



**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**



**EMERGENCY MEDICAL RESPONDER
LICENSE RENEWAL APPLICATION**

This form is for all persons applying to renew their Emergency Medical Responder license. 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 licensure. **Please keep a copy of this application for your service's credentialing records.**

Renewing With a Current National Registry EMR Certification:

Unless you have never held a National Registry First Responder or EMR certification, you must hold a current National Registry EMR certification to renew a Vermont EMR license.

If you have NEVER held a National Registry First Responder or EMR Certification:

You must document 16 hours of continuing education as described in the grid on pages 2 & 3. The 4 hours of Individual Continued Competency Requirement education can be in any topic areas of your choosing.

APPLICANT INFORMATION

_____ X X X – X X – _____
 VT EMS Number VT EMS License. Exp. Date 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:** _____

National Registry # _____ **National Registry Expiration Date:** _____

**** PLEASE ATTACH A COPY OF YOUR NATIONAL REGISTRY CARD TO THIS APPLICATION****

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

NREMT verified by: _____ Date: _____ Signatures verified by: _____ Date: _____

VCIC verified by: _____ Date: _____ CE verified by: _____ Date: _____

Letter/Card verified by: _____ Date: _____ QC performed by: _____ Date: _____

LearnEMS performed by: _____ Date: _____ Listserv updated by: _____ Date: _____

Continued Competency Requirements - Emergency Medical Responder

If you do not hold a current NR-EMR certification, please document your continued competency education using the chart below. Up to 10 hours can be distributive education obtained through approved online, video and magazine-based training.

National Requirements (3 hours distributive)	Required Hours	Date(s)		
Airway, Respiration and Ventilation - 1 Hours				
Ventilation	0.5			
Oxygenation	0.5			
Cardiovascular - 2.5 Hours				
Post-Resuscitative Care	0.5			
Stroke	0.5			
Cardiac Arrest	0.5			
Pediatric Cardiac Arrest	1			
Trauma - 0.5 Hours				
Central Nervous System Injury	0.5			
Medical - 3 Hours				
Immunological Diseases	0.5			
Infectious Diseases	0.25			
Psychiatric Emergencies & Behavioral Emergencies	0.25			
OB Emergencies	0.5			
Toxicological Emergencies	0.5			
Neurological Emergencies	0.5			
Endocrine Emergencies (Diabetes)	0.5			
Operations - 1 Hour				
Field Triage - Disasters/MCIs	0.5			
EMS Provider Hygiene, Safety & Vaccinations	0.25			
EMS Culture of Safety	0.25			

State/Local Requirements (3 hours distributive)	Required Hours	Date(s)		
Cardiac Arrest Management (VTACH-R program)	1			
EMS in the Warm Zone	0.5			
Anaphylaxis (includes Ready, Check, Inject)	0.5			
Naloxone	0.5			
Airway Management	0.5			
District/Agency Specific Topics	1			

Individual Requirements - 4 hours in topics of your choosing (4 hours distributive)	Hours	Date(s)		

SIGNATURE PAGE

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}

I attest the information contained in this license application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding licensure contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant’s Name (PRINT) _____ Today’s Date: _____

Applicant Signature _____ Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS licensure I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

Name of Vermont Licensed Service Head of Service (Please print) Service #

Head of Service Signature Date

TRAINING OFFICER: I attest that I have reviewed the record of continued competency education contained in this application and further attest that it is factual and correct.

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