

TO: All Nationally Certified EMS Providers due to recertify 3/31/2014:

Our records indicate that you are due for recertification by March 31, 2014. 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. If you need your National Certification to work please submit your recertification by February 15<sup>th</sup> the year of expiration.

### Requirements

Recertification options:

#### Online Recertification (at [www.nremt.org](http://www.nremt.org))

1. Login in 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).
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/Supervisor and/or Medical Director for verification. Once they 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. You may still be returned incomplete for requirements not met. Applying your processing fee electronically is not a guarantee that you have completed your electronic submission process.** 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 March 31, 2014.
5. The non-refundable processing fee of \$15.00 is due with submission. If you are printing and mailing the application, you may enclose a check or money order with the completed, signed application and the required documents.
6. All submissions and fees must be completed by March 31, 2014.

#### Complete the 2014 Recertification Application enclosed

1. Complete the attached paper 2014 recertification application.
2. Obtain signatures on the application, attach a copy of your refresher certificate (or complete the refresher section on the application). Attach copies of current CPR card or verifying signatures and fee.  
**NOTE: Individuals may not verify their own CPR certification.**
3. Enclose the \$15.00 non-refundable processing fee (check or money order).
4. Mail the application and fee to the NREMT address below before March 31, 2014.

#### 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 \$70 non-refundable 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 March 15, 2014. Upon exam completion login to your NREMT account click on 'Check Application Status' to receive your exam results. If successful you will print out your 'Abbreviated Recertification Application' from your NREMT login.
4. **Return the abbreviated recertification application by March 31, 2014 with signatures and supporting documentation.**
5. Remember that you will have one attempt to successfully pass the recertification by examination. If you are unsuccessful on the exam, you may still recertify by meeting all educational requirements and completing the online recertification or paper process 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, 2014. When mailing your documentation, it is recommended that you submit recertification material by traceable or delivery confirmation means. **NOTE: The NREMT is not responsible for lost mailings.**

If you fail to submit your recertification by the March deadline, you may seek re-instatement of your NREMT credentials until April 30, 2014. You must complete the recertification application 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, 2014. **NOTE: If you do not submit the application prior to April 30, 2014, your National Registry Certification will lapse. NREMT does not provide extensions of recertification.**

Please allow 4-6 weeks for your recertification to be processed. If you do not receive your National Registry card or your recertification application is not returned by May 15, 2014, 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. **NOTE: Please continue to monitor your NREMT account to be sure you have 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 24 hours state or CECBEMS (F1, F2, F5) approved refresher training.

**If a formal refresher course was not completed**, the Refresher Section **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 10 hours of online (F3) may be applied toward the refresher requirements.

##### 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:

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

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/online (F3) a maximum number of 24 hours may be applied to this area.

All continuing education must have been completed within the current certification cycle (April 1, 2012 - March 31, 2014). 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 skills on this document by the Training Director/Supervisor (**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.

##### PROCESSING FEE:

\$15.00 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 (NREMT). **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. **NOTE: applying payment online does not guarantee you will recertified it is a processing fee only.**

##### APPROVING SIGNATURES:

The Training Officer/Supervisor must sign the application reviewing the EMS Professional's refresher/continuing education. The EMS Professional cannot verify his/her own education /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 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 & last) 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. 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 from the time of submission of your recertification application for it to be processed. If you have not received your National Registry card and your application has not been returned by May 15, 2014, please contact our office. **NOTE: Please continue to monitor your NREMT account online once recertified your expiration date will reflect your new expiration date.**

##### RESPONSIBILITIES OF SUBMISSION

Recertification is considered an individual's personal responsibility.

If you expect your employer to complete and submit their application and processing fee, and they fail to do so, your certification will lapse.

##### INCOMPLETE APPLICATIONS 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 date returned to applicant with the required corrections, in order to be considered for recertification.

Application 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, 2014.

You must complete the recertification application and submit a \$65 check or money order (\$50 re-instatement fee and \$15 recertification processing fee).

If you do not submit the application and required processing fees by April 30th, 2014 your National Registry Certification will lapse. **THE NREMT does not provide extensions of the recertification date.**

##### MAILING APPLICATIONS

The NREMT recommends you submit your application utilizing a traceable or verifiable means of delivery confirmation. **NOTE: NREMT is not responsible for lost mailings.**

**ALL RECERTIFICATION MATERIALS MUST BE COMPLETED AND POSTMARKED NO LATER THAN MARCH 31, 2014**

PLEASE MAIL RECERTIFICATION MATERIALS TO:

NATIONAL REGISTRY of EMTs  
6610 BUSCH BLVD  
COLUMBUS, OH 43229

(Use preprinted mailing label provided)

[www.nremt.org](http://www.nremt.org)

# THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS EMT/Basic Recertification Form 2014

**Please read instructions enclosed**

Registry Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Social Security Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
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		Area Code

## 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.**

### EMPLOYER INFORMATION

Organization in which you currently serve as/are employed as an EMT/Basic:  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Training Officer \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_

By completing this section you are indicating you are currently performing EMT/Basic skills in either the emergency ambulance/rescue or patient/health care setting.

### INACTIVE STATUS REQUEST

Request inactive status\*

If this is your first time to recertify, you must have worked at least 6-months performing as an EMT/Basic and using your skills in either the emergency ambulance/rescue or patient/health care setting. You will need to submit proof of employment and refresher training.

### FOR OFFICE USE ONLY

<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
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<input type="checkbox"/> ✓	<input type="checkbox"/> ✓ <input type="checkbox"/> ✓

### TRANSITION STATEMENT

**YES**  **NO**  I have completed all of my state's requirements for the EMT/Basic to EMT transition.

## EMT/BASIC REFRESHER TRAINING (24 HOURS REQUIRED)

Division	Dates Completed	Hrs Req	Hrs Rec	Method Used	Division	Dates Completed	Hrs Req	Hrs Rec	Method Used
Preparatory		1			Trauma		4		
Airway		2			OB,Infs & Child		2		
Pt. Assessment		3			Elective		8		
Med/Behavioral		4			<b>TOTAL HRS</b>		<b>24</b>		

\* Send copy of your course completion certificate from state or CECBEMS approved EMT Basic Refresher.  
 If a formal refresher was not completed, fill out this section completely, applying continuing education dates, hours and method used in the appropriate areas above and enclose copies of course completion certificates or official letter of verification (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

**CPR Instructor/Training Officer Verifying Signature**  
 \_\_\_\_\_  
 Submit copy of card or verify with appropriate signature.

EMT's CPR EXP DATE   —

**ADDITIONAL EMS RELATED CONTINUING EDUCATION (48 HOURS REQUIRED)**

Date Comp.	Topics of Training	Method of Instruction	Hours Rec'd	Date Comp.	Topics of Training	Method of Instruction	Hours Rec'd

**TOTAL HOURS**

VERIFICATION OF SKILL COMPETENCE	Q/A: Q/I	Direct Observation	Other
1. PATIENT ASSESSMENT/MANAGEMENT: <i>Medical and Trauma</i>			
2. VENTILATORY MANAGEMENT SKILLS/KNOWLEDGE: <i>Simple adjuncts Supplemental oxygen delivery Bag-Valve-Mask One-Rescuer Two-Rescuer</i>			
3. CARDIAC ARREST MANAGEMENT: <i>Automated External Defibrillator (AED)</i>			
4. HEMORRHAGE CONTROL & SPLINTING PROCEDURES			
5. SPINAL IMMOBILIZATION: <i>Seated and lying patients</i>			
6. OB/GYNECOLOGIC SKILLS/KNOWLEDGE			
7. OTHER RELATED SKILLS/KNOWLEDGE: <i>Radio communications Report writing &amp; documentation</i>			

As the EMT/Basic Training Director/Supervisor, I do hereby affix my signature attesting to continued competence in all skills outlined above.

Signature of Training Director/Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_  
**(must be original signature)**

I hereby affirm that all statements on the EMT/Basic Recertification Form 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 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 \_\_\_\_\_  
**(must be original signature)** **(must be original signature)**