

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. <u>If you are an EMT-Intermediate or Advanced-EMT</u>, 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. <u>You do not need to complete pages 3, 4 or 5.</u>

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 <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.

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

APPLICANT INFORMATION

PLEASE PRINT			ХХ	X-XX-	SE PR
VT License Number				Last 4 digits of Social Security Number	
Last Name		First Name	First Name		
Address		To	wn/City	State	ZIP
	(Work Phone	Sex	Date of B	irth
			ail Address(es)		
		2)			
Primary Service Affilia	tion			ervice Affiliation	
)Additional Service Affi	iliation	4)	Additional Se	ervice Affiliation	
RENEWAL METHOD:		With NREMT certification	(include copy of c	eard)	
		(NREMT #	exp	date)
		(NREMT # Without NREMT (CE only)		date)
		Without NREMT (CE only) Request for Supplemen	tal Information		
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Ever held NREMT cert? YES NO by: _____ Date ____

Name EMT #	
Name EWI #	

EMT / EMT-Basic Refresher Course

- 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	
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	
Wedical/Bellaviolal (4)		L S W	
		L S W	
		L S W	
Troume (4)		L S W	
Trauma (4)		L S W	
		L S W	
OB, Infants & Children (2)		L S W	
OB, illiants & Clindren (2)		L S W	

Skill Proficiency Verified	Method		
	DO	QI	0
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			

Electives (8) - list topics below

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

CE Formats

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

Skill Verification Methods

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

- OR -

Show a current NREMT-B certification or higher

Name	FMT#
1441116	

<u>Please document 48 hours of additional CE using the grid below (and on page 5, if needed)</u>

- List the date, topic and total number of training hours received and indicate how the education was delivered (i.e., classroom, in-service training, video training, computer etc). If completed through distributive education you must include the approval number from CECBEMS (You may accrue no more than 24 hours towards this section from distributive education, which must be approved by CECBEMS. For a listing of approved programs, go to www.cecbems.org.)
- All continuing education must have been completed within the current license cycle.

Additional EMT Continuing Education

Date	Topic Area Covered	Training Method	Hours Received
			-

Name	EMT#
1441110	

Date	Topic Area Covered	Training Method	Hours Received
			_

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	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	criminal proceeding? {EMS Rules 11.1 the VT EMS Office? YES NO If not disclosed, please explain:	ne(s) (misdemeanor or felony), or are you present.4} If yes, have you previously disclosed your			
		If yes, please provide complete copies of	of documentation for each matter.			
YES	NO	Vermont or elsewhere? {EMS Rule 11.	nst any professional license or certification tha 1.6.10}	t you have held in		
YES	NO	Have you ever applied for and been den resigned a license or certification for an If yes, please explain:		ntarily surrendered or		
NO	YES	with a plan to pay any and all child supp	support or in good standing with respect to or it port ?{15 V.S.A. Section 795}	-		
NO	YES	{32 V.S.A. Section 3113}	o or in full compliance with a plan to pay any			
NO	YES	respect to or in full compliance with a p {21 V.S.A. Section 1378}	ployment compensation contributions or in good lan to pay any and all unemployment compens	ation contributions?		
the Cor or deni	nmissioner al. I furthe	r of Health to be in violation of Vermont lar ar attest that I have read and understand all	and accurate. Any intentional misrepresentation aw, and may subject my license to conditions, a information regarding licensure contained in described in the Department-approved version	suspension, revocation this application.		
Applic	ant's Nan	ne (PRINT)	Today's Date:			
Applic	ant Signa	ture	Your Birth Da	te:		
affiliat	ed with th	ERVICE : In signing this application application are service listed below and that I am service the answers to the above questimates.	on for Vermont EMS licensure I attest that igning after the applicant has completed tions.	the applicant is I the application		
Name	of Vermo	nt Licensed Service	Head of Service (Please print)	Service #		
Head o	of Service	Signature	Date			
		OFFICER: I attest that I have revifurther attest that it is factual and corr	ewed the record of continuing education cect.	contained in this		
Traini	ng Officer	or District Training Coordinator Sign	nature Date			