



**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**



**EMERGENCY MEDICAL TECHNICIAN  
LICENSE RENEWAL APPLICATION**

This form is to be used by all persons applying to renew their EMT license. 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**

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

If you are renewing your Vermont EMS license with a National Registry of EMTs certification, please include a photocopy of your NREMT card with this application. Complete pages 2 & 5. You do not need to complete pages 3 or 4.

**Renewing your Vermont EMT license with documentation of continuing education\*:**

The Vermont EMT continued competency requirements are identical to those of the National Registry of EMTs. If you have never held a National Registry certification at the EMT-B or EMT level, you must meet all continuing education requirements for NR-EMT recertification as described on pages 3 and 4 of this application (40 total hours).

**\*NOTE: If you once held National Registry certification and let it lapse, you must regain it to renew your Vermont license. If you have questions about whether you ever held National Registry, please call the EMS Office for assistance.**

**Page 2 (Mandatory):**

In the top section of this page please provide your demographic and service affiliation information. To be eligible for a Vermont EMS license, 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 licensure. A current email address is required for access to free online continuing education.

In the middle section of this page, please indicate whether you are renewing your license through documentation of continued competency or with a National Registry of EMTs certification.

**Pages 3 and 4 (only required if you do not have a current NREMT certification)**

Note: If submitting continued competency education information, your Training Officer must attest with a signature on Page 5 that you completed all required education and skills verifications documented on this application. **If you are your agency's Training Officer, your District Training Coordinator must sign your application (all other applications can only be signed by the Training Officer.)**

**Page 5 (Mandatory):**

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.**

**APPLICANT INFORMATION**

**PLEASE PRINT**

**PLEASE PRINT**

\_\_\_\_\_  
VT EMT License Number

\_\_\_\_\_  
VT EMT License Exp. Date

X X X – X X – \_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address Town/City State ZIP

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ \_\_\_\_\_  
Home Phone Work Phone Sex Date of Birth

(\_\_\_\_\_) - \_\_\_\_\_ \_\_\_\_\_  
Cell Phone Email Address(es) – Required for FREE online education access

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Primary Service Affiliation Additional Service Affiliation

Please describe your EMS activity:  Part-time employment  Full-time employment  Volunteer – no monetary compensation  
 Volunteer – some monetary compensation (stipend, call pay, etc.)  
 Combination of volunteer/paid employment

**RENEWAL METHOD:**  With NREMT certification (include copy of card)  
(NREMT # \_\_\_\_\_ Exp. date \_\_\_\_\_)  
 Without NREMT (CE only)

**\*DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY\***

NREMT verified: YES NO N/A by: \_\_\_\_\_ Date \_\_\_\_\_  
Signatures verified: YES NO by: \_\_\_\_\_ Date \_\_\_\_\_  
VCIC verified: YES NO by: \_\_\_\_\_ Date \_\_\_\_\_  
CE verified: YES NO N/A by: \_\_\_\_\_ Date \_\_\_\_\_  
Letter/Card sent YES NO by: \_\_\_\_\_ Date \_\_\_\_\_  
QC Performed YES NO by: \_\_\_\_\_ Date \_\_\_\_\_  
LearnEMS Performed YES NO by: \_\_\_\_\_ Date \_\_\_\_\_  
Listserv Performed YES NO by: \_\_\_\_\_ Date \_\_\_\_\_

**Continued Competency Requirements - Emergency Medical Technician**

If you do not hold a current NR-EMT certification, please document your continued competency education using the charts on the next two pages. Up to 24 hours can be distributive education obtained through approved online, video and magazine-based training. **All sub-topics within each box must be covered.**

<b>National Continued Competency Requirements (Up to 7 hours distributive)</b>	<b>Req. Hours</b>	<b>Date(s)</b>
<b>Airway, Respiration and Ventilation - 4 Hours</b>		
<b>Ventilation :</b> Minute ventilation, Effect on Cardiac Return, Assisted Ventilation (Assessment, Adjuncts, Positioning - adult and pedi, Suctioning)	3	
<b>Oxygenation</b>	1	

**Cardiovascular - 6 Hours**

<b>Post-Resuscitative Care:</b> Recognition of ROSC, Induced Hypothermia	0.5	
<b>Stroke:</b> Stroke Scale, Oxygen Administration, Time of Onset, Transport Destination	1	
<b>Cardiac Arrest:</b> VAD, Termination Decisions	0.5	
<b>Cardiac Rate Disturbance (Pediatric):</b> Tachycardia, Bradycardia, Irregular Pulse	1	
<b>Pediatric Cardiac Arrest:</b> Two-thumb Encircling Technique, Ventilation/Compression Ratios (1 & 2 Operator, AED)	2	
<b>Chest Pain for Cardiovascular Cause - Adult:</b> Administration of Nitroglycerin, ASA, Oxygen; Transport Destination	1	

**Trauma - 2 Hours**

<b>Central Nervous System Injury:</b> Sports Injuries, Concussion	0.5	
<b>Tourniquets</b>	0.5	
<b>Field Triage:</b> CDC Trauma Triage, MCI (MUCC/SALT)	1	

**Operations - 2 Hours**

<b>At-Risk Populations:</b> Human Trafficking, Pediatric, Geriatric. Economically Disadvantaged, Domestic Violence	0.5	
<b>Pediatric Transport (NHTSA)</b>	0.5	
<b>Affective:</b> Professionalism, Cultural Competency, Changing Demographics	0.5	
<b>Role of Research</b>	0.5	

**Medical - 6 Hours**

<b>Special Healthcare Needs:</b> Tracheostomy Care, Dialysis Shunts, Equipment (feeding tubes, VP shunts, etc.), Cognitive Issues	1	
<b>OB Emergencies:</b> Neonate Suctioning, Neonatal Resuscitation, Abnormal Presentation, Nuchal Cord	1	
<b>Toxicological Emergencies:</b> Synthetic Stimulants, THC (natural/synthetic)	0.5	
<b>Endocrine:</b> Medication Pumps, Glucometer Awareness, Diabetes, Metabolic Syndrome	1	
<b>Immunological Diseases:</b> Allergic Reaction. Anaphylaxis	1	
<b>Communicable Diseases:</b> Appropriate Precautions, Hygiene (handwashing), Vaccines (CDC recommendations), MRSA/Influenza (Public Health - pandemics, reporting, etc.)	0.5	
<b>Psychiatric Emergencies:</b> Patient Restraint, Excited Delirium, Depression/Suicide	1	



