



**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 & EMT-INTERMEDIATE LICENSE RENEWAL APPLICATION

This form is to be used by all persons applying to renew their Vermont EMT-Intermediate-90, EMT-Intermediate-03 or Advanced EMT license. **Please keep a copy of this application for your service’s credentialing records.**

INSTRUCTIONS

If you hold a current National Registry AEMT certification	Attach a copy of your current NR-AEMT card. Documentation of continuing education is not required.
If you hold a current NREMT-B certification	Please include a photocopy of your current NREMT-B card AND document 72 hours of continuing education as described on pages 3 and 4. You are not required to earn more than 72 hours total; the hours you document on your Vermont application can also be used for NREMT renewal.
If you hold a current NREMT-I certification	Attach a copy of your current NREMT-I card. Documentation of continuing education is not required..
If you have ever held National Registry certification and let it lapse	You <u>must</u> obtain National Registry AEMT certification before you can be relicensed in Vermont.
If you have never held a NREMT certification at the Basic or Intermediate level	Please document 72 hours of Intermediate or Advanced EMT continuing education as described on pages 3 and 4.

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 Intermediate level, or be affiliated with a medical facility that requires you to hold this level of EMS licensure.

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 continuing education or with a National Registry of EMTs certification.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Pages 3 and 4:

Unless you hold a current NREMT-I or NR-AEMT certification, you must fill out pages 3 and 4. Vermont and NREMT continuing education requirements are identical: a 36-hour refresher program and 36 additional hours of EMS-related CE. The refresher program consists of Mandatory Core topics and Flexible Core topics. You are required to obtain the specified number of hours in all of the Mandatory Core sections; the Flexible Core sections allow you to choose among several optional topics as long as you obtain the required total number of hours for that section.

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.** Your Training Officer must attest with a signature that you completed all required continuing education documented on this application. Your District Medical Advisor must attest that you meet local medical control requirements to function at an advanced level and should be relicensed.

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

VT License Number	VT License Exp. Date	X X X – X X – _____ Last 4 digits of Social Security Number
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Last Name	First Name	Middle Name
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Address	Town/City	State	ZIP
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(____)____-_____ Home Phone	(____)____-_____ Work Phone	_____ Sex	_____ Date of Birth
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(____)____-_____ Cell Phone	_____ Email Address(es)
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1)_____ Primary Service Affiliation	2)_____ Additional Service Affiliation
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3)_____ Additional Service Affiliation	4)_____ Additional Service Affiliation
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LICENSE LEVEL: EMT-I-90 EMT-I-03 Advanced EMT

RENEWAL METHOD: With NREMT-I/NR-AEMT card With NREMT-B card and CE

(NREMT # _____) (Exp. _____)

Without NREMT (CE only)

Request for Supplemental Information

The Vermont Emergency Medical Services system is part of a network of responders who may be called upon in times of disaster. If you wish to be a resource for such an event, please provide the information requested below. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

What is your occupation: _____

Please list other relevant skills (clerical, counseling, heavy equipment operation, etc.):

Next of Kin or Emergency Contact Information

<u>Primary</u>		<u>Secondary</u>
Full Name _____		Full Name _____
Relationship _____		Relationship _____
Address _____		Address _____
City/State/Zip _____		City/State/Zip _____
Phone Number _____		Phone Number _____
Alt. Number _____		Alt. Number _____

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

Held NREMT?	YES NO by: _____	Date _____	
Credentials verified:	YES NO by: _____	Date _____	

Name: _____

EMT # _____

EMT-Intermediate or Advanced EMT Refresher

Mandatory Core Content: You must complete the required hours of education covering all topics within this section

Flexible Core Content: You must complete the total hours required for this division and complete at least one objective within the division

Req. Hrs	Divisions	Date	Hours	Method
6	AIRWAY, BREATHING AND CARDIOLOGY - Mandatory Core			
	Provide ventilatory support for a patient			
	Provide care to a patient experiencing cardiovascular compromise			
	Attempt to resuscitate a patient in cardiac arrest			
	Provide post-resuscitation care to a cardiac arrest patient			
6	AIRWAY, BREATHING AND CARDIOLOGY - Flexible Core			
	Assess & provide care for adult patient in respiratory distress			
	Use oxygen delivery system components			
	Perform techniques to assure a patent airway			
	Assess & provide care to a patient experiencing non-traumatic chest pain			
2	MEDICAL EMERGENCIES - Mandatory Core			
	Assess & provide care to a patient experiencing an allergic reaction			
	Assess & provide care to a near-drowning patient			
	Assess a patient with possible overdose			
4	MEDICAL EMERGENCIES - Flexible Core			
	Assess & provide care to a patient with altered mental status			
	Assess & provide care to a patient experiencing a seizure			
	Assess & provide care to a patient experiencing a behavioral problem			
	Assess & provide care to a patient with a history of diabetes			
	Assess & provide care to a patient exposed to heat and cold			
	Assess & provide care to a patient with suspected communicable disease			
4	TRAUMA - Mandatory Core			
	Perform a rapid trauma assessment			
	Assess & provide care to a patient with suspected spinal injury			
	Provide care to a patient with an open abdominal injury			
	Assess a patient with a chest injury			
	Assess a patient with a head injury			
	Provide care to a patient with shock/hypoperfusion			
1	TRAUMA - Flexible Core			
	Provide care to a patient with a painful, swollen, deformed extremity			
	Assess & provide care to a patient with a burn injury			
6	OBSTETRICS AND PEDIATRICS - Mandatory Core			
	Assess & provide care to an infant or child with cardiac arrest			
	Assess & provide care to an infant or child with shock/hypoperfusion			
	Assess & provide care to an infant or child with respiratory distress			
	Assess & provide care to an infant or child with trauma			
6	OBSTETRICS AND PEDIATRICS - Flexible Core			
	Assess & provide care to an infant or child with suspected abuse or neglect			
	Assess & provide care for the obstetric patient			
	Provide care to the mother immediately following delivery of a newborn			
	Assess & provide care to an infant or child with a fever			
	Provide care to a newborn			
1	OPERATIONAL TASKS: Flexible Core			
	Use body mechanics when lifting or moving a patient			
	Communicate with patient while providing care			

Name: _____

EMT # _____

ADDITIONAL EMS RELATED CONTINUING EDUCATION:

You must complete 36 hours of EMS related continuing education in addition to the categories specified on the previous page.

- A maximum of 18 hours may be applied from any one topic area
- A maximum of 16 hours may be applied from each of the following courses: ABLIS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, PPC, etc. and from teaching EMS courses.
- A maximum of 12 hours can be applied from each of the following courses: teaching CPR, Emergency Driving, and Dispatch Training.
- A maximum of 18 hours can be applied from CECBEMS-approved Distributive Education (online, magazine or video-based). This listing must include the approval number from CECBEMS. For a listing of approved programs go to www.CECBEMS.org.

Date	Topic Area Covered	Training Method	Hours	Date	Topic Area Covered	Training Method	Hours

OR

Submit a copy of your National Registry EMT-I or AEMT Certification Card

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 11.1.6.1}
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. 11} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO
If not disclosed, please explain: _____
If yes, please provide complete copies of documentation for each matter.
- YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.1.6.10}
If yes, please explain: _____
- YES NO Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or resigned a license or certification for any reason in Vermont or elsewhere?
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: _____

I attest the information contained in this 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 to my knowledge this record of continuing education is correct.

Training Officer or District Training Coordinator Signature

Date

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

District Number Date