

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. <u>If you are an Advanced-EMT</u>, <u>please use forms designated for those levels</u>. **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 <u>must</u> 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 <u>Training Officer</u> must attest with a signature on <u>Page 5</u> 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 <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.

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

		 	X X X	X X X – X X –		
VT EMT License Number	VT EMT I	VT EMT License Exp. Date		Last 4 digits of Social Security Number		
Last Name	Fir	st Name	Middle Name			
Address		Town/Ci	ty	State	ZIP	
(<u> </u>	()_					
Home Phone	Wor	k Phone	Sex	Date of	of Birth	
-						
Cell Phone	Ema	iil Address(es) – Requi	red for FREE on	line education ac	ccess	
•		2)				
1) Primary Service Affilia	 ution		Additional Servi	ce Affiliation		
3)		4)				
Additional Service Aff	iliation		Additional Servi	ce Affiliation		
Prior First Names:		Prior Last N	ames:			
Birth City:	Birth Stat	e:	Birth Country			
RENEWAL METHOD:	☐ With NREMT ce	rtification (include co	opy of card)	☐ Without 1	NREMT (CE o	
	(NREMT #_		Exp. date)			
*	DO NOT WRITE BE	LOW THIS LINE -				
NREMT verified:	YES NO N/A	Ву:	Date: _			
Signatures verified:	YES NO	By:	Date: _			
VCIC verified:	YES NO	By:				
Adult Abuse Reg verified:	YES NO	By:	Date:			
Child Abuse Reg verified:	YES NO	By:				
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 - Emergency Medical Technician

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

National Continued Competency Requirements (Up tp 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		
Ventilatory Management Skills/Knowledge 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	criminal proceeding? {EMS R the VT EMS Office? YES	ed of a crime(s) (misdemeanor or felony), or are you presently a defendant in a Rules Sec. 14} If yes, have you previously disclosed your crime conviction(s) to NO ain:		
YES	NO	Have you ever surrendered, resigned, been denied or had an action taken against any professional licens 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 complian with a plan to pay any and all child support ?{15 V.S.A. Section 795} If no, please explain:			
NO	YES	{32 V.S.A. Section 3113}	good standing with respect to or in full compliance with a plan to pay any and all VT taxes due?		
NO	YES	respect to or in full compliance {21 V.S.A. Section 1378}	ation to pay unemployment compensation contributions or in good standing with ompliance with a plan to pay any and all unemployment compensation contributions? 378}		
NO	YES	neglect or exploitation substan	e Vermont Department of Health of any informatiated against you and contained in the Vermon Registry? {EMS Rule 14.1.5.6}		
deeme revoca	d by the C tion or der	ommissioner of Health to be in vinial. I further attest that I have rea	pplication is true and accurate. Any intentional iolation of Vermont law, and may subject my liad and understand all information regarding licelieve me of any duty described in the Department	icense to conditions, suspension, ensure contained in this	
Applio	cant's Na	me (PRINT)	Today	's Date:	
Applio	cant Sign	ature	Your I	Birth Date:	
affilia and I	ted with t have rev	SERVICE: In signing this and the service listed below and the iewed the answers to the about the iewed Service	pplication for Vermont EMS licensure I at I am signing after the applicant has coove questions. Head of Service (Please print)	test that the applicant is empleted the application Service #	
Tvairie			rieda or sorvice (riedae print)	Service "	
Head	of Servic	e Signature	Date		
		OFFICER: I attest that I have further attest that it is factual	nave reviewed the record of continuing edu and correct.	acation contained in this	
		er Signature (or District Train cant is the Training Officer)			