

# THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS 2013 First Responder/EMR Recertification Report

Registry Number <input style="width: 100px; height: 20px;" type="text"/>	Social Security Number <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
Last Name <input style="width: 100px; height: 20px;" type="text"/>	First Name <input style="width: 60px; height: 20px;" type="text"/> M.I. <input style="width: 20px; height: 20px;" type="text"/>
Home Address <input style="width: 100%; height: 20px;" type="text"/>	
City <input style="width: 60%; height: 20px;" type="text"/>	State <input style="width: 30px; height: 20px;" type="text"/> Zip Code <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
Email Address <input style="width: 100%; height: 20px;" type="text"/>	Phone <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>

**YES**  **NO**  Since your last recertification, 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 licensure 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.**

## SECTION 1A: FIRST RESPONDER REFRESHER/EMR TRAINING-12 HOURS\*

Date Received	Division	Hours Required	Hours Received
	Preparatory	1	
	Airway	2	
	Pt Assessment	2	
	Circulation	3	
	Illness and Injury	3	
	Childbirth & Children	1	

\* Send a copy of your completion certificate. Course must be a state or CECBEMS approved First Responder/EMR Refresher. If a formal refresher course was not completed, Section 1A must be completed through continuing education showing completion dates and hours received above and submit proof of the courses you listed above (documents submitted will not be returned).

## SECTION 1B: CPR CERTIFICATION

As the registrant's CPR Instructor/Training Officer, I hereby verify the registrant 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

\_\_\_\_\_  
Verifying Signature Date  
(Submit copy of CPR card and/or verify with appropriate signature)

I hereby affirm that all statements on the First Responder/EMR Recertification application are true and correct, including the copies of cards, certificates and other required verification. It is understood that false statements or documents may be sufficient cause for revocation by the National Registry of EMTs. It is also understood that the National Registry may conduct an audit of the recertification activities listed at any time.

\_\_\_\_\_  
Your Signature Date

As the training officer or supervisor, I hereby affix my signature attesting to the continued competence in all First Responder/EMR skills.

\_\_\_\_\_  
Training Officer/Supervisor Date  
(Must be other than the registrant)

**For Office Use Only**

<input type="checkbox"/> F	<input type="checkbox"/> F
<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B
<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"/> ✓	<input type="checkbox"/> ✓
<input type="checkbox"/> 55	<input type="checkbox"/> 55
<input type="checkbox"/> O	<input type="checkbox"/> O
<input type="checkbox"/> 54	<input type="checkbox"/> 54

# National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION™

ROCCO V. MORANDO BUILDING  
6610 BUSCH BLVD.  
P.O. BOX 29233  
COLUMBUS, OHIO 43229

(614) 888-4484  
[www.nremt.org](http://www.nremt.org)



TO: All First Responders/EMRs due to recertify September 30, 2013

Our records indicate that you are due for recertification by September 30, 2013. It is important you read all instructions provided. Please remember that the National Registry of Emergency Medical Technicians (NREMT) considers recertification to be an **individual** responsibility. If you expect your employer to complete this application and pay the processing fee, and they fail to do so, your certification will lapse. Please do not fail to fulfill your own responsibility.

## REQUIREMENTS

### SECTION 1 A:

- Completion of a state or CECBEMS (F1, F2, F5) approved First Responder/EMR refresher.
- If a formal refresher was not completed, Section 1A must be completed through continuing education hours, applying those dates to the respective areas on the application and submit verification of those hours obtained. Note: a maximum of 6 hours of online (F3) may be applied toward the refresher requirement.

### SECTION 1 B:

- Professional Rescuer CPR certification valid to September 30, 2013 expiration date - verifying competence in the skills listed in section 1B.

In order for your recertification to be processed, you may either:

- A. Complete the 2013 Recertification application on the reverse side.
  1. Send a copy of your First Responder Refresher/EMR completion certificate or section 1A filled in, if completed through continuing education hours.
  2. Copy of a current CPR card or verifying signature in Section 1B. Individuals may not verify their own CPR.
  3. Obtain appropriate signatures on application.
  4. Enclose \$10.00 non-refundable processing fee by check or money order.
  5. Mail the application and fee to the NREMT at address listed below before September 30, 2013 (delivery confirmation is recommended).
- B. Use the Online Recertification Option at [www.nremt.org](http://www.nremt.org).
  1. Login in to your NREMT account (to establish an account click on 'Create New Account' located in the upper left hand column).
  2. Affiliate with your Agency (employer) by clicking on 'Affiliate with Agency' (in the left column) and following the online prompts. Note: Your agency will need to accept your affiliation before you can submit your application.
  3. Use the 'Manage Education' to enter your completed continuing education.
  4. When you have completed all your continuing education, submit the application electronically to your Agency training officer for verification.  
If your Agency is not registered on the NREMT website, you may print the application and obtain the required signatures. Mail the completed, signed application, fee and required documents to the NREMT before September 30, 2013.
  5. The nonrefundable processing fee of \$10.00 is due with submission. If you are printing and mailing the application, you may enclose a check with the completed, signed application and the required documents.
  6. All submissions and fees must be completed by September 30, 2013.
- C. Recertify by Exam
  1. Establish an account on the NREMT website at [www.nremt.org](http://www.nremt.org) and complete a recertification by examination application and pay the \$65 exam fee.
  2. The next business day, go to the NREMT website, login to your account, click on 'Check Application Status' and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
  3. Take and pass the exam before September 15, 2013.
  4. Return the abbreviated recertification application by September 30, 2013 with signatures and supporting documentation.

Mail recertification documentation to:

National Registry of EMTs  
6610 Busch Blvd  
Columbus OH 43229

**All documentation must be postmarked to the National Registry office by September 30, 2013.** If you fail to submit your recertification by the September expiration date, you may seek re-instatement of your NREMT credential until October 31, 2013. You must complete the recertification application and attach a check or money order totaling \$60.00 (\$50 re-instatement fee and \$10 processing fee.) All educational requirements must be completed by your September expiration date. If you do not submit your application prior to October 31st your National Registry certification will lapse. The NREMT does not provide extensions of recertification.

The Training Officer/Supervisor must sign the application after reviewing the registrant's documentation. The registrant can not verify his/her own activity. It is recommended you keep a copy of all materials submitted for your records.

This application is a legal document that is part of the registrant's permanent record. Inaccurate verification is a serious violation of National Registry standards that may lead to revocation and/or other action. Since registration is designed to help assure the public that registrants are competent to deliver care, registrants and training officers must take seriously their responsibility in meeting and documenting recertification requirements. NREMT will report all cases of falsified documents to the registrant's state EMS office for potential state action.

Please allow 3-4 weeks for recertification applications to be processed. If you do not receive your Registry card or your recertification application is not returned within 4 weeks, you should contact the National Registry at 614-888-4484.