



**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 TECHNICIAN
LICENSE RENEWAL APPLICATION**

This form is to be used by all persons applying to renew their EMT license. If you are an Advanced-EMT, please use forms designated for those levels. Please keep a copy of this application for your service's credentialing records.

INSTRUCTIONS

Renewing with a National Registry of EMTs Certification:

If you are renewing your Vermont EMS license with a National Registry of EMTs certification, please include a photocopy of your NREMT card with this application. Complete pages 2 & 5. You do not need to complete pages 3 or 4.

Renewing your Vermont EMT license with documentation of continuing education*:

The Vermont EMT continued competency requirements are identical to those of the National Registry of EMTs. If you have never held a National Registry certification at the EMT-B or EMT level, you must meet all continuing education requirements for NR-EMT recertification as described on pages 3 and 4 of this application (40 total hours).

***NOTE: If you once held National Registry certification and let it lapse, you must regain it to renew your Vermont license. If you have questions about whether you ever held National Registry, please call the EMS Office for assistance.**

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 a licensed EMS agency or be affiliated with a medical facility that requires you to hold this level of EMS licensure. A current email address is required for access to free online continuing education.

In the middle section of this page, please indicate whether you are renewing your license through documentation of continued competency or with a National Registry of EMTs certification.

Pages 3 and 4 (only required if you do not have a current NREMT certification)

Note: If submitting continued competency education information, your Training Officer must attest with a signature on **Page 5** that you completed all required education and skills verifications 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.)**

Page 5 (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.**

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

VT EMT License Number

VT EMT 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

() - _____ () - _____ Sex Date of Birth
Home Phone Work Phone

() - _____ Email Address(es) – Required for FREE online education access
Cell Phone

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 NREMT certification (include copy of card) Without NREMT (CE only)

(NREMT # _____ Exp. date _____)

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 _____

CE verified: YES NO N/A by: _____ Date _____

Letter/Card sent YES NO by: _____ Date _____

QC Performed YES NO by: _____ Date _____

LearnEMS Account YES NO by: _____ Date _____

Listserv YES NO by: _____ Date _____

Continued Competency Requirements - Emergency Medical Technician

If you do not hold a current NR-EMT certification, please document your competency education below.

National Continued Competency Requirements (Up to 7 hours distributive)	Hours	Date(s)
Airway, Respiration and Ventilation - 1.5 Hours		
Ventilation	1	
Oxygenation	0.5	

Cardiovascular - 6 Hours

Post-Resuscitative Care	0.5	
Stroke	1	
Cardiac Arrest	2	
Ventricular Assist Devices	0.5	
Pediatric Cardiac Arrest	2	

Trauma - 1.5 Hours

Central Nervous System Injury	0.5	
Hemorrhage Control	0.5	
Trauma Triage	0.5	

Operations - 5 Hours

At-Risk Populations	0.5	
Pediatric Transport	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	
Role of Research	0.5	

Medical - 6 Hours

Special Healthcare Needs	1.5	
OB Emergencies	0.5	
Toxicological Emergencies - Opioids	0.5	
Endocrine - Diabetes	1	
Immunological Diseases	0.5	
Infectious Diseases	0.5	
Psychiatric & Behavioral Emergencies	0.5	
Pain Management	0.5	
Neurological Emergencies - Seizures	0.5	

State/Local Continued Competency Requirements (Up to 7 hrs distributive)	Hours	Date(s)
Stroke Protocol	0.5	
Pediatrics	1	
Documentation	0.5	
Patient Refusals	0.5	
EMS Provider Wellness	0.5	
EMS Culture of Safety	1	
Spinal Injury Management	1	
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	1	
District/Agency Specific Topics - 1.5 Hours (Fill in topics below)	Hours	Dates

Individual Continued Competency Requirements - 10 Hours in topics of your choosing (Up to 10 hours distributive)	Hours	Dates

Skills Verification	Date	Method*
Patient Assessment/Management - Trauma		
Patient Assessment/Management - Medical		
<u>Ventilatory Management Skills/Knowledge</u>		
Simple Adjuncts		
Supplemental Oxygen Delivery		
Bag Valve Mask - one-rescuer / two-rescuer		
Cardiac Arrest Management - AED		
Hemorrhage Control & Splinting Procedures		
Spinal Immobilization - Seated and Supine		
OB/Gynecologic Skills/Knowledge		
Radio Communications		
Report Writing & Documentation		

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

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 continuing 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 the Training Officer)	Date