



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

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. **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 continued competency education or with a National Registry of EMTs certification.

Pages 3, 4 and 5:

Unless you hold a current NR-AEMT certification, you must document completion of continued competency education and skills verification (page 5). 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 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. **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 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.

Continued Competency Requirements - Advanced Emergency Medical Technician

If you have a renewed NR-AEMT certification, documentation of education is not required. If you have a renewed National EMT certification, 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.

National Continued Competency Requirements (Up to 7 hrs distributive)	Hours	Date(s)
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Airway, Respiration and Ventilation - 2.5 Hours

* Ventilation <i>(1 hour in addition to EMT requirement)</i>	2	
Oxygenation	0.5	

Cardiovascular - 7 Hours

Post-Resuscitative Care	0.5	
Stroke	1	
Cardiac Arrest	2	
* Acute Coronary Syndrome <i>(Not included in EMT requirements)</i>	1	
Pediatric Cardiac Arrest	2	
Ventricular Assist Devices	0.5	

Trauma - 3 Hours

* Central Nervous System Injury <i>(0.5 hour in addition to EMT requirement)</i>	1	
Hemorrhage Control	0.5	
Trauma Triage	1	
* Fluid Resuscitation <i>(Not included in EMT requirements)</i>	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	

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		

*Methods: QA/QI, Direct Observation (DO), Other

