

(D) THE APPLICANT SHALL HAVE, OR REASONABLY EXPECT TO HAVE, RESPONSIBILITY FOR AT LEAST ONE OTHER PERSON AS A RESULT OF THE INDIVIDUAL'S OCCUPATION OR VOLUNTEER STATUS.

(E) (1) THE APPLICANT SHALL SUCCESSFULLY COMPLETE AN EDUCATIONAL TRAINING PROGRAM APPROVED BY THE DEPARTMENT.

(2) EDUCATIONAL TRAINING PROGRAMS REQUIRED UNDER THIS SUBSECTION SHALL:

(I) BE CONDUCTED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THIS STATE UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE; AND

(II) INCLUDE TRAINING IN:

1. THE RECOGNITION OF THE SYMPTOMS OF SYSTEMIC REACTIONS TO INSECT STINGS; AND

2. THE PROPER ADMINISTRATION OF A SUBCUTANEOUS INJECTION OF EPINEPHRINE.

13-705.

AN APPLICANT FOR A CERTIFICATE SHALL:

(1) SUBMIT AN APPLICATION TO THE DEPARTMENT OR A PRIVATE OR PUBLIC ENTITY ON THE FORM THAT THE DEPARTMENT REQUIRES; AND

(2) PAY TO THE DEPARTMENT OR A PRIVATE OR PUBLIC ENTITY THE APPLICATION FEE SET BY THE DEPARTMENT.

13-706.

(A) THE DEPARTMENT OR A PRIVATE OR PUBLIC ENTITY SHALL ISSUE A CERTIFICATE TO ANY APPLICANT WHO MEETS THE REQUIREMENTS OF THIS SUBTITLE.

~~(B) THE DEPARTMENT SHALL INCLUDE ON EACH CERTIFICATE THAT THE DEPARTMENT ISSUES EACH CERTIFICATE SHALL INCLUDE:~~

~~(1) THE KIND OF CERTIFICATE;~~

~~(2) THE FULL NAME OF THE CERTIFICATE HOLDER; AND~~

~~(3) A SERIAL NUMBER.~~

~~(C) THE DEPARTMENT MAY ISSUE A CERTIFICATE A REPLACEMENT CERTIFICATE MAY BE ISSUED TO REPLACE A LOST, DESTROYED, OR MUTILATED CERTIFICATE IF THE CERTIFICATE HOLDER PAYS THE CERTIFICATE REPLACEMENT FEE SET BY THE DEPARTMENT.~~

~~(D) (1) THE CERTIFICATE SHALL BE VALID FOR 1 YEAR.~~