



Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

ARKANSAS EMS LAY EVALUATOR REQUIREMENTS AND APPLICATION

Arkansas currently requires trained Lay Evaluators to assist the Section of EMS & Trauma Systems in administering practical exams. Lay evaluators will be approved after successful completion of an eight (8) hour Lay Evaluator course INSTRUCTED by the Section of EMS Specialist. Continuing Education will be awarded for the training course (8 hours) and for participating in administering each practical exam (4 hours).

QUALIFICATIONS FOR ARKANSAS LAY EVALUATORS

- 1) Letter of recommendation from employer/affiliate.
- 2) Completion of Lay Evaluator course and evaluated by a current Lay Evaluator or EMS Specialist.
- 3) Minimum of two (2) years certification at the level you are evaluating for the exam.

<u>STATION LEVEL</u>	<u>EVALUATOR CERTIFICATION LEVEL</u>	<u>SKILL LEVEL TEST</u>
I	EMT-Ambulance, Intermediate, or Paramedic	EMT-A
II	EMT-Intermediate or Paramedic	EMT-A or I
III	EMT-Paramedic	EMT-A, I, or P

AS EVALUATOR YOU MAY NOT TEST: Fellow employees, family members, close associates/friends, students of lay evaluator for course being tested, or anyone who, due to association, may in the opinion of the Division of EMS, give the appearance of impropriety.

RECERTIFICATION: Participate in 4 exams or complete the Section of EMS Lay Evaluator course every two (2) years. Mandatory update as significant changes occur.

EMT's interested in becoming a Lay Evaluator should complete the application below and return it to the address indicated below:

Arkansas Department of Health; Section of EMS & Trauma Systems, 5800 W 10 St. Suite 800; Little Rock, AR 72204-1763.

Please Print

I am interested in becoming a Lay Evaluator. I understand that I will not be reimbursed for being a Lay Evaluator.

NAME _____ EMT NUMBER _____

LEVEL: EMT-A I P Instructor (circle) PHONE NUMBER: (H) _____
(W) _____

ADDRESS: _____

EMAIL ADDRESS: _____