

****IMPORTANT ~ PLEASE READ****

Dear EMS Professional:

According to our records your National EMS Certification is due to expire on March 31, 2013. By offering a nationally uniform process for maintaining your EMS credential, we are helping to assure the maintenance of the necessary skills and knowledge required for competent EMS practice. In addition, you are displaying your commitment to assure the safety of the public and the patients you serve.

Note: If this is your first recertification you must be actively working within an emergency medical service or patient health care facility using your appropriate EMS skills, or provide proof that you have performed the duties of an EMS provider for at least 6 months.

It is very important that you carefully read the instructions provided within this packet. The NREMT considers recertification to be an individual responsibility. If you expect your employer to complete and submit the recertification paperwork (including payment), and they fail to do so, **your certification will lapse**. We are depending on you to take personal responsibility to complete this process.

Individuals requiring a National Registry Card to work must submit recertification materials to the NREMT for processing by **February 15 of the year your card expires**.

The NREMT offers three options to recertify; **we encourage you to use our online recertification process**, which allows you to 'bank' your continuing education throughout your certification period. The **online recertification** uses electronic signatures (including your Training Officer and/or Medical Director). Online recertification does not require you to mail any documentation, however we encourage you to keep your documents as part of your personal files. The NREMT does perform random audits of recertification applications and that documentation may be necessary to verify your continuing education.

Recertification options:

Online Recertification (at www.nremt.org)

1. Login in to your NREMT account (if you don't have one, you may establish one using 'Create new Account' located in the upper left hand column).
2. Affiliate with your Agency (employer) by clicking on 'Unaffiliated' and following the online prompts.
3. Use the 'Manage Education' to enter your completed continuing education.
4. When you have completed all your continuing education, **submit** the records electronically to your Agency/Medical Director for verification. If your Agency is not registered on the NREMT website, you may print the form and obtain the required signatures. Mail the completed, signed form, application fee and required documents to the NREMT before March 31, 2013.
5. The non-refundable application fee of \$15.00 is due with submission. If you are printing and mailing the form, you may enclose a check with the completed, signed form and the required documents.
6. Your application submissions and all applicable fees must be completed by March 31, 2013.

Complete the 2013 Recertification Forms enclosed

1. Follow the enclosed instructions.
2. Obtain signatures on the form, attach a copy of your refresher certificate and CPR card and verifying signature and;
3. Enclose the \$15.00 non-refundable application fee (check or money order) and;
4. Mail the form, application fee, and required documentation to the NREMT address below, before March 31, 2013.

Recertify by Exam

1. Establish an account on the NREMT website at www.nremt.org and complete a recertification by examination application and pay the \$100 non-refundable exam fee.
2. Monitor your account for your Authorization to Test letter that will appear when you log-in and click "Check Recertification by Examination Application Status". Follow the directions on the letter to schedule your exam.
3. Take and pass the exam before March 31, 2013. Upon success, you will receive an abbreviated recertification form from the NREMT.
4. **Return the abbreviated recertification form by March 31, 2013 with signatures and supporting documentation.**
5. Remember that you will have one attempt to successfully pass the recertification by examination test. If you are unsuccessful on the test, you can still recertify online or by paper before the March 31st deadline.

Mail recertification documentation to:
(Use preprinted mailing label provided)

**National Registry of EMTs
6610 Busch Blvd
Columbus, OH 43229**

All documentation **MUST** be postmarked to the National Registry office by March 31, 2013. When mailing your documentation, it is recommended that you submit recertification material by traceable or delivery confirmation means.

If you fail to submit your recertification by the March deadline, you may seek re-instatement of your NREMT credentials until April 30, 2013. You must complete the recertification form and attach your check or money order totaling \$65.00 (\$50 re-instatement fee and \$15 processing fee). All educational requirements must be completed by March 31, 2013. If you do not submit the form prior to April 30, 2013, your National Registry Certification will lapse. NREMT does not provide extensions of recertification applications.

Please allow 4-6 weeks for recertification to be processed. If you do not receive your Registry card or your recertification form is not returned by May 15, 2013, you should contact the National Registry at 614-888-4484. It is our pleasure to serve you and we look forward to your recertification application arriving soon.

FOR YOUR RECERTIFICATION TO BE PROCESSED, YOU MUST COMPLETE THE RECERTIFICATION FORM IN ITS ENTIRETY.

INSTRUCTIONS

REFRESHER TRAINING:

- Submit a copy of your course completion certificate of 36 hours refresher training, adhering to the content of the DOT/National Scope of Practice Refresher Training.
- **If a formal refresher course was not completed**, the refresher Section **must** be completed through continuing education hours, ensuring you have met the mandatory core content during this recertification cycle.
- You may complete up to 10 hours of the refresher course through distributive education provided your state EMS office approves the program or they are CECBEMS approved.

CPR CERTIFICATION:

- CPR certification that is current and valid on the day the NREMT receives your form. You may submit a copy of your CPR card **or** have a verifying signature along with EMS Professional's expiration date.

ADDITIONAL EMS RELATED CONTINUING EDUCATION:

- 36 additional hours of EMS related continuing education.
- This section must be completed in its entirety, listing by date, topic and total number of training hours received and annotate how the education was delivered (i.e., classroom, in-service training, video training, computer etc.). If completed through distributive education you must include the approval number from CECBEMS.
- You may accrue no more than 18 hours towards this section from distributive education, and must be approved by CECBEMS or your state. For a listing of approved programs go to www.CECBEMS.org.
- All continuing education must have been completed within the current certification cycle (April 1, 2011 - March 31, 2013). If this is your first recertification, only continuing education completed after the date of initial certification will be accepted.

VERIFICATION OF SKILL COMPETENCE:

- Verification of EMT/EMT-Basic skills on this document by the training program director or service director (**original signatures are required on the form**).
- Competence may be verified through any of the following three methods: quality assurance or quality improvement programs; direct observation of the skills being performed in an actual setting; or other acceptable means of skill evaluation.

APPLICATION FEE:

- \$15.00 application fee (non-refundable) will be charged for each application submitted for consideration of recertification.
- Make check or money order, payable to the National Registry of EMTs. **U.S. funds only (please write registry # on all checks)**.
- NREMT accepts credit card payments when using the online recertification options. Please print and attach a copy of the online payment receipt.
- A \$30 fee will be assessed for all returned checks.

APPROVING SIGNATURES:

- The Training Officer/Supervisor must sign the form after reviewing the EMS Professional's refresher/continuing education. The EMS Professional cannot verify his/her own activities/skills.
- Applicant should obtain all the necessary signatures before submitting the application.

INACTIVE STATUS

- Is for current, Nationally Registered providers who are not actively working in an EMS service or performing with an agency that provides direct patient care at the time of application/recertification.
- Those recertifying during their first recertification cycle and requesting inactive status **must** provide official written documentation of a minimum of six months' affiliation at the appropriate level.

AUDITS & FRAUDULANT SUBMISSIONS

- NREMT will complete random audits of activities documented on this form.
- Inaccurate verification or submission is a serious violation of National Registry standards that may lead to revocation and/or other action as deemed appropriate by the National Registry. Since certification is designed to help assure the public that EMS Professionals are competent to deliver care, EMS Professionals and Training Officers must take seriously their responsibility in meeting and documenting recertification requirements.
- NREMT will report any and all cases of falsified documents to the EMS Professional's State EMS office for potential state action.

PROCESSING TIME

- Please allow 4-6 weeks for your recertification application to be processed. If you have not received your Registry card and your application has not been returned by May 15, 2013, please contact our office.

RESPONSIBILITIES OF SUBMISSION

- Recertification is considered an individual's personal responsibility.
- If the EMS Professional expects their employer to complete and submit their application and associated application fee, and the employer fails to do so, **your certification will lapse**.

INCOMPLETE FORMS/SUBMISSION

- Incomplete recertification forms will be returned to the listed address and must be returned to the NREMT within 30 days with the required corrections, in order to be processed.
- Form completion and submission is the applicant's sole responsibility.

LATE SUBMISSION OF APPLICATIONS

- If you fail to submit your recertification by the March expiration date, you may seek re-instatement of your NREMT credentials until April 30, 2013.
- You must complete the recertification form and submit a \$65 application fee (\$50 re-instatement fee and \$15 recertification processing fee).
- If you do not submit the form and required processing fees by April 30th, your National Registry Certification will lapse. **THE NREMT does not provide extensions of the recertification date.**

MAILING FORMS

- The NREMT recommends you submit your application utilizing a traceable or verifiable means of delivery confirmation.

ALL RECERTIFICATION MATERIALS MUST BE COMPLETED AND POSTMARKED NO LATER THAN MARCH 31, 2013

PLEASE MAIL RECERTIFICATION MATERIALS TO:

NATIONAL REGISTRY of EMTs
6610 BUSCH BLVD
COLUMBUS, OH 43229

(Use preprinted mailing label provided)

www.nremt.org

THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS EMT - Intermediate/99 Recertification Form 2013

Please read instructions enclosed

Registry Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Social Security Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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FELONY STATEMENT

YES **NO** Since your last certification, have you been convicted of a felony?

YES **NO** Since your last certification, have you ever been subject to limitation, suspension from, or under revocation or probation of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the legal right to work?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status and disposition of the case.

If your employer requires you to maintain your National Certification, you must submit your recertification materials by February 15th of the year your card expires.

<h3 style="margin: 0;">EMPLOYER INFORMATION</h3> <p style="text-align: center;">Organization in which you currently serve/are employed as an EMT-Intermediate/99:</p> Agency: _____ Address: _____ City _____ State _____ Zip Code _____ Training Officer _____ Daytime Phone # _____ <small>By completing this section you are indicating you are currently performing EMT-Intermediate 99 skills in either the emergency ambulance/rescue or patient/health care setting.</small>	<h3 style="margin: 0;">INACTIVE STATUS REQUEST</h3> <p><input type="checkbox"/> Request inactive status*</p> <p><small>If this is your first time to recertify, you must have worked at least 6-months performing as an (EMT-Intermediate 99) and using your skills in either the emergency ambulance/rescue or patient/health care setting. You will need to submit proof of employment.</small></p>	<h3 style="margin: 0; text-align: center;">FOR OFFICE USE ONLY</h3> <table border="0" style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> F</td> <td><input type="checkbox"/> F</td> </tr> <tr> <td><input type="checkbox"/> 50</td> <td><input type="checkbox"/> 50</td> </tr> <tr> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> A</td> </tr> <tr> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> B</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> S</td> <td><input type="checkbox"/> S</td> </tr> <tr> <td><input type="checkbox"/> T.O.</td> <td><input type="checkbox"/> T.O.</td> </tr> <tr> <td><input type="checkbox"/> \$\$</td> <td><input type="checkbox"/> \$\$</td> </tr> <tr> <td><input type="checkbox"/> 61</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ✓</td> <td><input type="checkbox"/> ✓</td> </tr> </table>	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> S	<input type="checkbox"/> S	<input type="checkbox"/> T.O.	<input type="checkbox"/> T.O.	<input type="checkbox"/> \$\$	<input type="checkbox"/> \$\$	<input type="checkbox"/> 61		<input type="checkbox"/> ✓	<input type="checkbox"/> ✓
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EMT INTERMEDIATE/99 REFRESHER TRAINING - (36 HOURS REQUIRED)

Submit course completion certificate of state approved DOT National Standard EMT Intermediate/99 Refresher completed within this recertification cycle

OR

Official letter from your Training Officer/Medical Director verifying completion of all mandatory and flexible core content including completion dates and hours and method used

OR

Use the summary sheet outlining Core Content by applying dates, hours & method used in the respective areas. Attachment **must** be verified with the EMS Professional's signature and must include copies of all certificates that make up the refresher components and submitted with the recertification form (documents submitted will not be returned).

CPR CERTIFICATION

As the EMS Professional's CPR Instructor/Training Officer, I hereby verify the EMS Professional has been examined and performed satisfactorily so as to be deemed competent in each of the following:

Adult 1 & 2 Rescuer CPR	Child Obstructed Airway
Adult Obstructed Airway	Infant CPR
Child CPR	Infant Obstructed Airway

CRR Instructor/Training Officer Verifying Signature
Submit copy of card and/or verify with appropriate signature.

EMT's CPR EXP DATE -

ADDITIONAL EMS RELATED CONTINUING EDUCATION - (36 HOURS REQUIRED)

Date Comp.	Topics of Training	Method of Instruction	Hours Rec'd	Date Comp.	Topics of Training	Method of Instruction	Hours Rec'd
*MUST BE FILLED IN							
*DO NOT LEAVE BLANK							
* DO NOT MAIL IN							
CERTIFICATES FOR THIS							
SECTION UNLESS AUDITED							

TOTAL HOURS

VERIFICATION OF SKILL COMPETENCE		Q/A: Q/I	Direct Observation	Other
1. PATIENT ASSESSMENT/MANAGEMENT:	Medical and Trauma			
2. VENTILATORY MANAGEMENT SKILLS/KNOWLEDGE:	Simple adjuncts Supplemental oxygen delivery Alternative airways (PTL, Combi-tube, ET) Endotracheal Intubation (adult & pediatric)			
3. CARDIAC ARREST MANAGEMENT:	Megacode & ECG Recognition, Therapeutic Modalities Monitor/defibrillator knowledge (set-up & routine maintenance)			
4. HEMORRHAGE CONTROL & SPLINTING PROCEDURES				
5. IV THERAPY & IO THERAPY:	Medication Administration			
6. SPINAL IMMOBILIZATION:	Seated & lying patients			
7. OB/GYNECOLOGIC SKILLS/KNOWLEDGE				
8. OTHER RELATED SKILLS/KNOWLEDGE:	Radio communications Report writing & documentation			

As the Physician Medical Director of EMT-Intermediate/99 training/operations, I do hereby affix my signature attesting to the continued competence in all the skills outlined above.

Physician Medical Director Signature (**must be original signature**) Title Date Signed

I hereby affirm that all statements on the EMT-Intermediate/99 Recertification Form are true and correct, including the copies of cards, certificates and NREMT Intermediate refresher attachment. It is understood that false statements or documents may be sufficient cause for revocation by NREMT. It is also understood that NREMT may conduct an audit of the Recertification activities listed at any time.

Your Signature Date Signed Signature of Training Officer/Supervisor Date Signed

EMT-Intermediate Refresher Attachment

MANDATORY CORE CONTENT: You must ensure that you have received education covering all topics within the Mandatory Core Content along with the specified hours for the division.

FLEXIBLE CORE CONTENT: You must be sure that you cover at least one objective within each division and the total number of hours that are listed for each division.

Hours Req'd	DIVISIONS	Date Rec'd	Hours Rec'd	Method Used	
*	If you completed a 16 hour ACLS course fill in the date (meets all objectives for this division)				
	Mandatory Core				
	6	Provide ventilatory support for a patient			
	6	Provide care to a patient experiencing cardiovascular compromise			
	6	Attempt to resuscitate a patient in cardiac arrest			
6	Flexible Core				
	6	Provide post resuscitation care to a cardiac arrest patient			
	6	Assess & provide care for adult patient in respiratory distress in an adult patient			
	6	Use oxygen delivery system components			
6	Perform techniques to assure a patient airway				
	6	Assess and provide care to a patient experiencing non-traumatic chest pain/discomfort			
MEDICAL EMERGENCIES					
*	If you completed a 16 hour AMLS course fill in date (meets all objectives of Med Emerg)				
	Mandatory Core				
	2	Assess and provide care to a patient experiencing an allergic reaction			
		2	Assess and provide care to a near-drowning patient		
2		Assess a patient with possible overdose			
4	Flexible Core				
	4	Assess and provide care to a patient with altered mental status			
	4	Assess and provide care to a patient experiencing a seizure			
	4	Assess and provide care to a patient experiencing behavioral problem			
	4	Assess and provide care to a patient with a history of diabetes			
	4	Assess and provide care to a patient exposed to heat and cold			
4	Assess and provide care to a patient with suspected communicable disease				
	TRAUMA				
*	If you completed a 16 hour course in PHTLS or BTLIS fill in date (meets objectives of Trauma)				
	Mandatory Core				
	4	Perform a rapid trauma assessment			
		4	Assess and provide care to a patient with suspected spinal injury		
		4	Provide care to a patient with an open abdominal injury		
		4	Assess a patient with a chest injury		
		4	Assess a patient with a head injury		
4		Provide care to a patient with shock/hypoperfusion			
1	Flexible Core				
	1	Provide care to a patient with a painful, swollen, deformed extremity			
1	Assess and provide care to a patient with burn injury				
OBSTETRICS AND PEDIATRICS					
*	If you completed a 16 hour course in PEPP or PPC fill in date (meets all objectives of OB&Peds)				
	Mandatory Core				
	6	Assess and provide care to an infant or child with cardiac arrest			
		6	Assess and provide care to an infant or child with shock/hypoperfusion		
		6	Assess and provide care to an infant or child with respiratory distress		
6		Assess and provide care to an infant or child with trauma			
6	Flexible Core				
	6	Assess and provide care to an infant or child with suspected abuse or neglect			
	6	Assess and provide care for the obstetric patient			
	6	Provide care to the mother immediately following delivery of a newborn			
	6	Assess and provide care to an infant or child with a fever			
1	OPERATIONAL TASKS: Flexible Core				
	1	Provide care to a newborn			
	1	Use body mechanics when lifting and moving a patient			
1	Communicate with patient while providing care				

I hereby affirm that the information above is true and correct. Your Signature _____ Date _____

A total of 10 hours may be obtained through distributive education (internet, video, magazine). These hours must be approved by state or CECBEMS. The web address is www.cecbems.org.