



Vermont Department of Health
 Emergency Medical Services and Injury Prevention
 Agency of Human Services



Vermont EMS Continuing Education Form
First Responder-ECA, EMT-Basic and EMT-Intermediate Certifications

INSTRUCTIONS FOR ALL APPLICANTS

1. The purpose of this form is to submit continuing education credits as part of the Vermont recertification exam process. Applicants wishing to renew their certification with a National Registry card must use a separate form which can be obtained from the Vermont EMS Office.
2. All out-of-state training must be documented by a certificate or letter from the sponsoring organization.
3. All CE must have been completed during the current (or last 2 years, if expired) recertification period.
4. Your service training officer (or district training coordinator if you are a training officer) must sign this form in the box below. To recertify, you must be affiliated with a licensed service or show some other Health Department-approved involvement in the delivery of emergency medical treatment.
5. Page 2 is for First Responder-ECA recertification and modules re-authorization, page 3 is for EMT-Basic recertification and page 4 is for EMT-I 90 and EMT-I 03 recertification. Specific requirements and directions for each level can be found on these pages. For EMT-I recertification, make sure your district medical advisor has signed the bottom of page 4. To recertify as an EMT-I, you must have affiliation with a service licensed to at least the EMT-I level.
6. The completed and signed form should be received by the EMS Office at least two weeks before your certification expires.

Recert Exam Date _____ **Recert Exam Location** _____

Name _____ **EMT #** _____ **Expiration Date** _____

I attest the information contained in this application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension revocation or denial. I further attest that I have read and understand all information regarding recertification contained in this application.

Applicant's signature

Date

I attest that to the best of my knowledge this record is correct and factual. I further attest that the applicant is affiliated with the licensed ambulance or first responder service listed below or has shown other appropriate involvement in the delivery of emergency medical treatment.

Signature of training officer or district training coord.

Name of service

Date

Name _____

EMT # _____

First Responder-ECA Recertification and Modules Reauthorization

A minimum of 12 hours of continuing education in areas as specified below is required for First Responder-ECA recertification. Use the chart below to fill in the date(s) and number of hours completed in each area.

Subject	Required Hours	Date	Hours	Date	Hours	Date	Hours
Preparatory	1						
Airway	2						
Patient Assessment	2						
Circulation	3						
Illness & Injury	3						
Childbirth/Children	1						

For First Responder-ECAs who have completed the requirements for First Responder-ECA+4 certification, a minimum of 8 hours of continuing education, in addition to the 12 hours listed above, is required since your last (re)certification. **Use the chart below to record additional hours completed in each area.**

Subject	Required Hours	Date	Hours	Date	Hours	Date	Hours
Cardiac Arrest Management	1						
Vital signs, Oxygen administration	2						
Patient Assessment, Documentation & Communications	2						
Shock, Soft-tissue injuries, head & spine injuries	3						

If you took Modules courses during this past certification period, please list the course number and completion date in the chart below.

	Course Number	Date Completed		Course Number	Date Completed
Module 1			Module 4		
Module 2			Module 5		
Module 3			Module 6		

Name _____ EMT # _____

EMT-Basic Recertification

If your certification is current or has been expired less than 1 year:

1. Using the grid below, record a minimum of 24 hours of continuing education covering the objectives and content in the 1994 EMT-B DOT curriculum. Elective hours must reflect subject matter included in this curriculum.
Unsupervised video, ER observation and journal articles will not count toward Vermont EMT-B recertification.
2. A Health Department-approved 24-hour refresher course is not required but meets the continuing education requirements for EMT-Basic recertification. If you took an approved refresher course, enter the course number and completion date in the box below.

If your certification expired between one and three years ago, you must successfully complete an approved EMT-B refresher course. Please record the refresher course number and completion date in the box below.

If you were issued a certification for less than 2 years, please submit 1 hour of CE credit for each month since your certification was issued.

24-Hour Refresher Course Number	Course Completion Date

Subject	Hours Required	Hours Completed	Date
Preparatory	1		
Airway	2		
Patient Assessment	3		
Medical/Behavioral	4		
Trauma	4		
OB, Infants & Children	2		
Electives – list topics below	8		
TOTAL	24		

Name: _____

EMT # _____

EMT-Intermediate 90 and EMT-Intermediate 03

1. To recertify through continuing education, your EMT-I certification must be current or within six months of expiration. To regain a certification that has lapsed more than six months, contact the EMS Office.
2. In addition to all requirements for EMT-B recertification, EMT-I 90s must complete at least 10 hours of CE in areas specified below. EMT-I 03 recertification requires 6 additional hours in specified categories.
3. If your EMT-I certification is less than two years old, you must submit a prorated number of hours at a rate of 5 hours per year at the EMT-I 90 level or 8 hours per year at the EMT-I 03 level.
4. No more than 5 hours of EMT-I CE may be gained through unsupervised video or CE journals.

Module	Topic	Required Hours	Hours Completed	Date Completed
EMT-I-90 and EMT-I-03				
Preparatory	Venous Access and Protocol Review	2		
Airway Management	Airway Management	2		
Shock	Fluids, Electrolytes and Shock	2		
Medical Emergencies	Assessment and Management of Diabetes and Neurological Emergencies	2		
	Assessment and Management of Allergic and Poisoning/Overdose Emergencies	2		
Total for EMT-I-90:		10		

EMT-I-03 ONLY				
	Anatomy & Physiology and Pharmacology	2		
	Respiratory Emergencies	2		
	Cardiac Emergencies	2		
Total for EMT-I-03:		16		

DISTRICT MEDICAL ADVISOR: By signing below, I attest that this applicant meets local medical control requirements and should be recertified as an EMT-Intermediate by the Vermont Department of Health.

PRINT: District Medical Advisor

Date

SIGNATURE: District Medical Advisor