



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.

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
--	--

RENEWAL METHOD: With NREMT certification (NREMT # _____)
 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 FR-ECA 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

<u>Primary</u>		<u>Secondary</u>
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 *****

Credentials verified:	YES NO	by: _____	Date _____
Ever held NREMT cert?	YES NO	by: _____	Date _____

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						

