



**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



ADVANCED EMT & EMT-INTERMEDIATE LICENSE RENEWAL APPLICATION

This form is to be used by all persons applying to renew their Vermont EMT-Intermediate-90, EMT-Intermediate-03 or Advanced EMT license. **Please keep a copy of this application for your service's credentialing records.**

INSTRUCTIONS

If you hold a current National Registry AEMT certification	Attach a copy of your current NR-AEMT card. Documentation of continuing education is not required.
If you hold a current NREMT-B certification	Please include a photocopy of your current NREMT-B card AND document 72 hours of continuing education as described on pages 3 and 4. You are not required to earn more than 72 hours total; the hours you document on your Vermont application can also be used for NREMT renewal.
If you hold a current NREMT-I certification	Attach a copy of your current NREMT-I card. Documentation of continuing education is not required..
If you have never held a NREMT certification at the Basic or Intermediate level	Please document 72 hours of Intermediate or Advanced EMT continuing education as described on pages 3 and 4.

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 an EMS agency licensed in Vermont at or above the Intermediate level, or be affiliated with a medical facility that requires you to hold this level of EMS licensure.

PLEASE NOTE: A current email address is required for access to free online continuing education.

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

Pages 3 and 4:

Unless you hold a current NREMT-I or NR-AEMT certification, you must fill out pages 3 and 4. Vermont and NREMT continuing education requirements are identical: a 36-hour refresher program and 36 additional hours of EMS-related CE. The refresher program consists of Mandatory Core topics and Flexible Core topics. You are required to obtain the specified number of hours in all of the Mandatory Core sections; the Flexible Core sections allow you to choose among several optional topics as long as you obtain the required total number of hours for that section.

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.** Your Training Officer must attest with a signature that you completed all required continuing education documented on this application. Your District Medical Advisor must attest with a signature that you meet local medical control requirements to function at an advanced level and should be relicensed.

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

VT License Number

VT 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)_____
Primary Service Affiliation

2)_____
Additional Service Affiliation

3)_____
Additional Service Affiliation

4)_____
Additional Service Affiliation

LICENSE LEVEL: EMT-I-90 EMT-I-03 Advanced EMT

RENEWAL METHOD: With NREMT-I/NR-AEMT card With NREMT-B card and CE

(NREMT # _____) (Exp. _____)

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 by: _____ Date _____

Letter/Card sent YES NO by: _____ Date _____

QC Performed YES NO by: _____ Date _____

EMT-Intermediate or Advanced EMT Refresher

Mandatory Core Content: You must complete the required hours of education covering all topics within this section

Flexible Core Content: You must complete the total hours required for this division and complete at least one objective within the division. **NOTE: Up to 10 hours can be earned from online education approved by CECBEMS or the Vermont EMS office.**

Req. Hrs	Divisions	Date	Hours	Method
6	AIRWAY, BREATHING AND CARDIOLOGY - Mandatory Core			
	Provide ventilatory support for a patient			
	Provide care to a patient experiencing cardiovascular compromise			
	Attempt to resuscitate a patient in cardiac arrest			
	Provide post-resuscitation care to a cardiac arrest patient			
6	AIRWAY, BREATHING AND CARDIOLOGY - Flexible Core			
	Assess & provide care for adult patient in respiratory distress			
	Use oxygen delivery system components			
	Perform techniques to assure a patent airway			
	Assess & provide care to a patient experiencing non-traumatic chest pain			
2	MEDICAL EMERGENCIES - Mandatory Core			
	Assess & provide care to a patient experiencing an allergic reaction			
	Assess & provide care to a near-drowning patient			
	Assess a patient with possible overdose			
4	MEDICAL EMERGENCIES - Flexible Core			
	Assess & provide care to a patient with altered mental status			
	Assess & provide care to a patient experiencing a seizure			
	Assess & provide care to a patient experiencing a behavioral problem			
	Assess & provide care to a patient with a history of diabetes			
	Assess & provide care to a patient exposed to heat and cold			
	Assess & provide care to a patient with suspected communicable disease			
4	TRAUMA - Mandatory Core			
	Perform a rapid trauma assessment			
	Assess & provide care to a patient with suspected spinal injury			
	Provide care to a patient with an open abdominal injury			
	Assess a patient with a chest injury			
	Assess a patient with a head injury			
	Provide care to a patient with shock/hypoperfusion			
1	TRAUMA - Flexible Core			
	Provide care to a patient with a painful, swollen, deformed extremity			
	Assess & provide care to a patient with a burn injury			
6	OBSTETRICS AND PEDIATRICS - Mandatory Core			
	Assess & provide care to an infant or child with cardiac arrest			
	Assess & provide care to an infant or child with shock/hypoperfusion			
	Assess & provide care to an infant or child with respiratory distress			
	Assess & provide care to an infant or child with trauma			
6	OBSTETRICS AND PEDIATRICS - Flexible Core			
	Assess & provide care to an infant or child with suspected abuse or neglect			
	Assess & provide care for the obstetric patient			
	Provide care to the mother immediately following delivery of a newborn			
	Assess & provide care to an infant or child with a fever			
	Provide care to a newborn			
1	OPERATIONAL TASKS: Flexible Core			
	Use body mechanics when lifting or moving a patient			
	Communicate with patient while providing care			

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 application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding licensure 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 licensure 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 to my knowledge this record of continuing education is correct.

Training Officer or District Training Coordinator Signature

Date

DISTRICT MEDICAL ADVISOR: I attest that this applicant meets local medical control requirements and should be relicensed at the level requested in this application.

District Medical Advisor

District Number Date