

TO: All Nationally Certified EMS Providers due to recertify 3/31/2015:

Our records indicate that you are due for recertification by March 31, 2015. 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. If you need National Certification to work, please submit your recertification by February 15th, 2015.

REQUIREMENTS

Recertification Options:

Online Recertification (www.nremt.org)

1. Login to your NREMT account (if you don't have one, you may create one using 'Create New Account' located in the upper left hand column) and click on 'My Certification'.
2. Affiliate with your agency (employer) by clicking on 'Affiliate with Agency' (in the left column) and follow the prompts.
NOTE: Your agency will need to accept your affiliation before you can submit your application.
3. Click on 'Manage Education' to enter your completed continuing education.
4. When you have entered all your continuing education, submit the application electronically. Once your agency Training Officer/Supervisor and Medical Director have verified your education and competency, the NREMT will review and process your recertification. **NOTE: Please continue to monitor your NREMT account message center to make sure you have been recertified. Submission of your electronic recertification is not a guarantee that you will be recertified. Your application may still be returned for requirements not met. Applying your processing fee electronically is not a guarantee that you have completed your electronic submission process.**
5. The non-refundable processing fee of \$20.00 is due with submission.
6. All submissions must be completed by March 31, 2015.

Complete the 2015 Paper Recertification Application

1. Complete the paper 2015 recertification application.
2. Obtain signatures on the application, attach a copy of your refresher certificate or complete the refresher section on the application. Attach a copy of current ACLS card, CPR card or verifying signature. **NOTE: Individuals may not verify their own CPR certification.**
3. Enclose the \$20.00 non-refundable processing fee (check or money order).
4. Mail the application and fee to the NREMT address below before March 31, 2015.

Recertify by Examination:

1. Login to your NREMT account.
2. Click on 'CBT Candidates' and 'Recertification by Examination'.
3. Enter your National Registry number and click 'Submit'.
4. Pay the \$110.00 non-refundable examination fee.
5. The next business day, go to the NREMT website, login to your account, click on 'CBT Candidates' and then 'Check Recertification by Examination Application Status' and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
6. Take the Exam before March 15, 2015. If successful print your 'Abbreviated Recertification Application' from "Check Recertification by Examination Application Status".
7. **Return the abbreviated recertification application by March 31, 2015 with signatures and supporting documentation.**
8. Remember that you will only have one attempt to successfully complete the recertification by examination. If you are unsuccessful on the exam, you may still recertify by meeting all education requirements and completing the online recertification or paper process before the March 31st deadline.

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 March 31, 2015. When mailing your documentation, it is recommended that you submit recertification material by traceable or delivery confirmation means. **The NREMT is not responsible for lost mailings.**

If you fail to submit your recertification by the March 31, 2015 deadline, you may seek re-instatement of your National EMS Certification until April 30, 2015. You must complete the recertification application and attach your check or money order totaling \$70.00 (\$50.00 re-instatement fee and \$20 processing fee). All educational requirements must be completed by March 31, 2015. **NOTE:** If you do not submit the application prior to April 30, 2015, your National Certification will lapse. The NREMT does not provide extensions of recertification.

CONTINUED →

Please allow 4-6 weeks for your recertification to be processed. If you do not receive your National Certification card or your recertification application is not returned by May 15, 2015, please contact the National Registry at 614-888-4484. NOTE: Please continue to monitor your NREMT account to be sure your application has been processed. Your expiration date will change once recertified.

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

INSTRUCTIONS

REFRESHER TRAINING:

Submit a copy of your course completion certificate of 48 hours state or CECBEMS (F1, F2, F3*, F5) approved refresher training. If a formal refresher course was not completed, the refresher section must be completed through continuing education hours.

*NOTE: A maximum of 10 hours can be applied from Distributive Education (online, CECBEMS F3, video or magazine-based) towards this section and must be state or CECBEMS approved.

CPR CERTIFICATION:

CPR certification that is current and valid on the day the NREMT receives your application. You may submit a copy of your CPR card or have a verifying signature along with expiration date completed on the application

ADDITIONAL EMS RELATED CONTINUING EDUCATION:

24 additional hours of EMS related continuing education state or CECBEMS (F1, F2, F3†, F5) approved.

This section must be completed in its entirety, listing date, topic and total number of training hours received and annotate how the education was delivered.

†NOTE: A maximum of 12 hours can be applied from Distributive Education (online, CECBEMS F3, video or magazine-based) towards this section and must be state or CECBEMS approved.

All continuing education must have been completed within the current recertification cycle (April 1, 2013-March 31, 2015). If this is your first recertification, only education completed after the date of initial certification will be accepted.

VERIFICATION OF SKILL COMPETENCE

Verification of skills by the Medical Director (original signatures are required on the form).

Competence may be verified through any of the following 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.

PROCESSING FEE:

A \$20.00 processing 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).

The NREMT accepts credit card payments when using the online recertification options. Please print and attach a copy of the online payment receipt.

A \$35.00 fee will be assessed for all returned checks. **NOTE: Applying payment online does not guarantee you will be recertified.**

APPROVING SIGNATURES:

The Training Officer/Supervisor must sign the application reviewing the EMS Professional's refresher/continuing education. You cannot verify your own education/skills.

Applicants should obtain all the necessary signatures before submitting the application.

INACTIVE STATUS

Inactive status is for current Nationally Certified 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 (letter on letterhead signed and dated, copy of W2 or paystubs (1st and last) of a minimum of six months affiliation at the appropriate level.

AUDITS & FRAUDULENT SUBMISSIONS

The NREMT will complete random audits of activities documented on this form.

Inaccurate verification or submission is a serious violation of NREMT standards that may lead to revocation and/or other action as deemed appropriate by the NREMT. Since certification is designed to help assure the public that EMS Professionals are competent to deliver care, EMS Professionals and Training Officers must take their responsibilities in meeting and documenting recertification requirements seriously.

The NREMT will report any and all cases of falsified documents to the EMS Professional's State EMS Office for potential state action.

RESPONSIBILITIES OF SUBMISSION

Recertification is considered an individual's personal responsibility. If you expect your employer to complete and submit your application and processing fee, and they fail to do so, your certification will lapse.

INCOMPLETE APPLICATION SUBMISSION

Incomplete recertification applications will be returned to the listed address in your NREMT account and must be returned to the NREMT within 30 days of the date returned to the applicant with the required corrections. Application completion and submission is the applicant's sole responsibility.

Please Read Instructions

FELONY STATEMENT

CPR EXP DATE MONTH YEAR

ACLS CERTIFICATION									
Month		Year				Month		Year	
ISSUE DATE:	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Submit a copy of card.									
EXP DATE:		<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL EMS RELATED CONTINUING EDUCATION (24 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 Supraglottic airways (PTL [®] , Combitube [®] , King LT [®]) Endotracheal Intubation Chest Decompression Transtracheal Jet Ventilation/Cricothyrotomy				
3. CARDIAC ARREST MANAGEMENT: Megacode & ECG recognition Therapeutic modalities Monitor/defibrillator knowledge (setup, routine maintenance, pacing)				
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				

Physician Medical Director Signature (Must be original signature)	Title	Date Signed
--	-------	-------------

Your Signature (Must be original signature)	Date Signed	Training Officer/Supervisor Signature (Must be original signature)	Date Signed
---	-------------	--	-------------

2015 Paramedic 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 topic areas.

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

Hours Req'd		Date Rec'd	Hours Rec'd	Instruction Method
AIRWAY, BREATHING AND CARDIOLOGY				
*	If you completed a 16 hour ACLS course, fill in the date (meets all objectives for Airway, Breathing and Card).			
Mandatory Core				
8	Provide ventilatory support for a patient			
	Attempt to resuscitate a patient in cardiac arrest			
	Provide care to a patient who is experiencing cardiovascular compromise			
	Provide post-resuscitation care for a cardiac arrest patient			
Flexible Core				
8	Assess and provide care for an adult patient who has respiratory distress			
	Use oxygen delivery system components			
	Perform techniques to ensure a patent airway			
	Assess and provide care to a patient who is experiencing non-traumatic chest pain/discomfort			
MEDICAL EMERGENCIES				
*	If you completed a 16 hour AMLS course, fill in date (meets all objectives for Med Emerg).			
Mandatory Core				
3	Assess and provide care to a patient who is experiencing an allergic reaction			
	Assess and provide care to a patient who has a possible overdose			
	Assess and provide care to a drowning patient			
Flexible Core				
5	Assess and provide care to a patient who has altered mental status			
	Assess and provide care to a patient who has a history of diabetes			
	Assess and provide care to a patient who is experiencing a seizure			
	Assess and provide care to a patient who was exposed to heat or cold			
	Assess and provide care to a patient who is experiencing a behavioral problem			
	Assess and provide care to a patient who has a suspected communicable disease			
TRAUMA				
*	If you completed a 16 hour PHTLS or ITLS course, fill in date (meets all objectives for Trauma).			
Mandatory Core				
5	Perform a primary survey			
	Assess a patient who has a head injury			
	Assess and provide care to a patient who has a suspected spinal injury			
	Provide care to a patient who has a chest injury			
	Provide care to a patient who has an open abdominal injury			
	Provide care to a patient who has shock/hypoperfusion			
Flexible Core				
1	Provide care to a patient who has a painful, swollen, deformed extremity			
	Assess and provide care to a patient who has a burn injury			
OBSTETRICS AND PEDIATRICS				
*	If you completed a 16 hour PEPP, PALS or EPC course, fill in date (meets all objectives for OB & Peds).			
Mandatory Core				
8	Assess and provide care to an infant or child in cardiac arrest			
	Assess and provide care to an infant or child who has respiratory distress			
	Assess and provide care to an infant or child who has shock/hypoperfusion			
	Assess and provide care to an infant or child who has trauma			
Flexible Core				
8	Assess and provide care to an infant or child who has suspected non-accidental trauma or neglect			
	Assess and provide care to an infant or child who has a fever			
	Assess and provide care to an obstetric patient			
	Provide care to a newborn			
	Provide care to a mother immediately following delivery of a newborn			
OPERATIONAL TASKS				
Flexible Core				
2	Use body mechanics when lifting and moving a patient			
	Communicate with a patient while providing care			

I hereby affirm that the information above is true and correct.

Your Signature _____ Date _____

No more than 10 hours of the required 48 hours may be obtained through distributive education (internet, video, magazine). These hours must be approved by the state or CECBEMS (www.cebems.org).