

# 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



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

**INSTRUCTIONS ON  
THE BACK →**

Dear EMS Professional;

According to our records your National Registry certification is due to expire on March 31, 2012. 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. ***If this is your first recertification you must be actively working within an emergency medical service, or patient health care facility using your EMT 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. Please remember that 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. 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.

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

- A. Use the Online Recertification Option at [www.nremt.org](http://www.nremt.org).**
1. Login in to your NREMT account (if you don't have an account, you may create 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, fee and required documents to the NREMT before March 31, 2012.
  5. The non-refundable processing 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. All submissions and fees must be completed by March 31, 2012.
- B. Complete the 2012 Recertification Form enclosed.**
1. Follow the enclosed instructions.
  2. Obtain signatures on the form, attach a copy of your EMT-Basic refresher certificate and CPR card and verifying signature and;
  3. Enclose the \$15.00 non-refundable processing fee (check or money order) and;
  4. Mail the form, fee, and required documentation to the NREMT address below, before March 31, 2012.
- C. Recertify by Exam ***If this is your first recertification you must be actively working within an emergency medical service, or patient health care facility using your EMT skills or provide proof that you have performed the duties of an EMS provider for at least 6 months.*****
1. Create 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, login to the NREMT website 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, 2012.
  4. Return the abbreviated recertification form by March 31, 2012 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 March 31, 2012. 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, 2012. 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, 2012. If you do not submit the form prior to April 30, 2012, 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, 2012, 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 24 hours refresher training, adhering to the content of the DOT National Standard EMT-Basic 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.

#### CURRENT CPR CERTIFICATION, VERIFYING COMPETENCE IN THE SKILLS LISTED ON THE RECERTIFICATION REPORT:

- CPR certification valid to March 31, 2012 verifying competence in the skills listed on the recertification 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:

- 48 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 24 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](http://www.CECBEMS.org).
- All continuing education must have been completed within the current certification cycle (April 1, 2010 - March 31, 2012). 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-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 by the EMT Basic; 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. **U.S. funds only (please write registry # on all checks).**
- NREMT ONLY accepts credit card payments when using the online recertification form.
- 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 EMTs who are not actively engaged in an EMT-Basic 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 as an EMT-Basic.

#### 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, 2012, 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 processing 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, 2012.
- You must complete the recertification form and submit a \$65 processing fee (\$50 re-instatement fee and \$15 recertification processing fee).
- If you do not submit the form and required processing fees by April 30<sup>th</sup>, your National Registry Certification will lapse. NREMT does not provide extensions of recertification.

#### MAILING FORMS

- 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, 2012**

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 2012

**Please read instructions enclosed**

Registry Number <b>B</b> <input type="text"/>	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name <input type="text"/>	First Name <input type="text"/>
Mailing Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/> <input type="text"/> Zip + 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Home Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Area Code <input type="text"/> <input type="text"/> <input type="text"/>	

## 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	INACTIVE STATUS REQUEST	FOR OFFICE USE ONLY																						
Organization in which you currently serve as/are employed as an EMT-Basic:  Agency: _____ Address: _____ City _____ State _____ Zip Code _____ Training Officer _____ Daytime Phone # _____  <small>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.</small>	<input type="checkbox"/> 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.	<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> <td><input type="checkbox"/> 61</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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## 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 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

CRR Instructor/Training Officer Verifying Signature \_\_\_\_\_  
 Submit copy of card AND/OR verify with appropriate signature.

EMT's CPR EXP DATE    Month   - Year

