



**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**

VT EMS 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
( ) _____ - _____ Home Phone	( ) _____ - _____ Work Phone	_____ Sex
( ) _____ - _____ Cell Phone	_____ Date of Birth	
_____		
Email Address(es) – Required for FREE online education access		
1) _____ Primary Service Affiliation	2) _____ Additional Service Affiliation	
3) _____ Additional Service Affiliation	4) _____ 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**

**Verifications: (initials and date of individual completing task)**

Signatures: _____	Date: _____	NREMT: _____	Date: _____	VCIC: _____	Date: _____
Adult Reg: _____	Date: _____	Child Reg: _____	Date: _____	Mail: _____	Date: _____
QC: _____	Date: _____	LMS: _____	Date: _____	LServ: _____	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)		
<b>Airway, Respiration and Ventilation - 1 Hours</b>				
Ventilation	0.5			
Oxygenation	0.5			
<b>Cardiovascular - 2.5 Hours</b>				
Post-Resuscitative Care	0.5			
Stroke	0.5			
Cardiac Arrest	0.5			
Pediatric Cardiac Arrest	1			
<b>Trauma - 0.5 Hours</b>				
Central Nervous System Injury	0.5			
<b>Medical - 3 Hours</b>				
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			
<b>Operations - 1 Hour</b>				
Field Triage - Disasters/MCIs	0.5			
EMS Provider Hygiene, Safety & Vaccinations	0.25			
EMS Culture of Safety	0.25			

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

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

