

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 AND
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</u> <u>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

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VT EMS License Number	VT EM	S License Exp. Date			
Last Name	Firs	st Name	Middle Name		
Address		Town/City		tate ZIP	
	()			Date of Birth	
Home Phone	wor	k Phone	Sex	Date of Birth	
Cell Phone	Ema	il Address(es) – Required	l for FREE online ed	ucation access	
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Primary Service Affilia	tion	2)Ad	ditional Service Affi	iliation	
3)		4)			
Additional Service Affi	iliation	Ad	ditional Service Affi	iliation	
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Prior First Names: Birth City:					
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Continued Competency Requirements - Advanced Emergency Medical Technician

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

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

	0.5	
Infectious Diseases		
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

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

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

District Medical Advisor

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 14.1.5.1} 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. 14} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO If not disclosed, please explain:
YES	NO	Have you ever surrendered, resigned, been denied or had an action taken against any professional license or that you have held in Vermont or elsewhere? {EMS Rule 14.1.5.7} 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:
NO	YES	Do you authorize release to the Vermont Department of Health of any information of reports of abuse, neglect or exploitation substantiated against you and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry? {EMS Rule 14.1.5.6}
deemed l revocatio application form.	by the Cor on or denia on. Altera	tion contained in this license application is true and accurate. Any intentional misrepresentation may be nmissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, al. I further attest that I have read and understand all information regarding licensure contained in this tion of this document does not relieve me of any duty described in the Department-approved version of this me (PRINT) Today's Date:
Applica	nt Signat	ure Your Birth Date:
affiliate	d with th	ERVICE : In signing this application for Vermont EMS licensure I attest that the applicant is e service listed below and that I am signing after the applicant has completed the application were the answers to the above questions.
Name o	f Vermor	nt Licensed Service (Please print) Service #

Head of Service Signature

TRAINING OFFICER: I attest that to my knowledge this record of continuing education is correct.

Training Officer Signature (or District Training Coordinator, **ONLY if applicant is the Training Officer**)

District Number Date

Date

Date