



**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

<b>If you hold a current National Registry AEMT certification</b>	Attach a copy of your current NR-AEMT card. Documentation of continued competency training is not required.
<b>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.</b>	Please include a photocopy of your current NR-EMT card <u>AND</u> document education in all topics designated with an asterisk (*)
<b>If you have never held a NREMT certification at the EMT, Intermediate or Advanced EMT level</b>	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.

**APPLICANT INFORMATION**

**PLEASE PRINT**

**PLEASE PRINT**

\_\_\_\_\_  
VT EMS License Number

\_\_\_\_\_  
VT EMS 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) \_\_\_\_\_ 2) \_\_\_\_\_  
Primary Service Affiliation Additional Service Affiliation

3) \_\_\_\_\_ 4) \_\_\_\_\_  
Additional Service Affiliation Additional Service Affiliation

Prior First Names: \_\_\_\_\_ Prior Last Names: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

RENEWAL METHOD:     With NR-AEMT card     With NR-EMT card and CE  
(NR-AEMT # \_\_\_\_\_) (Exp. \_\_\_\_\_)  
 Without NREMT (CE only)

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**\*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: \_\_\_\_\_  
Adult Abuse Reg verified:    YES NO    By: \_\_\_\_\_ Date: \_\_\_\_\_  
Child Abuse Reg verified:    YES NO    By: \_\_\_\_\_ Date: \_\_\_\_\_  
CE verified:    YES NO N/A    By: \_\_\_\_\_ Date: \_\_\_\_\_  
Letter/Card sent    YES NO    By: \_\_\_\_\_ Date: \_\_\_\_\_  
QC Performed    YES NO    By: \_\_\_\_\_ Date: \_\_\_\_\_  
LMS Account    YES NO N/A    By: \_\_\_\_\_ Date: \_\_\_\_\_  
Listserv    YES NO N/A    By: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

<b>National Continued Competency Requirements ( Up to 7 hrs distributive)</b>	<b>Hours</b>	<b>Date(s)</b>
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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	



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

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

