



**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 / EMT-BASIC
LICENSE RENEWAL APPLICATION**

This form is to be used by all persons applying to renew their EMT or EMT-Basic license. If you are an EMT-Intermediate or 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 License:

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 & 6. You do not need to complete pages 3, 4 or 5.

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

The Vermont EMT and EMT-B continuing education 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 NREMT EMT-B or EMT recertification as described on pages 3, 4 and 5 of this application (72 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.

In the middle section of this page, please indicate whether you are renewing your license 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, 4 and 5 (Only required if you do not have a current NREMT certification)

Note: If submitting continuing education or refresher course information, your Training Officer must attest with a signature on **Page 6** that you completed all required continuing education documented on this application.

Page 6 (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.** If submitting continuing education or refresher course information, your Training Officer must attest with a signature that you completed all required continuing education documented on this application.

EMT / EMT-Basic Refresher Course

1. Record a minimum of 24 hours of refresher education covering the objectives and content in the current National Education Standards for EMT-Basic or EMT. Elective hours must reflect subject matter included in these standards. Indicate whether the CE was lecture (L), skill practice (S) or web-based (W). An EMT may obtain up to 10 hours through web-based CE programs approved by either the Continuing Education Coordinating Board for EMS (CECBEMS) or the Vermont EMS Office. Unsupervised video, ER observation and journal articles will not count.
2. A refresher course can be a Department-approved course or 24 hours of equivalent refresher training that meets the categories below. If you took an approved refresher course, enter the course number and completion date in the box below.
3. If you did not complete a refresher course, have your training officer complete the skill proficiency section.

24-Hour Refresher Course Number: _____	Course Completion Date: _____
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- OR -

CE Subject (Hours Required)	Hours Done	Format	Date
Preparatory (1)		L S W	
Airway (2)		L S W	
		L S W	
Patient Assessment (3)		L S W	
		L S W	
		L S W	
Medical/Behavioral (4)		L S W	
		L S W	
		L S W	
		L S W	
Trauma (4)		L S W	
		L S W	
		L S W	
		L S W	
OB, Infants & Children (2)		L S W	
		L S W	

Skill Proficiency Verified	Method		
	DO	QI	O
Bag-valve-mask			
Oxygen administration			
Oral and nasal airways			
Medical assessment			
Trauma assessment			
Pediatric assessment			
CPR			
Automated defibrillation			
Medication administration			
Extremity splinting			
Spine immobilization			
Hemorrhage control			

CE Formats

- L Lecture/classroom
- S Skill practice
- W Web-based

Skill Verification Methods

- DO Direct observation
- QI Quality improvement Program
- O Other

Electives (8) – list topics below

		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
TOTAL (24)			

- OR -

Show a current NREMT-B certification or higher

