CHAPTER 4 – HEALTH CARE SUPPORT

The Army, Navy, and Air Force all had military occupations in the top 10 in the healthcare support occupational area. These military occupations are shown in Table 4.1. Healthcare support services for Marines are provided by the Navy Corpsmen so there are no enlisted medical occupational specialties in the Marines. There are several types of civilian occupations and certifications associated with this occupational area. Our analysis focused on the Emergency Medical Technician (EMTs) and Licensed Practical Nurse (LPN) occupational equivalents and related credentials from National Registry of Emergency Medical Technicians (NREMT) and National Council of State Boards of Nursing, Inc. (NCSBN), which appear to be most closely aligned with military training.

The Army 68W Healthcare Specialists (68Ws), Navy HM - Hospital Corpsman (HM), and the Air Force 4N0X1 Aerospace Medical Service Technicians (4N0X1s) who do not take on additional specialties all perform similar job duties in the first term of service. However, despite Service-wide efforts to facilitate joint training of military medical personnel at the newly stood up Military Education and Training Campus (METC) at Ft. Sam Houston, there are some differences in the training that each Service provides.

The Navy and the Air Force conduct the majority of their training jointly, but some sections of training are taught separately. The Army does not train with the other Services although major portions of its training are comparable to the Air Force and Navy Training. Thus, while much of the core initial training received by Sailors, Soldiers, and Airmen in the three military occupations is similar, there are some aspects of training that are different. For example, both the Army and the Air Force have a 40 hour training module that is part of initial training during which Service members prepare for and attain the Emergency Medical Technician, Basic (EMT-B) certification offered by NREMT. The Navy does not have this component. In addition, the Army offers more extensive training than the other two Services in emergency trauma that could prepare the Soldier for the NREMT’s Advanced Emergency Medical Technician (AEMT). The Navy and Air Force joint training, on the other hand, has aspects that are aligned more closely to LPN duties.

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Results in Brief

- **Credentials Analyzed:**
  - National Registry of Emergency Medical Technicians (NREMT), Emergency Medical Technician (EMT)-Basic and Advanced EMT (AEMT)
  - National Council of States Board of Nursing (NCSBN), National Council Licensure Exam for Licensed Practical Nurses (NCLEX-PN)

- **Key Findings:**
  - Air Force and Navy train jointly; Army trains separately
  - Air Force and Army require EMT-Basic certification; Navy does not
  - Army training and duties most closely aligned with EMT; Air Force and Navy training more closely aligned with LPN
  - No Services require LPN licensure for Medics and Corpsmen who have only received initial training

- **Key Recommendations:**
  - Navy could require or offer EMT-Basic certification
  - Bridge program could be developed for Army for AEMT
  - Bridge programs could be developed for Navy and Air Force for LPN
  - Encourage states to provide maximum recognition of military training for state licensure purposes
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According to METC officials, the differences in training among the three Services are a result of a variety of factors, including the logistics of timing and co-locating the training given the number of Service members who need to participate, the need to train to unique Service culture and mission, and some key differences in the overall functions of the Service member in each of the different military occupations. The differences in the training also result in differences in the ability of Service members to attain related civilian credentials.

**EMT-Basic Certification and Licensure.** The Air Force and the Army currently require their 4N0X1s and 68Ws, respectively, to attain NREMT EMT-Basic certification upon completion of initial training. The 40 hour Emergency Medical Technician module referenced above prepares Airmen and Soldiers to take the EMT-B exam. They are also required to maintain that certification in order to continue to hold their military occupational codes. The Navy does not require HMs to have any kind of certification or licensure upon completion of initial training. Since the NREMT EMT-B certification is recognized by 46 states for state licensure purposes, Army and Air Force medics are better equipped than their Navy counterparts to attain state licensure as an EMT. It is important to note, however, that even though 46 states recognize NREMT certification for state licensure, the Service members may have to meet additional requirements as well.

Subject-matter experts in the Navy suggest that there are two primary reasons for not requiring or preparing Sailors for EMT-B certification upon completion of initial training. One is that certification or licensure is not required by law for military personnel and the other is that the duties of a Navy Corpsman tend to be less oriented to emergency medical care and more in line with the duties of a Licensed Practical Nurse (LPN). Air Force subject-matter experts also stated that the Airman’s duties tend to be more in line with LPN. None of the Services require Service members to be licensed as LPNs.

The results of this study suggest that although there are core aspects of the Navy and the Air Force training that are more aligned to LPN duties, there are also major aspects of that training that are oriented specifically to EMT-Basic duties. Specifically, the Navy and Air Force joint training has a segment that is 213 hours long that, as described in Service training materials, is intended to prepare students to pass the NREMT EMT-B written and practical exams. What is lacking for the Navy Sailors is the additional 40 hour segment that actually allows them to prepare for and attain the certification, including taking both practical and “written” exams. NREMT officials stated that without the practical exam, it would be difficult for Sailors to attain EMT-Basic certification because NREMT does not administer the practical exam, rather it is done as part of the state-approved training programs. NREMT does administer the written exam.

During interviews and focus groups with Navy representatives at METC, including both enlisted and officers, many expressed concern that Sailors are not afforded the same opportunity to attain EMT-B certification when their training is comparable to that of the Air Force and the Army. Given the 213 hour time investment already made in preparing Sailors for EMT-Basic certification, the Navy may want to consider adding the additional training hours required for Sailors to prepare for and attain EMT-Basic training to its curriculum.

Finally, with regard to state licensure, it appears that having the EMT-B certification can make it easier for Service members to attain state licensure in some states. In New York, Virginia, and Colorado, for example, Service members who have the EMT-B certification have to meet only minimal additional requirements in order to attain state licensure. In other states, such as Washington, Service members or Veterans who hold the EMT-B only have a slight advantage over those who do not. DoD might want to consider making states aware of the model best practices that exist in states such as New York, Virginia, and Colorado so that other states can consider emulating them.
**Advanced EMT.** There may also be opportunities for the Army to either adapt its curriculum or develop a bridge training program (possibly in coordination with community colleges) to allow Soldiers who have completed initial training to attain their Advanced EMT (AEMT) certification from the NREMT. The Army has conducted a detailed gap analysis comparing its training to the National EMS Standards for all levels of EMTs – First Responder, Basic, Advanced, and Paramedic, which shows that all of the EMS standards for AEMT are covered through 68W initial training. However, in order to actually offer the AEMT exam as part of initial training, the Army would have to ensure that its training meets or exceeds the national EMS standards and meets NREMT standards for test administration. The Army may want to conduct a cost-benefit analysis of adding AEMT certification to its curriculum or explore options for ensuring the curriculum meets the NREMT requirements so that Soldiers completing the program can take the practical and written exams through NREMT (an option that is available for AEMT, but not EMT-B).

**LPN Licensure.** Finally, because of the emphasis on LPN duties in the Navy and Air Force, a gap analysis was conducted of their initial training against LPN requirements. The results of the gap analysis show that joint BMTC training at least partially covers most of the NCLEX-PN exam content. Accordingly, the Navy and Air Force might consider what would be required to establish a bridge training program – either offered through the Navy or external training providers – that would allow Service members to attain LPN licensure.

<table>
<thead>
<tr>
<th>Table 4.1 – Related Military Occupational Codes in Top 10 for Each Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
</tr>
<tr>
<td>68W Health Care Specialist (5)</td>
</tr>
</tbody>
</table>

*Note: Numbers in parentheses represent the rank order for each of the top military occupations within the related Service. Rank order is based on the density of the occupation within the Service. (1) = Most Densely Populated of Top 10 and (10) = Least Densely Populated of Top 10.*

**MILITARY HEALTH CARE SUPPORT**

Healthcare support occupations in the military are quite varied and tend to be fairly closely aligned with and representative of the diversity of healthcare support occupations in the civilian sector. For the three military occupations that are represented in the top 10 MOCs for each Service, the military Services provide initial training that equates to civilian jobs such as Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), or Medical Assistant. As discussed below, after initial training, some Service members in each of these military occupations will go on to attain more specialized training in other medical areas.

The duties performed by the Army 68W Health Care Specialist (68W), the Navy Hospital Corpsman (HM), and the Air Force 4N0X1 Aerospace Medical Service Technician (4N0X1) are fairly comparable, particularly in the first term of Service. Service members holding one of these three military occupation codes are often referred to as “military medics.” While there are similarities among the three military occupations, there are also some differences. To understand these differences, it is helpful to understand how each Service classifies its enlisted healthcare occupations.

Overall, each Service uses a different method of classifying their healthcare support military occupations. In the Navy, for example, every enlisted Sailor in healthcare support will hold the single primary military occupation (called ratings in the Navy) HM. After initial training, they can go on to specialize in one of approximately 50 different specialized occupations ranging from Basic X-ray Technician to Radiation Health Technician to Surgical...
Technologist. All Sailors will continue to hold the HM rating throughout their healthcare military career, but may attain an additional specialty area called a Navy Enlisted Classification (NEC) code. So, for example, an HM who attains additional training as a Cardiovascular Technician will hold an NEC 8408 – Cardiovascular Technician; a Hemodialysis/Apheresis Technician will hold an NEC of 8434; and a Surface Force Independent Duty Corpsman will hold an NEC of 8425. Some HMs will also serve as battlefield corpsmen with the Marine Corps, rendering emergency medical treatment to include initial treatment in a combat environment. They hold an NEC of 8404 – Field Medical Service Technician. The training that allows the Sailor to hold one of the specialty NECs is not part of initial training.

In the Army there are approximately 17 enlisted MOSs of which the 68W – Health Care Specialist is one. Until about ten years ago, there were more healthcare MOSs, but the Army consolidated some of these into the 68W MOS and made some of the specialty areas that used to be separate MOSs Additional Skill Identifiers (ASIs) that are associated with the 68W MOS. Accordingly, some Soldiers holding the 68W MOS will take additional training to acquire an ASI that allows them to further specialize in areas such as M6 - Licensed Practical Nursing, N3 - Occupational Therapy Assistant, or Y6 – Cardiovascular Specialist. In October 2012, the Army is planning to revert back to the practice of having separate MOSs for what are now the specialty ASIs of the 68W MOS.

In the Air Force there are over 30 enlisted AFSCs in the medical area. Airmen holding the 4N0X1 – Aerospace Medical Service AFSC can go on to specialize in approximately 10 specialty areas and are assigned Special Experience Identifiers (SEIs). These specialty areas include such things as Hemodialysis, Critical Care Technician, and Neurology. Attaining these SEIs requires additional training beyond initial training.

For each of the three military occupations in the Army, Navy, and Air Force that are in the top 10 for that Service, the focus of the research for this endeavor was on the skills attained by Service members who have completed one term of Service and who have not gone on to specialize in other medical areas. The core duties performed by these Service members are the ones that characterize the jobs of what are commonly referred to as the military Medics and Corpsmen. The specific duties that are performed by the Medics in each of the three Services are described below.

### ARMY 68W – HEALTH CARE SPECIALISTS

In the Army, 68Ws are primarily responsible for providing emergency medical treatment, limited primary care, and health protection and evacuation from a point of injury or illness. They are highly trained to perform medical duties in hazardous and challenging atmospheres. Some Soldiers in this MOS are assigned to deploy with Army combat units, and provide emergency medical treatment directly on the battlefield. Other Heath Care Specialists are assigned to military hospitals and clinics to assist doctors and nurses with the health care needs of patients. Specific job duties include the following:

- Administer emergency medical treatment to battlefield casualties including trauma
- Assist with outpatient and inpatient care and treatment
- Interview patients and record their medical histories
- Take patients’ temperature, pulse and blood pressure
- Keep health records and clinical files up-to-date
- Prepare blood samples for laboratory analysis
- Prepare patients, operating rooms, equipment and supplies for surgery.
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Army Soldiers are required to hold the NREMT-Basic certification upon completion of 68W initial training. Army officials indicated that while the national pass rate for this certification is approximately 65%, the Army pass rate is between 90% and 95%.

NAVY HM – HOSPITAL CORPSMEN

In the Navy, HMs who do not specialize in other healthcare areas have the primary NEC of HM-0000 and are commonly referred to as “quad-zeros.” The duties performed by these individuals vary depending on their duty station, which may be in a Naval hospital or on a ship. Sailors who are HM-0000s perform duties as assistants in the prevention and treatment of disease and injury and assist health care professionals in providing medical care to Naval personnel and their families. Some specific job duties performed by HMs include:

- Assist in prevention and treatment of disease and injuries and caring for sick and injured
- Assist with outpatient and inpatient care and treatment
- Administer immunization programs
- Render emergency medical treatment
- Conduct preliminary physical examinations
- Perform medical administrative, supply and accounting procedures
- Maintain treatment records and reports
- Supervise shipboard and field environmental sanitation and preventive medicine programs;

AIR FORCE 4N0X1 – AEROSPACE MEDICAL SERVICE TECHNICIANS

The Air Force 4N0X1 technician plans, provides, and evaluates routine patient care and treatment of beneficiaries to include flying and special operational duty personnel. They also organize the medical environment and perform and direct support activities within in-patient care situations, including contingency operations and disasters. Some specific job duties include:

- Provides supervise, and manage patient care of beneficiaries to include flying and special operational duty personnel
- As part of the nursing team, utilize the nursing process to provide care for the beneficiaries.
- Monitor and record physiological measurements
- Orient new patients to the hospital environment
- Admit, discharge, and transfer patients as directed
- Observe, report, and record observations in patient progress notes and team conference
- Perform portions of medical treatment, diagnostic, and therapeutic procedures
- Care for, observe, and report on postoperative patients and seriously or critically ill and injured patients.
- Adhere to infection control procedures including use of personal protective equipment, disposal of waste, and aseptic technique.

Air Force 4N0X1s are required to attain NREMT-Basic certification upon completion of initial training.

MILITARY TRAINING FOR HEALTHCARE OCCUPATIONS IN TOP 10

The Army 68Ws, Navy HMs, and the Air Force 4N0X1s who do not take on additional specialties all perform similar job duties in the first term of service; however, despite cross-Service efforts to facilitate joint training of military medical personnel, there are some differences in the training that each Service provides. According to Service
officials, the differences in training among the three Services are a result of a variety of factors, including the logistics of timing and co-locating the training given the number of Service members who need to participate, the need to train to unique Service culture and mission, and some key differences in the overall functions of the Service member in each of the different military occupations. In addition to the differences in training among the Services, there are also differences in the civilian credentials that are required or that can be readily attained based on military training.

As part of the Base Realignment and Closure (BRAC) initiative of 2005, the Services joined together to create the Military Education and Training Campus (METC) at Ft. Sam Houston in San Antonio to facilitate the joint training of enlisted Service members in healthcare. The goal was to provide one integrated inter-service education and training system for all three Services. METC achieved full operating capability in September 2011 and the Services have made great strides in providing joint training in a number of enlisted healthcare occupational areas. METC currently has 64 programs of instruction of which 39 are consolidated.

With regard to the three military occupations under review, the extent to which the Services have joint training varies. The Navy and the Air Force conduct the majority of their training jointly, but some sections of training are taught separately. The Army does not train with the other Services primarily because they have a much larger number of Service members to train and the logistics of scheduling and delivering the training jointly are difficult to address.

The Army trains Health Care Specialists (68W) to provide emergency medical trauma care which incorporates tactical combat casualty skills to survive on battlefields. They are provided training in emergency care, evacuation, minor acute care, inpatient and outpatient care, and basic force health protection. They are prepared for the battlefield and go through a separate training program. Navy and Air Force Service members go through the joint Basic Medical Technician Corpsman Program (BMTCP) at METC. The BMTCP prepares Service members to function as entry-level medical technicians in fixed and non-fixed medical facilities, performing duties to provide quality emergency, nursing and primary care procedures.

Army 68W training and duties correspond closely with the training and duties of the civilian emergency medical technician, while the Navy and Air Force training and duties relate more closely to the civilian licensed practical nurse. To provide the necessary hours for their re-certification many medics and technicians go through extensive ongoing training throughout their military career.

CIVILIAN HEALTH CARE SUPPORT

The civilian equivalent occupation identified by the Department of Defense (DoD) for the Army 68W and the Air Force 4N0X1 was the same – Emergency Medical Technicians and Paramedics (O*NET code 29-2041.00). For the Navy Hospital Corpsman (HM), DoD identified the civilian equivalent as - Medical Assistants (O*NET code 31-9092.00). The distinction made by DoD in assigning different civilian equivalents for the Services’ healthcare support occupations is likely due to some differences in job duties among the Services.

After review of military job duties and military training, and based on recommendations from subject-matter experts at the Medical Education Training Command (METC), the following additional civilian occupations were identified as related to the three military healthcare support occupations:

<table>
<thead>
<tr>
<th>Key Civilian Occupational Equivalents</th>
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</thead>
<tbody>
<tr>
<td>Emergency Medical Technicians and Paramedics*</td>
</tr>
<tr>
<td>Medical Assistants*</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
</tr>
<tr>
<td>Phlebotomists</td>
</tr>
</tbody>
</table>

*Civilian occupation identified by DoD
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- Licensed Practical and Licensed Vocational Nurses (O*NET code 29-2061.00);
- Medical Records and Health Information Technicians (O*NET code 29-2071.00); and
- Phlebotomists (O*NET Code 31-9097.00).

In the private sector, the Emergency Medical Technicians and Paramedics care for the sick or injured in emergency medical settings. EMTs and paramedics respond to emergency calls, extricate trapped individuals, assess injuries, administer emergency medical care, and transport injured or sick persons to medical facilities. EMTs provide basic life support while the Paramedics provide advanced life support outside of the hospital setting.

A Medical Assistant performs administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties range from taking and recording vital symptoms and medical histories to preparing patients for examination and drawing blood. The medical assistant also administers medications as directed by physician. Their duties vary with location, specialty, and size of the practice.

Licensed Practical and Licensed Vocational Nurses (LPN/LVN) are trained to assist physicians and registered nurses (RNs) by providing patient care services. LPNs typically work under the supervision of a registered nurse and physician, and are responsible for communicating with patients, reviewing a patient’s medical history, feeding patients, taking care of ill, injured, or convalescing patients or persons with disabilities and collecting lab samples. Most licensed practical nurses work in hospitals, nursing homes, other health care institutions, and private homes. Some are employed in doctors' offices, clinics, and public health agencies.

Medical Records and Health Information Technicians organize, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the health care system. They process, maintain, compile, and report patient information for reimbursement purposes and other health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.

Phlebotomists perform routine medical laboratory tests for the diagnosis, treatment, and prevention of disease. The Phlebotomy Technician facilitates the collection and transportation of laboratory specimens, and is often the patient’s only contact with the medical laboratory. Their primary function is to obtain patient blood specimens by venipuncture or micro techniques and may be involved with patient data entry. Phlebotomist may work under the supervision of a medical technologist.

**LABOR MARKET INFORMATION**

The job outlook for Health Care Support in the civilian workforce is very promising and continues to show steady growth. Employment growth will be driven by an aging population and longer life expectancies, as well as new treatments and technologies. As shown in Table 4.2, four of the five civilian occupations identified as related to military medics are projected to grow at a faster than average or much faster than average rate between 2010 and 2020. The fifth area, phlebotomists has an average growth rate.

The overall job outlook for LPNs and LVNs is particularly good. According to the U.S. Department of Labor, a large number of licensed practical and licensed vocational nurses are expected to retire over the coming decade. This trend will lead to increased employment of LPNs and LVNs in hospitals, physician’s offices, and other healthcare settings. LPNs and LVNs will also be needed in residential care facilities such as nursing homes and assisted-living centers. Job outlook for LPNs and LVNs looks excellent. Due to the more than minimum education requirements,
LPNs and LVNs also have the highest median annual wage as compared to other occupations. Median wages for LPNs and LVNs were $19.79 hourly or $41,150 annually.

The remaining four related occupations had low median wages in 2010 ranging from $28,860 annually for medical assistants to $33,310 annually for medical records and health information technicians. The low median wages associated with these occupations should be a consideration for military personnel transitioning to the civilian workforce. Opportunities to build on their skills and attain additional education and higher levels of certification should be explored. Attaining entry level certification and/or licensure can facilitate this.

### Table 4.2 – Civilian Labor Market Considerations for Health Care Support

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>29-2041.00 - Emergency Medical Technicians and Paramedics</td>
<td>Y</td>
<td>N</td>
<td>Health Care and Social Assistance Government</td>
<td>$14.60 hourly, $30,360 annual</td>
<td>Low</td>
<td>227,000 employees</td>
<td>Much faster than average (20% or higher)</td>
</tr>
<tr>
<td>29-2061.00 - Licensed Practical and Licensed Vocational Nurses</td>
<td>Y</td>
<td>N</td>
<td>Health Care and Social Assistance</td>
<td>*$19.79 hourly, $41,150 annual</td>
<td>High</td>
<td>752,300 employees</td>
<td>Faster than average (20% to 28%)</td>
</tr>
<tr>
<td>31-9092.00 - Medical Assistants</td>
<td>Y</td>
<td>N</td>
<td>Health Care and Social Assistance</td>
<td>$13.87 hourly, $28,860 annual</td>
<td>Low</td>
<td>528,000 employees</td>
<td>Much faster than average (20% or higher)</td>
</tr>
<tr>
<td>29-2071.00 - Medical Records and Health Information Technicians</td>
<td>N</td>
<td>N</td>
<td>Health Care and Social Assistance</td>
<td>*$16.01 hourly, $33,310 annual</td>
<td>Low</td>
<td>180,000 employees</td>
<td>Faster than average (20% to 28%)</td>
</tr>
<tr>
<td>31-9097.00 - Phlebotomists</td>
<td>N</td>
<td>N</td>
<td>Health Care and Social Assistance Government</td>
<td>*$14.80 hourly, $30,790 annual</td>
<td>Low</td>
<td>202,000 employees</td>
<td>Average (10% to 19%)</td>
</tr>
</tbody>
</table>
TRAINING/EDUCATION REQUIREMENTS

Most of the associated occupations do not require degrees, but instead they accept completion of an approved formal training program or on-the-job training. Some employers and states may require a professional certification or license. Licensure requirements for an occupation may vary by state. Emergency Medical Technicians (EMTs) and Paramedics are required to hold a Cardiopulmonary Resuscitation (CPR) certification and must have a high school diploma or the equivalent before completing a formal education or a training program. All states require EMTs and paramedics to be licensed. In most states, an individual who has NREMT certification qualifies for licensure; in some, individuals must also meet other eligibility requirements and take and pass a state exam or exams. Becoming a licensed practical or licensed vocational nurse requires completing a certificate through an approved educational program. After getting a certificate, prospective LPNs or LVNs can take the National Council Licensure Examination, or NCLEX-PN exam, a national exam recognized by all states for state licensure purposes. All states require LPNs or LVNs to be licensed. In most states, medical assistants and medical records and health information technicians need a postsecondary certificate to enter the occupation. Many assistants learn through on-the-job training. Most employers require medical records and health information technicians to have professional certification; however certification is not required but preferred by employers hiring medical assistants.

CREDENTIALING REQUIREMENTS

In alignment with the variations in civilian healthcare occupations, there are numerous types of credentials in the health care support occupational area. National certifications are very common and are often sought by employers. In addition, healthcare occupations are one of the most regulated by states and so many healthcare occupations will have some form of state licensure requirements. Table 4.3 summarizes credentials related to the five key civilian occupations identified as associated with the three military occupations under review. The credentialing boards determine the requirements for licensure and certification. Typically they require a combination of education, training, work or professional experience, examinations and other unique job-related requirements.

National Certification

National certification is the predominant form of credentialing in three of the five healthcare support occupations examined. Specifically, as shown in Table 4.3, there are multiple certification agencies that certify Medical Assistants, Phlebotomists, and Medical Records Technicians/Health Information Technicians. These certifications are often required by civilian employers for employment. Certification is also offered for EMTs. Certification is not an option for LPNs.

Table 4.3 – National Certification and Licensure for Health Care Support

<table>
<thead>
<tr>
<th>Civilian Occupation</th>
<th>Relevant National Certifications</th>
<th>State Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Technicians and Paramedics</td>
<td>▪ National Registry of Emergency Medical Technicians (NREMT)</td>
<td>The majority of states have some form of licensure for EMTs</td>
</tr>
<tr>
<td></td>
<td>- Emergency Medical Technician – Basic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Advance Emergency Medical Technician</td>
<td></td>
</tr>
</tbody>
</table>
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#### Civilian Occupation

<table>
<thead>
<tr>
<th>Civilian Occupation</th>
<th>Relevant National Certifications</th>
<th>State Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td><img src="#" alt="List of certifications" /></td>
<td>The majority of states have some form of licensure for LPNs</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td><img src="#" alt="List of certifications" /></td>
<td>Some states have some form of licensure for Medical Assistants or their equivalents</td>
</tr>
<tr>
<td>Phlebotomists</td>
<td><img src="#" alt="List of certifications" /></td>
<td>Most states do not license phlebotomists</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
<td><img src="#" alt="List of certifications" /></td>
<td>Only a few states have some form of state licensure for medical records and health information technicians</td>
</tr>
</tbody>
</table>

*Note that this is technically not a certification, but a national exam that is used for state licensure purposes.*

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**State Licensure**

As shown in Table 3.3, state licensure is typically required for EMTs and for LPNs; however, it is not required by most states in the other three healthcare support occupational areas highlighted. The requirements for state licensure for EMTs and LPNs vary by state, but due to the recognition by some states of national exams, there is some consistency among states in terms of the exam requirements.

**State Licensure Requirements for EMTs.** The U.S. Department of Transportation (USDOT), National Highway Traffic Safety Administration (NHTSA) works with EMS stakeholders, including the NREMT, state licensing agencies, and the National Association of State EMS Officials (NASEMSO), to develop the USDOT National Emergency Medical Services (EMS) Education Standards (with related instructional guidelines) as well as the National Standard Curricula (NSC). The National EMS Education Standards outline the minimal terminal objectives for entry-level...
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EMS personnel. NHTSA does not have regulatory authority over states, rather its role is to work with states and other stakeholders to build consensus around the National Emergency Medical Services (EMS) education standards. Most states adhere to the National EMS Education Standards and related standards for state licensure purposes.

In 1970, the NREMT was created to establish uniform standards for training and examination of personnel delivering emergency ambulance services. As pre-hospital medical care has continually evolved and improved, the organization continues to fulfill similar goals for EMTs and paramedics. Currently 46 states require their EMS professionals to be certified by the NREMT in order to obtain a license with the state. Some states require their EMS professionals to maintain certification with the NREMT as part of maintaining their license; others have their own license renewal process. All EMS professionals are required to complete continuing education. While most states require NREMT certification, states may also have additional licensure requirements beyond the requirements for NREMT certification.

**State Licensure for LPNs.** The majority of states require state licensure for LPNs. Typical licensure requirements include completion of a state-approved nurse education program and an exam. After successful completion of the state-approved nursing program, all 50 states require LPN candidates to take and pass the National Council Licensure Examination (NCLEX) Practical Nurse exam – referred to as NCLEX-PN – developed by the National Council of State Boards of Nursing (NCSBN). NCSBN administers the exam on behalf of the states.

In order to remove regulatory barriers and to increase access to safe nursing care, the NCSBN created both the Registered Nurse (RN) Compact and the Licensed Practical Nurse/Vocational Nurse (LPN/VN) Licensure Compact, which began on January 1, 2000. The Compact enhances portability of nurse licenses across states and is often likened to a driver’s license in that it allows a nurse licensed in one “home” compact state to practice in a party compact state without seeking an additional nursing license. If a nurse changes permanent residence from one party state to another party state, then the nurse must relinquish licensure in the previous state of residence and apply for licensure in the new home state. Many states will provide a provisional license for a period of time until the individual can get licensed in the new state. Not all states participate in the LPN Licensure Compact – participation must be implemented through laws passed by the legislature of each participating state. Table 4.4 lists the 24 states that currently participate in the Nurse Compact.

### Table 4.4: 
**Nurse Compact States**
(as of December 2011)

- Arizona
- Arkansas
- Colorado
- Delaware
- Idaho
- Iowa
- Kentucky
- Maine
- Maryland
- Mississippi
- Missouri
- Nebraska
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Wisconsin

**Overview of Initiatives to Promote Credentialing**

The three Services have taken varying approaches to promote credentialing of Service members. The Army and the Air Force require their 68Ws and 4N0X1s, respectively, to take and pass the NREMT’s EMT-Basic upon completion of training. They are also required to maintain that certification in order to continue to hold their military occupation. The Air Force and the Army pay for the initial certification and for recertification. The Navy does not require its HMs to obtain EMT-Basic or any other certification upon completion of initial training. However, some Navy HMs may be required to get EMT-Basic certification once they report to a duty station, depending on their assignment and specialty area.
In order to facilitate the award of EMT-Basic certification as part of military training, the NREMT has given each of
the military Services what is referred to as “state status.” This means that the military service has the authority to
approve education programs and can validate that the programs meet national Emergency Medical Service (EMS)
education standards in the same way that state government agencies do. It also gives the military services the
authority to administer the NREMT EMT-Basic psychomotor and cognitive exams. State status is provided by
NREMT based on a comprehensive review of each Service’s training program. Each Service has a staff member
who acts as the “State Director” for that Service. Because of the state status provided by NREMT, while in the
military, a Service member who holds an EMT card and works as an EMT does so under the authority of the
specific Service acting as a “state.” That Service member is only authorized to practice as an EMT on military
installations that fall under the jurisdiction of that Service. METC officials noted that the Navy is considering giving
up its “state status.”

Although Airmen and Soldiers attain the EMT-Basic certification from NREMT, they still must apply for state
licensure in order to practice in the civilian workforce. The fact that 46 states recognize NREMT certification for
state licensure purposes can make it easier for Service members to attain certification in those states. It is
important to note, however, that states still may impose additional requirements. More information on state
licensure issues is provided towards the end of this chapter.

While the Navy does not require certification as part of initial training, it does promote voluntary credentialing for
HMs and all of its other enlisted personnel through the Navy Credentialing Opportunities On-Line (COOL) program.
The Navy will pay for credentials that are directly related to the Sailors’ ratings. For HMs (including HM specialty
areas), 225 credentials have been associated with HM and the Navy will pay for 115 credentials. The Navy has also
conducted gap analyses on key credentials that are directly related to HM or to an embedded skill set. To date,
the Navy has conducted gap analyses on 46 credentials. The results of the gap analyses are included on Navy
COOL along with exam preparation resources so that Sailors know what gaps might exist and what resources are
available to fill the gaps. Finally, the Navy has incorporated selected healthcare certifications into the HM’s
professional development model – called a Learning and Development Roadmap (LaDR) – at various pay grades.
NREMT EMT-Basic and the NCSBN NCLEX-LPN, along with several of the phlebotomy and medical assistant
certifications are incorporated at the E3 pay grade level. The medical records technician-oriented certifications are
incorporated at the E4 and E5 levels.

The Army and the Air Force also have additional methods of promoting voluntary credentialing for enlisted Service
members in all of their military occupations, including those in the healthcare arena. The Army COOL web site
notifies Soldiers of the credentials related to their MOSs. For 68W, 125 credentials have been identified as related,
including all of the 68W specialty areas. Of these, 52 have been approved for promotion points providing an
incentive for Soldiers to seek these credentials. A total of 46 unique certifications are related to the 68Ws who do
not have specialty areas, and nine of these credentials have been approved for promotion points.

The Air Force CERT web site is similar to the COOL web sites in that it allows Airmen to research credentials related
to their AFSC. For 4N0X1s, CERT lists 10 relevant civilian credentials. Through the Community College of the Air
Force (CCAF), the Air Force also awards college credit for certain certifications. Four semester hours of credit are
awarded for Airmen who hold the NREMT certification.

**CIVILIAN OCCUPATIONS AND CREDENTIAL(S) SELECTED FOR GAP ANALYSIS**

In the health care support occupational area, the focus of the gap analysis was on the credentials that are most
directly related to the two civilian equivalent occupations of the three military occupations – EMT and LPN. For
EMTs, two certifications from the National Registry of Emergency Medical Technicians (NREMT) were selected for gap analysis:

- Emergency Medical Technician –Basic (EMT-B)
- Advanced Emergency Medical Technician (AEMT).

For LPNs, the National Council of State Boards of Nursing (NCSBN) NCLEX-PN was selected.

**EMT-BASIC**

NREMT certifications are the standard credentials for emergency medical technicians and they are widely accepted in the industry. There are four levels of EMT certification:

- First Responder
- EMT-Basic
- Advanced EMT (AEMT)
- Paramedic

As noted above, 46 states currently accept the NREMT certification as one of the eligibility requirements for state licensure for one or more EMS levels although some have additional requirements as well.

The EMT-Basic is the certification that is most closely aligned with military Medics in the first term of service who have received initial training. Since the Army and Air Force already require EMT-Basic certification upon completion of initial training, a gap analysis was not conducted for them. Rather, for purposes of this study, the focus was on assessing what would be required to allow Navy Sailors to successfully challenge the EMT-Basic exam.

Although some Navy officials justified not requiring the EMT-Basic after initial training because Sailors’ duties tend to be less in line with EMTs and more in line with LPNs, a decision was made for a number of reasons to do a high level assessment of the gaps against the HM training and the EMT-Basic exam domains. First, since Airmen and Sailors train jointly and participate in the same core components of the METC Basic Medical Technician Corpsman Program (BMTCP) and the Air Force is able to fulfill EMT-Basic requirements, it seemed logical to identify what additional steps would need to be taken for the Navy to be able to do the same. Second, one of the several courses that are part of the core BMTCP taken by both Airmen and Sailors is the BMTCP 103 Emergency Medical Technician (EMT-B) course. The course is heavily oriented to EMT training. The course is 213 hours long and provides training in seven core EMT areas, including:

- Foundations
- Airway Management, Respiration, and Artificial Ventilation
- Patient Assessment
- Medical Emergencies
- Trauma Emergencies
- Special Populations
- Operations

Finally, during interviews and focus groups with Navy representatives at METC, including both enlisted and officers, many expressed concern that Sailors are not afforded the same opportunity to attain EMT-Basic when their training is comparable to that of the Air Force and the Army.
Chapter 4

AEMT

Although the Army currently requires EMT-Basic certification for Soldiers who have completed initial 68W training, the results of this study suggest that it may be possible for Soldiers to also attain their AEMT certification. Through discussions with Army training subject-matter experts (SMEs), analysis of Army training, and review of gap analyses performed by the Army comparing 68W initial training to all of the various levels of NREMT’s EMT certification, it became clear that the level of the Army’s initial training for 68W is such that it teaches to the vast majority of the exam domains for the AEMT certification.

LICENSED PRACTICAL NURSE

Navy and Air Force officials emphasized during this study that much of the BMTCP curriculum is oriented towards nursing and that Airmen and Sailors often have duties that are comparable to LPNs. As noted above, there is no national certification for LPNs; however, there is a national exam that is required by all 50 states – the NCLEX-PN exam offered through NCSBN. Neither Service, however, requires LPN licensure for those who have completed initial training. In order to determine how closely aligned the Air Force and Navy training are to state licensure exam requirements, a gap analysis was conducted on the NCLEX-PN requirements.

GAP ANALYSIS RESULTS

The results of the gap analysis show that there are potential opportunities for the Services to either expand current training or to identify or develop bridge training to promote additional credentialing of their Service members.

EMT-BASIC – NAVY HM

Despite the fact that approximately three-quarters of initial training for the Navy HM and the Air Force 4N0X1 is conducted jointly, only the Air Force 4N0X1 attains the NREMT EMT-Basic certification as part of initial training. To determine what would be required for Navy Corpsmen to be afforded a similar opportunity as their Airmen counterparts, differences between the two overall training programs were examined. This included an examination of both joint and Service-specific training.

The results of this analysis suggest that Sailors and Airmen both receive extensive preparation for the NREMT EMT-Basic certification through joint training. However, only the Air Force offers an additional 40 hour Service-specific training course that provides some additional preparation and facilitates administration of the written and practical skills exams that allow Airmen to attain the EMT-Basic certification. Navy Sailors do not have this opportunity through initial training.

EMT-Basic Requirements. The key requirements to attain NREMT EMT-Basic certification include successful completion of the following:

- A state-approved training program that meets or exceeds the US Department of Transportation EMT-Basic National Standard Curriculum – military training meets this requirement;
- State-approved psychomotor exam – the Air Force and the Army currently offer the psychomotor exam; and
- Cognitive exam (computer adaptive test) – Service members in the Air Force and Army are administered this exam during initial training.
Chapter 4

Table 4.5 Military Medic Initial Training Hours

<table>
<thead>
<tr>
<th>Service</th>
<th>Joint Air Force/Navy</th>
<th>Service-Specific</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>NA</td>
<td>640</td>
<td>640</td>
</tr>
<tr>
<td>Navy</td>
<td>415</td>
<td>120</td>
<td>535</td>
</tr>
<tr>
<td>Air Force</td>
<td>415</td>
<td>143</td>
<td>558</td>
</tr>
</tbody>
</table>

**Overall Duration of Initial Training.** As shown in Table 4.5, of the three Services, the Army training is the longest in duration at 640 hours. The Air Force training is 558 hours and the Navy training is 535 hours. The Air Force and the Navy joint training is 415 hours in length. The Navy has an additional 120 hours of Service-specific training and the Air Force has an additional 143 hours.

**Joint Navy/Air Force Training.** As part of joint training, both Sailors and Airmen are required to take the BMTC 103 Emergency Medical Technician Basic (EMT-B) course. The course is 213 hours long and, as described in Service training materials, is intended to prepare students to pass the NREMT EMT-Basic written and practical exams:

> The EMT course provides basic understanding of the knowledge and skills necessary to function as a first responder Basic Medical Technician/Corpsman. The successful student will master theories in pre-hospital care, transporting patients, and anatomy and physiology, with a focus on patient assessment and appropriate interventions in various rescue scenarios, including trauma, extrication, medical emergencies, behavioral and environmental emergencies and special populations such as children and the elderly. The course will also equip students with the knowledge and skill required to successfully complete the National Registry of Emergency Medical Technicians (NREMT) written exam and practical skills lab. (Emphasis added.)

**Service-Specific Navy/Air Force Training.** Tables 4.6 and 4.7 provide an overview of the Service-specific course lengths and goals for the Navy and the Air Force. As shown in Table 4.7, one element of the Air Force’s service-specific course (BMTC 105F) is a 40 hour course during which Airmen prepare for and take the NREMT EMT-Basic psychomotor and cognitive exams. Upon successful completion, Airmen receive their NREMT EMT-Basic card. It is important to note that the Air Force’s 40 hour course is intended to build on the jointly taught BMTC 103 EMT-B course discussed above. Very little new material is presented. The 40 hours include both preparation time and test administration time.

It is important to note, that although Airmen who successfully complete the written and practical exams during the 40 hour BMTC 105F course receive their NREMT EMT-Basic certification, they still must complete the 10 patient contact hours required by EMS standards. The Air Force operates under a waiver from the NREMT that allows the Air Force to provide the EMT-certification card prior to completing the 10 patient contact hours based on the certainty that the trainees will meet the patient contact hours requirement during their subsequent Phase II practicum, which takes place after METC training in a Military Treatment Facility (MTF). The Army, on the other hand, meets the patient contact hours requirement during training using its extensive simulation facilities. There is no comparable course/exam for Navy Sailors that will allow them to attain NREMT EMT-B certification.

**Table 4.6 Navy-Specific Course Length and Goals**

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Hours</th>
<th>Course Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMTC 101N</td>
<td>HM Fundamentals</td>
<td>40.0</td>
<td>Students will acquire a sense of heritage and esprit de corps unique to the HM Rating, obtain an understanding of the rating detailing process/limitations, and screen for worldwide duty assignments and “C” schools.</td>
</tr>
</tbody>
</table>
Table 4.7 Air Force-Specific Course Length and Goals

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Hours</th>
<th>Course Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMTC 104N</td>
<td>Enhanced Assessment Program/Clinical</td>
<td>40.0</td>
<td>To provide Corpsman with an understanding of how sick call works, how to write a SOAP note, how to communicate the pertinent information verbally and in writing, and how to perform a basic examination of a patient to arrive at a diagnosis and develop a treatment plan.</td>
</tr>
<tr>
<td>Clinical</td>
<td>Clinical</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>120.0</td>
<td></td>
</tr>
</tbody>
</table>

Note: In addition to the courses listed above, the Air Force has a Phase 2 training that consists of six weeks of clinical practicum in a Military Treatment Facility (MTF).

AEMT – ARMY 68W

The requirements for NREMT AEMT certification include:

- Possession of current National Certification at the EMT level or current state certification at the EMT level or higher.
- Successful completion of a state-approved Advanced Emergency Medical Technician course that meets or exceeds USDOT National EMS Standards. (Course must have been completed within past two years.)
- Verification from the Program Director that applicant holds a current CPR credential for healthcare providers and has demonstrated competence in Advanced Emergency Medical Technician skills.
- Successful completion of a cognitive and psychomotor exam.

Army Soldiers who have completed initial 68W training will have the required EMT-Basic certification and the CPR credential. In order to attain AEMT certification, they would need to show successful completion of a state-approved AEMT course as well as successful completion of cognitive and psychomotor exams. Thus, the key activity that would need to be undertaken for Soldiers to be able to attain their AEMT would be to ensure that the Army’s initial training meets not only the EMT-Basic requirements, but also the AEMT requirements. The Army could then determine whether to offer the cognitive and psychomotor exam or allow Service members to do that on their own through NREMT.

The Army has conducted a detailed gap analysis comparing its training to the National EMS Standards for all levels of EMTs – First Responder, Basic, Advanced, and Paramedic. The results of the Army’s analysis are included in
Appendix B-2. The Army analysis of AEMT shows that all of the EMS standards are covered through 68W initial training. However, in order to actually offer the AEMT exam as part of initial training, the Army would have to ensure that its training meets or exceeds the national EMS standards and meets NREMT standards for test administration. Some areas in which the Army may currently be deficient include the length of the course and the type of clinical training provided. Moreover, while the Army initial training provides in-depth coverage of clinical skills related to handling trauma patients, it lacks in-depth coverage of such things as advanced airway management and special population needs (e.g., obstetrics, neonatal care, pediatrics, and geriatrics).

LICENSED PRACTICAL NURSE – NAVY HM AND AIRFORCE 4N0X1

To conduct the gap analysis of military training against LPN exam requirements, the exam topics outlined in the 2011 NCLEX-PN Detailed Test Plan were compared to the Navy and Air Force joint Basic Medical Technician Corpsman (BMTC) training. The gap analysis assesses whether the knowledge and skill areas included on the credential exams are covered in the Navy and Air Force training. The detailed results are shown in Appendix B-1. The results show if the military training fully covered (F), partially covered (P), or did not cover (left blank) the specific knowledge areas on the exam. Ps and Fs were assigned to all of the eight major topics as well as the subtopics of the NCLEX-PN Exam.

The results of the gap analysis show that the joint BMTC training at least partially covers most of the NCLEX-PN exam content. Specifically, of the eight major topics, BMTC partially covered five and fully covered three:

- Coordinated Care (13-19%) – Partially
- Safety and Infection Control (11-17%) – Fully
- Health Promotion and Maintenance (7-13%) - Partially
- Psychosocial Integrity (7-13%) - Fully
- Physiological Integrity - Basic Care and Comfort (9-15%) - Fully
- Pharmacological Therapies (11-17%) – Partially
- Reduction of Risk Potential (9-15%) – Fully
- Physiological Adaptation (9-15%) - Partially

In contrast, a high level review of the Army initial 68W training shows that it is not as in-depth as the joint BMTC training with regard to many of the LPN exam content areas, such as coordinated care, health promotion and maintenance, psychological integrity, and pharmacological therapies. It is important to note, however, that the Army does have specialty training for its 68Ws that hold the M6 – Practical Nurse Additional Skill Identifier (ASI). Since this study was limited to the medics who have completed initial training only, a detailed analysis of the M6 training was beyond the scope of this review.
STATE LICENSURE REQUIREMENTS REVIEW

Because most states license both EMTs and LPNs, consideration must be given to what a Service member or Veteran would need to do in order to attain state licensure. The two subsections that follow provide some examples of the types of additional requirements that states apply when issuing licenses to practice these two health-related occupations.

EMERGENCY MEDICAL TECHNICIAN

As noted above, holding the NREMT certification can have advantages because 46 states recognize this certification for state licensure purposes. However, states may still impose additional requirements beyond NREMT certification and, based on a small sample it appears that most states do so. What Service members or Veterans need to do to attain state licensure as an EMT depends on a variety of factors, including whether or not the individual already holds an NREMT certification (i.e., holds an EMT card). As noted above, military Medics in the Air Force and Army receive their EMT-Basic card from the NREMT, while Navy Hospital Corpsmen do not.

In order to ascertain what each type of Service member would need to do to attain state licensure, the requirements of selected states that agreed to partner with DoD to facilitate credentialing of Service members were examined. The results show that the extent to which an EMT card is advantageous varies significantly across states.

Attaining Licensure with an EMT Card from NREMT. In those states that recognize NREMT certification, having the NREMT’s EMT card is evidence that a certification has been issued, but it does not authorize the cardholder to work as an EMT in a state on a paid or volunteer basis. To put the knowledge and skills of an EMT into practice, the holder of an EMT card needs to be licensed to practice in a state. As noted above, while in the military, a Service member who holds an EMT card and works as an EMT does so under the authority of the specific Service acting as a “state.” That Service member is only authorized to practice as an EMT on military installations that fall under the jurisdiction of that Service. In order to practice in a state, the individual must attain state licensure.

Although 46 states currently recognize the EMT card for state licensure purposes, even within these states, holding an EMT card does not mean the individual will automatically be granted state licensure. States can and do impose additional requirements that vary substantially among states. In some states these requirements can be met relatively easily by the Service member or Veteran who holds an NREMT card. In other states, having an EMT card only provides a slight advantage compared to those who do not have the card.

A review of six states’ EMT-Basic licensure requirements showed that in addition to holding the EMT card, states may also require any combination of the following:

- **Proof of Identity** – typically involves showing a birth certificate or other form(s) of government issued identification.
- **Background Check** – this may be a state-specific background check or an FBI background check.
- **Standardized Training** – typically includes training in CPR, basic lifesaving and advanced lifesaving.
- **State-specific Training** – typically brief, highly focused supplemental training ranging in length from four to 24 hours. This may include training on state-specific protocols.
- **Additional Assessment** – in one of the states reviewed, regardless of whether the applicant has an EMT card, he or she must take state-administered written and practical skills assessments that are identical to the NREMT examinations.
Local Affiliation and/or Approval - Some states also require affiliation with a local EMS department and/or the approval of a local medical director.

The extent to which additional requirements such as those listed above are imposed upon someone with an EMT card varies significantly. These differences in rigor of state requirements imposed are illustrated in the approaches of the states of Washington and New York. As highlighted in Exhibit 4.1, for example, Washington has very rigorous requirements for those with an EMT card, including requiring 12 hours of additional state-specific training and requiring completion of practical and written assessments that are identical in content to the NREMT certification exams. In New York, on the other hand, current and former military Medics who hold an EMT card and have received their military EMT training in the last six years can attain state licensure simply by submitting a certificate of completion of training from their specific branch of military service and documentation that the duty assignment was medical in nature and comparable to a civilian EMT along with a $25 fee. It is important to note that New York does not recognize the EMT card for the general population, but will do so for the military. They have done this in order to improve the ability of well-trained and experienced Service members to attain licensure and practice within New York. New York’s policy can be considered a best practice that could be emulated by other states.

Table 4.8 – Key Requirements for Attaining State Licensure for Military Service Members and Veterans with an EMT Card in Selected States

<table>
<thead>
<tr>
<th>Requirement</th>
<th>CO</th>
<th>IL</th>
<th>MD</th>
<th>NY</th>
<th>VA</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Background Check</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional Standard Training (e.g., CPR, basic lifesaving, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State-Specific Training</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of practical assessment/exam</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of written assessment/exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Attaining Licensure without an EMT Card from NREMT. An individual’s ability to attain licensure without an EMT card varies among states. Some states require an NREMT card for all applicants and without one they will not get licensed. This is the case, for example in both Maryland and Colorado. In these states, applicants without an EMT card are not able to attain licensure and there are no provisions for consideration of military training. These individuals will need to retake training at a state-approved school and attain their EMT card before they can apply for licensure. Once they receive their EMT card, they still have to meet the additional state licensure requirements applicable to these two states.

There are other states that recognize but do not require EMT cards and for those without an EMT card, there are other options for attaining licensure. Among other things, the advantage to states in recognizing the EMT card is that it confirms that an individual has participated in an EMT training program that follows national EMS standards. Without this confirmation, the state needs to make its own determination as to whether or not it will recognize the training received. The methods that they use to do so can vary significantly.

In both New York and Virginia, for example, Service members or Veterans who apply without an EMT card will have to show documentation of their military training and experience and then take refresher training along with an assessment. After that they must pass the state’s written exam and, depending on the results of training and the initial assessment, they may also have to take a practical exam. The refresher training is typically about 36 hours length – much shorter than completing the entire EMT training program, which is required in Maryland and Colorado.
Table 4.9 – Key Requirements for Attaining State Licensure for Military Service Members and Veterans without an EMT Card in Selected States

<table>
<thead>
<tr>
<th>Requirement</th>
<th>CO</th>
<th>IL</th>
<th>MD</th>
<th>NY</th>
<th>VA</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Background Check</td>
<td>NA*</td>
<td>NA*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Documentation of Military Training and/or Experience</td>
<td>Yes</td>
<td>NA*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional Standard Training (e.g., CPR, basic lifesaving, etc.)</td>
<td>Yes</td>
<td>Maybe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>State-Specific Training</td>
<td>Maybe</td>
<td>Yes</td>
<td>Maybe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Completion of practical assessment/exam</td>
<td>Maybe</td>
<td>Maybe</td>
<td>Maybe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Colorado and Maryland do not allow EMT licensure without an NREMT EMT card.

Interestingly, although the state of Washington has fairly rigorous requirements for those military trained applicants with an EMT card, its policy for military trained applicants without an EMT card can be considered a model for other states. As discussed in Exhibit 4.1, these applicants are given credit for military training and are not required to take additional training in order to sit for the NREMT written exam.
Chapter 4

Exhibit 4.1 – Case Study: Washington State EMT-Basic Requirements

State Requirements for Applicants with an EMT Card

Washington State recognizes the NREMT EMT card, but imposes very rigorous requirements of its own. In Washington, Soldiers or Airmen (like any others who hold an EMT card) would need state-specific training, a criminal background check, and proof of identify in order to apply for EMT licensure. In addition, if the candidate took and passed the NREMT knowledge and skills tests more than 12 months prior to the date of application, the candidate must take and pass the state’s EMT “assessment exams.” These assessment exams are identical in content and format to the “certification exams,” which are the knowledge and skills exams that lead to issuance of an EMT card. Upon passing the assessment exams, the candidate is considered to have met the state level requirements and to have a “pending” application for an EMT license.

To move beyond pending status, the candidate must meet two local requirements. First, the candidate must be “approved” or “accepted” by one of 500 local Emergency Medical Services (EMS) ambulance services or fire departments, which are licensed by the state Department of Health. That approval or acceptance does not imply that the candidate has been hired or even permitted to volunteer with the local agency. It is merely an acknowledgement that the candidate meets the general criteria that the local agency applies to those hired and/or permitted to volunteer. The second local requirement is that the candidate must be recommended for a license by the physician who serves as the Medical Program Director (MPD) of the county in which the candidate intends to work or volunteer. The MPD has wide discretion to require the candidate to pass additional knowledge or skills tests or even to require the candidate to fulfill a certain number of hours of “ride time” in an ambulance as an observer. Upon acceptance by a local agency and recommendation by an MPD, the candidate will be a licensed EMT.

State Requirements for Applicants without an EMT Card

Although Washington has stringent licensure requirements for those with an NREMT card, its approach to licensing veterans with military EMT training who do not have NREMT certification is more lenient than some states in that it recognizes military training. Military candidates, such as the Navy HM who received NREMT approved training but did not take the NREMT approved knowledge and skills exams, must meet the state licensure requirements and follow the procedures noted above for those with an EMT card with only slight variations.

A state curriculum specialist has cross-walked the Navy training to the NREMT standards to confirm that the Navy training meets those standards. The HM candidate will need to submit documentation reflecting that he or she has completed the Navy training that meets NREMT standards. The state agency will then send a letter informing NREMT that the state accepts the candidate’s training and requests permission for the candidate to take the NREMT exams. The skills exam is administered by the state agency and the knowledge exam is administered by NREMT via on-line access upon payment of a $75 exam fee. Thus, the only difference in the licensure process between the military trained applicants who hold an EMT card (i.e., the Army 68W and the Air Force 4N0X1) and the Navy HM who does not, is that the Corpsman will have to submit a record of training and take and complete the NREMT administered knowledge exam instead of the state’s knowledge “assessment,” which is identical in content.
The NCLEX-PN exam is recognized by all states, but individuals cannot sit for the exam until they receive an “Authorization to Test (ATT)” from the state board of nursing. States have varying eligibility requirements that have to be met before an individual will receive an ATT, which typically include completion of a state-approved training program. As discussed below, states may or may not recognize military training.

LPN licensure is not required for the Army and Air Force Medics or Navy Corpsmen who have completed initial training and do not have an LPN specialty. Moreover, as noted above, there are some gaps between the Medic and Corpsmen initial training and the National Council of State Boards of Nursing (NCSBN) NCLEX-PN exam, which is recognized for LPN state licensure purposes by all 50 states. As a result, these individuals may have difficulty attaining LPN state licensure without additional training. These gaps must be filled in a recognized state-approved program in order for the individual to attain licensure. The challenge for military Service members and Veterans who need this gap training is to find a program that provides maximum credit for their military training and only requires them to train to the identified gaps.

**Filling Training Gaps.** A high level review of state requirements for taking the NCLEX-LPN exam shows that some states do have special provisions for those who have served as military health specialists but who have not received specialized Practical Nurse training. For example, West Virginia has a provision that allows applicants who were on active duty in the medical corps of any of the Armed Forces of the United States for at least one year within three years preceding date of application to submit evidence of completion of military training and of having received an honorable discharge.

For those Army and Air Force Medics and Navy Corpsmen who want to take the NCLEX exam in a state that does not offer them any special provisions for access to that exam, it may be possible to identify existing bridge programs. For example, Cecil College in Maryland has developed bridge programs that: a) accord credit for military training and experience in health specialties; and, b) reduce the hours of training required to achieve access to the NCLEX exam.

Two types of resources are available for application by educational institutions that wish to establish bridge programs. For Air Force Medics, credits awarded by the Community College of the Air Force (CCAF) for military training and experience can be accepted toward the coursework required to be taken to achieve access to the NCLEX exam. For Army Medics and Navy Corpsmen, the American Council on Education (ACE) has evaluated many Army and Navy training courses, as well as the work experience of health specialists, and has recommended the level of academic credit to be awarded by educational institutions. In the absence of a formal bridge program, an enterprising Medic or Corpsman may be able to leverage CCAF credits or ACE recommendations and “build their own” bridge program with a cooperative educational institution.

**Recognition of Military Training by Nurse Compact States.** As with EMTs, the ability of a military trained Medic to attain LPN licensure varies among states. The fact that all 50 states recognize the NCLEX-PN exam for state licensure purposes is helpful in assessing the potential knowledge gaps, but as with EMTs, states can and do impose additional requirements for state licensure for LPNs. The variation in requirements among states is further complicated by the fact that the 24 states that participate in the LPN/VPN Licensure Compact must all agree to accept the same requirements and any given state may be reluctant to adopt requirements that might be opposed by fellow compact states. As a result, these 24 states have not made any specific licensure accommodations that
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would recognize military training for those Service members and Veterans who have only completed initial training and have not received specialized LPN training.

The Army does provide additional training to some 68W Medics who receive the Practical Nurse ASI. That Army training is recognized by Texas, which is a Compact member. Therefore, in all other states that are Compact members, an Army Practical Nurse can expect to be allowed to take the NCLEX exam based on the recognition by Texas of their specialized military training. It is likely that many non-Compact states also would allow these health professionals to take the exam, based on the recognition of their training by Texas, but they would not be required to do so.

While the LPN/LVN Compact plays a positive role in providing access to the NCLEX exam for those Army Medics who also receive Practical Nurse training, it appears to play a somewhat negative role by restricting access to the NCLEX for those Army and Air Force Medics and Navy Corpsmen who did not receive specialized Practical Nurse training. Specifically, the Compact member states agree to adhere to a common standard for the training required for an LPN/LVN and to only offer the NCLEX to those who meet that common standard. In that situation, it would be very difficult for a Compact member state to offer any accommodation to those health specialists who did not receive Practical Nurse training because that accommodation would not only commit the state offering it, but also the remaining members of the Compact.

If a sufficient number of Compact member states were willing to consider the likelihood that certain reasonable accommodations could be made to Army and Air Force Medics and Navy Corpsmen without lowering the Compact’s standard, it might be possible to identify a set of accommodations that all Compact member states could agree to. A “best practice” of that type could be expected to have a positive impact on the career opportunities for many separating health specialists, as well as on the availability of skilled health professionals in Compact states. It also might set a precedent that some of the states that are not members of the Compact would choose to follow.

**SUMMARY AND RECOMMENDATIONS**

- **Military Job Duties.** The Army 68W Healthcare Specialists (68Ws), Navy HM - Hospital Corpsmen (HM), and the Air Force 4N0X1 Aerospace Medical Service Technicians (4N0X1s) who do not take on additional specialties all perform similar job duties in the first term of service. While the Army training and job duties are closely aligned with civilian Emergency Medical Technicians, the Navy and Air Force training and job functions are somewhat more aligned with the civilian Licensed Practical Nurse.

- **Military Training.** Despite Service-wide efforts to facilitate joint training of military medical personnel at the newly stood up Military Education and Training Campus (METC) at Ft. Sam Houston, there are some differences in the training that each Service provides. The Navy and the Air Force conduct the majority of their training jointly, but some sections of training are taught separately. The Army does not train with the other Services although major portions of its training are comparable to the Air Force and Navy Training. Army training is focused heavily on advanced emergency medical treatment and limited primary care. Air Force and Navy training focuses on emergency, nursing, and primary care. As part of initial training, the Air Force and the Navy provide 213 hours of training intended to prepare Service members for EMT-Basic certification.
Certification and Licensure. Air Force and Army Medics are required to attain and maintain NREMT EMT-Basic certification. Both Services have devoted approximately 40 initial training hours to preparing Service members for certification and administering the required practical and written exams. The Navy does not require EMT-Basic certification and does not provide the comparable 40 hours of preparatory training and testing. None of the Services require LPN licensure for Service members who have completed initial training.

Key Recommendations. The recommendations for the military healthcare support occupations are intended to ensure that military Service members are able to take full advantage of the extensive training and experience they attain while in the military.

- The Navy should consider requiring or offering EMT-Basic certification to Sailors upon completion of initial training.
- The Army should consider developing a bridge training program (either internally or through external training providers) that would allow Soldiers to fill gaps between Army training and the AEMT requirements.
- The Navy and Air Force should consider developing bridge training programs (either internally or through external training providers) that would allow Sailors and Airmen to meet requirements for LPN licensure.
- DoD should consider encouraging states to provide maximum recognition of military training for state licensure purposes using best practices in states, such as New York, Colorado, and Virginia.