



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



**FIRST RESPONDER–EMERGENCY CARE ATTENDANT
RECERTIFICATION APPLICATION**

This form is for all persons applying for First Responder-ECA recertification. **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 renewing your certification 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 VT 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 page 3.

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 VT EMS 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.*

Page 3:

If you are renewing your Vermont certification with a National Registry of EMTs certification, you do not need to complete page 3. All other candidates for FR-ECA recertification must document a minimum of 12 hours of continuing education as specified in the chart on the top of this page. **NOTE: If you have let your National Registry certification lapse, you will be required to reinstate it by your first recertification after March 1, 2013.**

If you are renewing FR-ECA to EMT- B module certifications, use the middle section to document additional training hours in the specified categories. **(PLEASE NOTE: All Module certifications will expire on December 31, 2011).**

Page 4:

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 # _____

First Responder-ECA Recertification and Modules Reauthorization

A minimum of 12 hours of continuing education in areas as specified below is required. Use the chart below to fill in the date(s) and number of hours completed in each area.

| Subject | Required Hours | Date | Hours | Date | Hours | Date | Hours |
|---------------------|----------------|------|-------|------|-------|------|-------|
| Preparatory | 1 | | | | | | |
| Airway | 2 | | | | | | |
| Patient Assessment | 2 | | | | | | |
| Circulation | 3 | | | | | | |
| Illness & Injury | 3 | | | | | | |
| Childbirth/Children | 1 | | | | | | |

NOTE: Do not use the portion below after December 31, 2011. All FR-ECA module authorizations will permanently expire on December 31, 2011.

For First Responder-ECAs who have completed the requirements for First Responder-ECA+4 certification, a minimum of 8 hours of continuing education, in addition to the 12 hours listed above, is required since your last (re)certification. These module authorizations will remain in effect only until December 31, 2011. Use the chart below to record additional hours completed in each area.

| Subject | Required Hours | Date | Hours | Date | Hours | Date | Hours |
|--|----------------|------|-------|------|-------|------|-------|
| Cardiac Arrest Management | 1 | | | | | | |
| Vital signs, Oxygen administration | 2 | | | | | | |
| Patient Assessment, Documentation & Communications | 2 | | | | | | |
| Shock, Soft-tissue injuries, head & spine injuries | 3 | | | | | | |

SIGNATURE PAGE

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

- YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?
{EMS Rule 11.1.6.1}
If yes, please explain: _____
- YES NO Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a
criminal proceeding? {EMS Rules Sec. 11} If yes, have you previously disclosed your crime conviction(s) to
the VT EMS Office? YES NO
If not disclosed, please explain: _____
If yes, please provide complete copies of documentation for each matter.
- YES NO Have you ever had an action taken against any professional license or certification that you have held in
Vermont or elsewhere? {EMS Rule 11.1.6.10}
If yes, please explain: _____
- YES NO Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or
resigned a license or certification for any reason in Vermont or elsewhere?
If yes, please explain: _____
- NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance
with a plan to pay any and all child support ?{15 V.S.A. Section 795}
If no, please explain: _____
- NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due?
{32 V.S.A. Section 3113}
If no, please explain: _____
- NO YES Are you free of obligation to pay unemployment compensation contributions or in good standing with
respect to or in full compliance with a plan to pay any and all unemployment compensation contributions?
{21 V.S.A. Section 1378}
If no, please explain: _____

I attest the information contained in this recertification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding recertification contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) _____ Today's Date: _____

Applicant Signature _____ Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

| | | |
|----------------------------------|--------------------------------|-----------|
| Name of Vermont Licensed Service | Head of Service (Please print) | Service # |
| Head of Service Signature | Date | |

TRAINING OFFICER: I attest that I have reviewed the record of continuing education contained in this application and further attest that it is factual and correct.

| | |
|---|------|
| Training Officer or District Training Coordinator Signature | Date |
|---|------|