

# 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 LICENSE RENEWAL APPLICATION

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

## **INSTRUCTIONS**

If you hold a current National Registry	Attach a copy of your current NR-AEMT card. Documentation of
AEMT certification	continued competency training is not required.
If you hold a current NR-EMT	Please include a photocopy of your current NR-EMT card <b>AND</b>
certification, you only need to document a	document education in all topics designated with an asterisk (*)
portion the National and State/Local	
topics because many of the hours were	
represented in your NR-EMT renewal	
application.	
If you have never held a NREMT	Please document 50 hours of Advanced EMT continued
certification at the EMT, Intermediate or	competency education as described on pages 3, 4 and 5.
Advanced EMT level	

#### 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 AEMT level, or be affiliated with a medical facility that requires you to hold this level of EMS licensure. <u>PLEASE</u> 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 continued competency education or with a National Registry of EMTs certification.

#### Pages 3, 4 and 5:

<u>Unless you hold a current NR-AEMT certification, you must document completion of continued competency education and skills verification (page 5)</u>. If you have a renewed National Registry EMT certification, you only need to document training in the topics designated with an asterisk (\*).

If you have never held a NR-EMT or NR-AEMT certification, you must document all 50 hours of CE as described on these pages.

### 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 <u>Head of Service</u> 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 <u>Training Officer</u> must attest with a signature that you completed all required continuing education 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). Your <u>District Medical Advisor</u> 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

			X X X - X	X		
VT EMS License Number	VT EM	VT EMS License Exp. Date				
Last Name	Fir	st Name	Mid	ddle Name		
Address		Town/City		State	ZIP	
	()					
Home Phone	Wor	k Phone	Sex	Date of	of Birth	
(						
Cell Phone	Ema	il Address(es) – Required	d for FREE online	education ac	ecess	
1)		2)				
Primary Service Affilia	tion	Ac	lditional Service A	ffiliation		
3)		4)				
Additional Service Affi	liation	Ac	lditional Service A	ffiliation		
Prior First Names:		Prior Last Nar	nes:			
Birth City:	Rirth Stat	թ•	Rirth Country	v		
Dirtii City.	Ditti Stat	·-		<i>y</i>	· · · · · · · · · · · · · · · · · · ·	
RENEWAL METHOD:	☐ With NR-AEMT	card   With N	R-EMT card <u>an</u>	d CE		
	(NR-AEMT #		) (Exp		)	
	☐ Without NREM	Γ (CE only)				
**************************************	DO NOT WRITE BE	LOW THIS LINE – O	FFICE USE ON	<u> </u>		
NREMT verified:	YES NO N/A	by:	Date			
Signatures verified:	YES NO	by:				
VCIC verified:	YES NO	by:				
CE verified:	YES NO N/A	by:				
Letter/Card sent	YES NO	by:				
QC Performed	YES NO	by:				
LearnEMS		•				
	YES NO	by:				
Listserv	YES NO	by:	Date			

# **Continued Competency Requirements - Advanced Emergency Medical Technician**

If you have a renewed NR-AEMT certification, documentation of education is not required. <u>If you have a renewed National EMT certification</u>, you only need to fill in topics marked with an asterisk\*. If you have never held a NREMT certification at any level, you must document ALL of the training specified on these pages.

any level, you must document ALL of the training specified on these pages.	<u> </u>	
National Continued Competency Requirements (Up to 7 hrs distributive)	Hours	Date(s)
Airway, Respiration and Ventilation - 2.5 Hor	urs	
* Ventilation (1 hour in addition to EMT requirement)	2	
Oxygenation	0.5	
Cardiovascular - 7 Hours		
Post-Resuscitative Care	0.5	
Stroke	1	
Cardiac Arrest	2	
* Acute Coronary Syndrome (Not included in EMT requirements)	1	
Pediatric Cardiac Arrest	2	
Ventricular Assist Devices	0.5	
Trauma - 3 Hours		
* Central Nervous System Injury (0.5 hour in addition to EMT requirement)	1	
Hemorrhage Control	0.5	
Trauma Triage	1	
* Fluid Resuscitation (Not included in EMT requirements)	0.5	
Operations - 5 Hours		
At-Risk Populations	0.5	
Pediatric Transport	0.5	
EMS Research	0.5	
Ambulance Safety	0.5	
Field Triage - Disasters/MCIs	0.5	
EMS Provider Hygiene, Safety & Vaccinations	0.5	
EMS Culture of Safety	0.5	
Crew Resource Management	1	
Evidence Based Guidelines	0.5	
Medical - 7.5 Hours	-	
Special Healthcare Needs	1	
OB Emergencies	0.5	
Toxicological Emergencies - Opioids	0.5	
Endocrine- Diabetes	1	
Immunological Diseases	0.5	

Infectious Diseases	0.5	
Neurological Emergencies - Seizures	0.5	
* Pain Management (0.5 in addition to EMT requirement)	1	
* Medication Delivery	1	
* Psychiatric & Behavioral Emergencies (0.5 in addition to EMT requirement)	1	
State/Local Continued Competency Requirements (Up to 8 hrs distributive)	Hours	Date(s)
Pediatrics	1	
Stroke Protocol	0.5	
Documentation (*0.5 not included in EMT requirements)	1	
Patient Refusals (*0.5 not included in EMT requirements)	1	
EMS Provider Wellness	0.5	
EMS Culture of Safety	1	
Spinal Injury Management	1	
Cardiac Arrest Management (includes the VTACH-R program)	1	
EMS iu the Warm Zone	0.5	
Anaphylaxis (includes Ready, Check, Inject)	0.5	
Naloxone	0.5	
Airway Management	1	
District/Agency Specific Topics - 3 Hours (Fill in topics below)*	Hours	Dates
Individual Continued Competency Requirements - 12.5 Hours in topics of your choosing (Up to 12.5 hours distributive)	Hours	Dates
	Hours	Dates

Skills Verification*	Date	Method*
Patient Assessment/Management - Trauma		
Patient Assessment/Management - Medical		
Ventilatory Management Skills/Knowledge		
Simple Adjuncts		
Supplemental Oxygen Delivery		
Supraglottic Airways (PTL, Combitube, King LT, etc)		
Cardiac Arrest Management - AED		
Hemorrhage Control & Splinting Procedures		
IV Therapy & IO Therapy - Medication Administration		
Spinal Immobilization - Seated and Supine		
OB/Gynecologic Skills/Knowledge		
Radio Communications		
Report Writing & Documentation		

<sup>\*</sup>Methods: QA/QI, Direct Observation (DO), Other

NOTE:	The Depa	<b>E: Please answer the followin</b> artment of Health will not automatic ation. Contact the EMS Office if you	ally disqualify applicants ba		wers, but may request
YES	NO	Are you currently illegally using {EMS Rule 14.1.5.1} If yes, please explain:	drugs or have you only rece	ently stopped illegally using	-
YES	NO	criminal proceeding? {EMS Rule the VT EMS Office? YES NO	of a crime(s) (misdemeanor or felony), or are you presently a defendant in a les Sec. 14} If yes, have you previously disclosed your crime conviction(s) to		
YES	NO	that you have held in Vermont or	igned, been denied or had an action taken against any professional license or or elsewhere? {EMS Rule 14.1.5.7}		
NO	YES	with a plan to pay any and all chi	child support or in good standing with respect to or in full compliance ild support ?{15 V.S.A. Section 795}		
NO	YES	{32 V.S.A. Section 3113}	espect to or in full compliance with a plan to pay any and all VT taxes due?		
NO	YES	Are you free of obligation to pay respect to or in full compliance w {21 V.S.A. Section 1378} If no, please explain:	vith a plan to pay any and al	l unemployment compens	ation contributions?
ON	YES	Do you authorize release to the V neglect or exploitation substantia the Vermont Child Protection Re	ted against you and contain	ed in the Vermont Adult A	
deemed revocat applica	l by the Co ion or den	nation contained in this license appli commissioner of Health to be in violatial. I further attest that I have read a ration of this document does not relia	ation of Vermont law, and nand understand all informati	nay subject my license to on regarding licensure co	conditions, suspension, ntained in this
form. Applic	ant's Nai	me (PRINT)		Today's Date:	
Applic	ant Signa	ature		Your Birth Da	te:
affiliat	ed with the	<b>SERVICE</b> : In signing this apple he service listed below and that liewed the answers to the above	I am signing after the ap		* *
Name	of Vermo	ont Licensed Service	Head of Service (I	Please print)	Service #
Head o	of Service	e Signature		Date	
TRA	INING	OFFICER: I attest that to m	y knowledge this record	of continuing education	is correct.
		r Signature (or District Training cant is the Training Officer)	g Coordinator,	Date	
		MEDICAL ADVISOR: I a		neets local medical con	trol requirements and

District Number Date

District Medical Advisor