



**VERMONT DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE  
Post Office Box 70, 108 Cherry Street  
Burlington, Vermont 05402-0070  
1-800-244-0911 (in VT) or 1-802-863-7310**



**EMT-BASIC RECERTIFICATION APPLICATION**

This form is to be used by all persons applying to EMT-Basic recertification. If you are an EMT-Intermediate or Advanced-EMT, please use forms designated for those levels. **Please keep a copy of this application for your service's credentialing records.**

**INSTRUCTIONS**

**Page 2:**

In the top section of this page please provide your demographic and service affiliation information. To be eligible for Vermont EMS certification, you must have an affiliation with a licensed EMS agency or be affiliated with a medical facility that requires you to hold this level of EMS certification.

In the middle section of this page, please indicate whether you are doing so through documentation of continuing education or with a National Registry of EMTs certification.

**Renewing with a National Registry of EMTs Certification:**

If you are renewing your Vermont EMS certification with a National Registry of EMTs certification, please include a photocopy of your NREMT card with this application. You do not need to complete pages 3, 4 or 5.

If you are applying for an extension because you have not yet received your new National Registry of EMTs certification, you must submit your application to the EMS office on or before your Vermont EMT certification expiration date, and it must include a copy of your completed NREMT renewal paperwork.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

**Pages 3, 4 and 5 (Renewing your Vermont EMT-B certification with documentation of continuing education\*:**

<b>If your certification is due to expire between 3/1/11 - 2/29/12, you owe:</b>	<b>If your certification is due to expire between 3/1/12 - 2/28/13, you owe:</b>	<b>If your certification is due to expire after 2/28/13, you must:</b>
A 24 hour EMT-B refresher <b>(complete page 3)</b>	A 24 hour EMT-B refresher + 24 additional CE hours (48 total hrs) <b>(complete pages 3 &amp; 4)</b>	Meet all continuing education requirements for NREMT EMT-B or EMT recertification (72 total hrs)

**\*NOTE: If you once held National Registry certification and let it lapse, you will be required to regain it by your first recertification after March 1, 2013.**

**Page 6:**

Please answer the seven questions and then print and sign your name. Please also fill in the application completion date and your date of birth. Your Head of Service must attest with a signature that you are affiliated with the licensed agency indicated on this application. **The only person authorized to sign as your Head of Service is the person listed on your service's license application.** Your Training Officer must attest with a signature that you completed all required continuing education documented on this application.



Name \_\_\_\_\_

EMT # \_\_\_\_\_

## EMT-Basic Refresher Course

**If your certification is current and is due to expire on or before 2/29/2012:**

1. Record a minimum of 24 hours of refresher education covering the objectives and content in the current National Education Standards for EMT-Basic or EMT. Elective hours must reflect subject matter included in these standards. Indicate whether the CE was lecture (L), skill practice (S) or web-based (W). An EMT may obtain up to 10 hours through web-based CE programs approved by either the Continuing Education Coordinating Board for EMS (CECBEMS) or the Vermont EMS Office. Unsupervised video, ER observation and journal articles will not count.
2. A refresher course can be a Department-approved course or 24 hours of equivalent refresher training that meets the categories below. If you took an approved refresher course, enter the course number and completion date in the box below.
3. If you did not complete a refresher course, have your training officer complete the skill proficiency section.

<b>24-Hour Refresher Course Number:</b> _____	<b>Course Completion Date:</b> _____
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**- OR -**

CE Subject (Hours Required)	Hours Done	Format	Date
Preparatory (1)		L W	
Airway (2)		L S W	
		L S W	
Patient Assessment (3)		L S W	
		L S W	
		L S W	
Medical/Behavioral (4)		L S W	
		L S W	
		L S W	
Trauma (4)		L S W	
		L S W	
		L S W	
		L S W	
OB, Infants & Children (2)		L S W	
		L S W	
Electives (8) – list topics below			
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
<b>TOTAL (24)</b>			

Skill Proficiency Verified	Method		
	DO	QI	O
Bag-valve-mask			
Oxygen administration			
Oral and nasal airways			
Medical assessment			
Trauma assessment			
Pediatric assessment			
CPR			
Automated defibrillation			
Medication administration			
Extremity splinting			
Spine immobilization			
Hemorrhage control			

**CE Formats**

- L Lecture/classroom
- S Skill practice
- W Web-based

**Skill Verification Methods**

- DO Direct observation
- QI Quality improvement prog
- O Other

**- OR -**

Show a current NREMT-B certification or higher





