ and the information submitted and is true and complete to the best of my knowledge.	
Signature:	Date:
Position Title:	Organization:
E-Mail:	Phone:

- Attestation statement completed and signed by an individual(s) who can verify the experience outlined for each competency.
- Multiple attestation statements can be used if using more than one individual to attest their experience.

**Component 7: Additional Information and Certification Statement**

Please provide any additional information you feel should be considered in the evaluation for CEMSO designation.

**Certification Statement**

I, \_\_\_\_\_ (Candidate) hereby certify that all statements made on this application are true and complete to the best of my knowledge. I have read and understand the Code of Professional Conduct and agree to abide by this code. I understand that any false statements or documentation may subject me to disqualification, denial, or revocation of my professional designation credentials. I understand that the sole purpose in submitting this application, its contents, and attachments is to evaluate my qualifications for the recognized professional designation as a Chief EMS Officer (CEMSO). By submitting this application, I agree to conduct an interview with a peer reviewer for confirmation purposes.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Optional: Provide additional information that should be considered in the evaluation of the application for designation.
- All candidates must sign and date the certification statement attesting to all statements made in the application are true and completed to the best of your knowledge and also that you read and understand the Code of Professional Conduct and agree to abide by this code.
- Electronic signatures are acceptable.