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-INTERMEDIATE RECERTIFICATION APPLICATION

This form is to be used by all persons applying for EMT-Intermediate-90 or EMT-Intermediate-03 recertification. If you have transitioned to the Advanced-EMT level, do not use this form. **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 EMT-I certification with either a NREMT-B or NREMT-I certification, please include a photocopy of your NREMT card. Complete pages 2, 4 & 6. Be sure to document EMT-I continuing education as described on page 4 even if you hold a NREMT-I certification. This is necessary because the NREMT and VT renewal categories are not aligned. **(NOTE: You may apply your VT EMT-I credits toward your NREMT recertification at the Basic or Intermediate levels).**

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

Renewing your Vermont EMT-I certification with documentation of continuing education*:

Level	If your certification expires between 3/1/12 and 2/28/13, you owe a:	If your certification expires after 2/28/13, you must:
EMT-I-90	24 hour EMT-B refresher + 24 additional CE hours + 10 EMT-I-90 hours (58 hrs) **(complete pages 3, 4 & 5)**	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification (72 hrs)
EMT-I-03	24 hour EMT-B refresher + 24 additional CE hours + 16 EMT-I-03 hours (64 hrs) **(complete pages 3, 4 & 5)**	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification (72 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 2 (Mandatory):
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 licensed at or above the Intermediate level 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 the certification 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.

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 (Mandatory) and 5—Used to Submit Continuing Education Credits

Page 6 (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 that you meet local medical control requirements to function at an advanced level and should be recertified.

APPLICANT INFORMATION

PLEASE PRINT **PLEASE PRINT**

_____ VT Cert. Number

_____ VT Cert. 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)

1)_____ Primary Service Affiliation

2)_____ Additional Service Affiliation

3)_____ Additional Service Affiliation

4)_____ Additional Service Affiliation

CERTIFICATION LEVEL: ☐ EMT-I-90 ☐ EMT-I-03

RENEWAL METHOD: ☐ With NREMT card & CE (NREMT #_____ exp date_____)
☐ Without NREMT (CE only) ☐ Extension*

*NOTE: To be eligible for an extension, you must submit this application and a copy of your completed National Registry of EMTs renewal paperwork to the Vermont EMS Office on or before your Vermont EMS expiration date.

Request for Supplemental Information

The Vermont Emergency Medical Services system is part of a network of responders who may be called upon in times of disaster. If you wish to be a resource for such an event, please provide the information requested below. *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.*

What is your occupation: _____

Please list other relevant skills (clerical, counseling, heavy equipment operation, etc.):

_____

Next of Kin or Emergency Contact Information

Primary		Secondary	
Full Name	_____	**Full Name**	_____
Relationship	_____	**Relationship**	_____
Address	_____	**Address**	_____
City/State/Zip	_____	**City/State/Zip**	_____
Phone Number	_____	**Phone Number**	_____
Alt. Number	_____	**Alt. Number**	_____

********** **DO NOT WRITE BELOW THIS LINE ******* EMS OFFICE USE ONLY** **********

Held NREMT? YES NO by: _____ Date _____

Credentials verified: YES NO by: _____ Date _____

Name_____ EMT #_____

EMT-Basic Refresher Course

If your certification is current and is due to expire between March 1, 2012 and February 28, 2013: Complete 24 hours of CE as described on below, **plus 24 hours** of additional CE using the grid on page 4.

If your certification is current and is due to expire after February 28, 2013: Complete 24 hours of CE as described below, **plus 48 hours** of additional CE using the grid below (and on pages 4 & 5, if needed).

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.

24-Hour Refresher Course Number: _____	**Course Completion Date:** _____

- OR -

CE Subject (Hours Required)	Hours Done	Format	Date
Preparatory (1)		☐ L ☐ S ☐ 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	
		☐ 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	
TOTAL (24)			

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 Program
O Other

- OR -

Show a current NREMT-B certification or higher

Name: _____ EMT #_____

EMT-Intermediate 90 and EMT-Intermediate 03 Continuing Education Requirements

Effective March 1, 2012 through February 28, 2013

1. In addition to all requirements for EMT-B recertification, EMT-I-90s must complete at least 10 hours of CE as specified in the upper grid. EMT-I-03s must complete 6 additional hours as specified in the lower grid.

2. If your EMT-I-90 or EMT-I-03 certification is less than two years old, you must submit a prorated number of hours at a rate of 5 hours per year at the EMT-I-90 level or 8 hours per year at the EMT-I-03 level.

3. No more than 5 hours of EMT-I CE may be gained through unsupervised video or CE journals.

Module	Topic	Required Hours	Hours Completed	Date Completed
	EMT-I-90 and EMT-I-03			
Preparatory	Venous Access and Protocol Review	2		
Airway Management	Airway Management	2		
Shock	Fluids, Electrolytes and Shock	2		
Medical Emergencies	Assessment and Management of Diabetes and Neurological Emergencies	2		
	Assessment and Management of Allergic and Poisoning/Overdose Emergencies	2		
	Total for EMT-I-90:	**10**		

	EMT-I-03 ONLY			
	Anatomy & Physiology and Pharmacology	2		
	Respiratory Emergencies	2		
	Cardiac Emergencies	2		
	Total for EMT-I-03:	**16**		

Name_____ EMT #_____

<u>If your certification is current and is due to expire between March 1, 2012 and February 28, 2013:</u> Complete 24 hours of CE as described on page 3, **<u>plus 24 hours</u>** of additional CE using the grid below.

<u>If your certification is current and is due to expire after February 28, 2013:</u> Complete 24 hours of CE as described on page 3, **<u>plus 48 hours</u>** of additional CE using the grid below (and on page 5, if needed).

- List the date, topic and total number of training hours received and indicate 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, which must be approved by CECBEMS or the Vermont EMS office. For a listing of approved programs, go to www.CECBEMS.org.)*
- All continuing education must have been completed within the current certification cycle. If this is your first recertification, only continuing education completed after the date of initial certification will be accepted.

Additional EMT Continuing Education

Date	Topic Area Covered	Training Method	Hours Received

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 certification 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 certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding certification 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 to my knowledge this record of continuing education is correct.

_____ _____
Training Officer or District Training Coordinator Signature Date

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

_____ _____ _____
District Medical Advisor District Number Date