

EMT-Basic

Recertification Education Record

Applicant Name: _____

All recertification requirements must be complete and submitted between the effective date and the expiration date of the current certification. Recertification requires: EMS Bureau approved EMT-Basic Refresher Course, 24 hours of continuing education, and Verification of Skill Proficiency.

EMT-Basic Refresher Course Approval #: _____ Date: _____ Instructor: _____

Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
			Total				Total

Verification of Skills Proficiency

Required Skill Proficiencies	Field Performance Evaluation Date	Practical Performance Exam Date	Interactive Workshop Evaluation Date	Clinical Evaluation Evaluation Date
Ventilatory Management and Oxygen Administration				
Hemorrhage Control and Splinting Procedures				
Cardiac Arrest Management and AED Skills				
Assisted Medication Administration				
Childbirth Skills				
Patient Assessment and Management				
Spinal Immobilization (seated & supine)				
CPR Proficiency (1&2 Rescuer adult/child/infant, Airway Obstruction adult/child/infant)				

I verify the applicant has demonstrated proficiency in the skills listed above: _____

Signature of agency Training Officer / Medical Director

Date

Print name of agency Training Officer / Medical Director