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INTRODUCTION

The vision of the National Registry of Emergency Medical Technicians (NREMT) Recertification Department is to “provide customer support to Training Officers, Medical Directors, and providers while validating that the EMS Professionals have maintained continued competence through education and practice for quality patient care to ensure public safety.” Embracing this vision, it is the intent of the Recertification Department to present this guide to serve as a resource for agencies, training officers, medical directors, and other stakeholders who may benefit.

The NREMT is committed to protection of the public by offering ongoing improvements in the recertification process and updating guidelines that will favorably impact EMS for many years to come. Specifically, the National Continued Competency Program incorporates the use of evidence-based medicine, gives state and local agencies the freedom to dictate a portion of their education requirements, and provides a foundation for EMS professionals to embrace life-long learning.

The NREMT wishes to extend our sincere gratitude to the State EMS Offices, Agencies, Training Officers, Medical Directors, and EMS Professionals who are committed to maintenance of provider certification through the established guidelines and uniform standards set forth by the NREMT.
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BRIEF HISTORY OF NATIONAL EMS CONTINUED COMPETENCY

Since the registration of the first nationally certified EMS professional in 1971, EMS practice has evolved significantly. Over the last four decades, the EMS profession has advanced from fundamental methods of care and transportation, to the delivery of more advanced emergency medicine in the out-of-hospital environment. It is with the changes in the EMS scope of practice, the Practice Analysis, development and inclusion of evidence-based guidelines, and shifting community based needs which helps drive the importance of continued competency and maintenance of certification.

The 2007 release of the National EMS Scope of Practice Model identified four levels of provider care:

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician
- Paramedic

Further, in 2009 the National EMS Education Standards were completed. These standards outlined education necessary to bring entry-level providers to a competency level recognized in the National EMS Scope of Practice Model.

The NREMT has utilized the Traditional Model of recertification since the 1980s when recertification requirements were based on the premise that all providers completed the same “clock hours” of training. While there was some flexibility to adapt some training to local needs, the recertification process did not provide a formal pathway for adaptability. Refresher content areas did not prescribe training over areas of practice where significant change had occurred. Lastly, there was no ability for medical directors and systems to focus training on needs identified by the continuous quality improvement process. As a result, the need for a new, more contemporary model of recertification was created.

PRINCIPLES AND APPLICATION OF THE CONTINUED COMPETENCY PROGRAM

In 2010, a task force met to consider revisions of the NREMT’s recertification process. The task force was a multi-disciplinary group comprised of representatives of the major regulatory, medical oversight and operational components of Emergency Medical Services.

During the 2000’s continued competency was being addressed as a necessity for all medical specialties. The ongoing work of the American Board of Medical Specialties (ABMS) was reviewed by the task force. In summary, the NREMT’s continued competency task force selected five key principles identified by ABMS that were adopted and included in the recertification process for National EMS Certification.

These 5 principles include:

1. Professional Standing
2. Practice Performance
3. Life-Long Learning
4. Individual Continuing Education
5. Self-Assessment*

*Self-Assessment was originally adopted and included in the early stages of the NCCP recertification model and is no longer required.
1. Professional Standing

For an individual to hold National EMS Certification the individual must not be barred from licensure/certification in any state. Holding a current valid license/certification is a critical element to assure the public that EMS providers have not faced any action that would bar them from practice. The NREMT requires disclosure of any criminal convictions or licensure/certification limitations as part of the certification and recertification requirements.

The NREMT has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public. All applicants for certification or recertification must disclose any criminal conviction as required on an application.

The NREMT may deny an applicant eligibility to sit for a certification examination, deny certification, suspend or revoke an individual’s certification, or take other appropriate action with respect to the applicant’s certification or recertification based on an applicant’s felony criminal convictions and all other criminal convictions (whether felony or misdemeanor) relating to crimes involving physical assault, use of a dangerous weapon, sexual abuse or assault, abuse of children, the elderly or infirm and crimes against property, including robbery, burglary and felony theft.

You may review further information related to this policy at https://www.nremt.org/rwd/public/document/policy-criminal.

2. Practice Performance

Each EMS system across the nation has evolved to meet the individual needs of the community or region it serves. National EMS Certification requires competency and education at the local level to best serve specific state and community needs. Continued competency to practice may be validated by psychomotor or skills assessments and other performance measurement tools. Validation of practice performance is the responsibility of the provider’s EMS supervisor or training officer at the EMR and EMT levels and validated by the provider’s physician medical director at the Intermediate, AEMT and Paramedic levels for active certification.

3. Life-Long Learning

Initial education/training is intended to provide entry-level knowledge and skills for an EMS provider. Building on the foundation of initial education, life-long learning aids providers in adapting to the continuous changes in patient care, education, protocols and other influencing factors of EMS practice.

The improvement of patient care and providing quality care should be the goal of every EMS professional regardless of location. Life-long learning is part of continued competency, therefore a requirement of the National Continued Competency Program, and is a key component to an EMS professional’s career.

4. Individual Continuing Education

A continuous competency program must focus on the entire clinical domain of out-of-hospital emergency care. Continuing education focused on areas of need of the EMS professional has the potential to improve knowledge, better skills, and positively affect patient outcomes. Individual continuing education embraces the principle of life-long learning.
5. Self-Assessment (not currently utilized in NCCP)

In the pilot phase of the new National Continued Competency Program, the NREMT launched a low-stakes self-assessment covering four broad domains of out-of-hospital emergency care to include Airway, Respiration & Ventilation; Cardiology & Resuscitation; Medical, Obstetrics & Gynecology; and Trauma. Because this self-assessment was low-stakes and the culture around self-assessment was not widely accepted in the EMS community the reliability of aggregated data to inform individual providers, agencies and states could not be optimized. While it is the vision and hope of the NREMT that the EMS community will embrace the importance and utility of self-assessment data, at the current time, the NREMT will not require a self-assessment component as part of national EMS recertification.

OVERVIEW OF THE NATIONAL CONTINUED COMPETENCY PROGRAM

The National Continued Competency Program (NCCP) has three components:
- National Component
- Local Component
- Individual Component

The following table lists the required number of hours of continuing education for each level of National EMS Certification, the specific component, and the allowable distributive education (Table 1). Each of the components is explained in detail in the following sections.

Table 1. NCCP Hour Requirements

<table>
<thead>
<tr>
<th>Level</th>
<th># CEU Hours</th>
<th>National (NCCR)</th>
<th>Local (LCCR)</th>
<th>Individual (ICCR)</th>
<th>Total (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>Total (per Component)</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>16</td>
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<tr>
<td></td>
<td>Allowable Distributive Education (DE)</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>10</td>
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<tr>
<td>EMT</td>
<td>Total (per Component)</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Allowable Distributive Education (DE)</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>AEMT</td>
<td>Total (per Component)</td>
<td>25</td>
<td>12.5</td>
<td>12.5</td>
<td>50</td>
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<tr>
<td></td>
<td>Allowable Distributive Education (DE)</td>
<td>8</td>
<td>8</td>
<td>12.5</td>
<td>28.5</td>
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<tr>
<td>NRP</td>
<td>Total (per Component)</td>
<td>30</td>
<td>15</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Allowable Distributive Education (DE)</td>
<td>10</td>
<td>10</td>
<td>15</td>
<td>35</td>
</tr>
</tbody>
</table>
NATIONAL COMPONENT

The National Component replaces the material taught in the traditional DOT refresher and represents 50% of the overall requirements necessary to renew National EMS Certification. Requirements for the National Component are updated every four years based upon input obtained from national EMS stakeholders. Topics chosen are influenced by:

- Evidenced-based medicine
- Changes in the National EMS Scope of Practice Model
- Science-based position papers that affect EMS patient care
- Patient care tasks that have low frequency yet high criticality
- Peer-reviewed articles that feature contemporary trends in EMS

Topics identified are approved and incorporated into the National Continued Competency Program by the NREMT Continued Competency Committee. Every four years the NREMT will provide the educational materials (i.e., lesson plans) for the National Component to the EMS community. The topic requirements for the National Component are on the following pages. While there are two current NCCP models, NREMT recommends the use of the most current model.

Registrants may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the National Component as distributive education (DE; i.e., CAPCE Designation F3**, video review, directed studies, etc.).

The maximum number of DE hours allowed for each level of certification for the national component can be found in Table 2. The total number of DE hours allowed for the national component will be decided by the NREMT’s Continued Competency Committee and will be published with each change to the component topics.

**NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

Table 2. Maximum Number of DE Allowed for the National Component

<table>
<thead>
<tr>
<th>Level</th>
<th>Maximum Allowable DE for National Component (time in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>3</td>
</tr>
<tr>
<td>EMT</td>
<td>7</td>
</tr>
<tr>
<td>AEMT</td>
<td>8</td>
</tr>
<tr>
<td>NRP</td>
<td>10</td>
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# 2016 National Component

<table>
<thead>
<tr>
<th>Broad Topics</th>
<th>Sub Topics</th>
<th>EMR Time in hours</th>
<th>EMT Time in hours</th>
<th>AEMT Time in hours</th>
<th>NRP Time in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ARV</strong></td>
<td>Ventilation</td>
<td>0.5</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Capnography</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Oxygenation</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td><strong>Total ARV Hours</strong></td>
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<td>1.5</td>
<td>2.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Post-Resuscitation</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>VADs</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>0.5</td>
<td>1</td>
<td>1</td>
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<td>Cardiac Arrest</td>
<td>0.5</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td></td>
<td>Pediatric Cardiac Arrest</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2.5</td>
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<tr>
<td></td>
<td><strong>Total Cardiology Hours</strong></td>
<td>2.5</td>
<td>6</td>
<td>7</td>
<td>8.5</td>
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<tr>
<td>Trauma</td>
<td>Trauma Triage</td>
<td>--</td>
<td>0.5</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>CNS Injury</td>
<td>0.5</td>
<td>0.5</td>
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<td>1</td>
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<tr>
<td></td>
<td>Hemorrhage Control</td>
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<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Fluid Resuscitation</td>
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<td>--</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td><strong>Total Trauma Hours</strong></td>
<td>0.5</td>
<td>1.5</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Medical</td>
<td>Special HC Needs</td>
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<td>1.5</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>OB Emergencies</td>
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<td>Medication Delivery</td>
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<td>--</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pain Management</td>
<td>--</td>
<td>0.5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Psychiatric</td>
<td>0.25</td>
<td>0.5</td>
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<td>1</td>
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<tr>
<td></td>
<td>Toxicological/Opioids</td>
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<td>Neurological/Seizures</td>
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<td>0.5</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Endocrine/Diabetes</td>
<td>0.5</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>Immunological</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
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<tr>
<td></td>
<td><strong>Total Medical Hours</strong></td>
<td>3</td>
<td>6</td>
<td>7.5</td>
<td>8.5</td>
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<tr>
<td>Operations</td>
<td>At-Risk Populations</td>
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<td>0.5</td>
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</tr>
<tr>
<td></td>
<td>Ambulance Safety</td>
<td>--</td>
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<td>0.5</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Field Triage</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hygiene/Vaccinations</td>
<td>0.25</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
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<td></td>
<td>Culture of Safety</td>
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<td>0.5</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Pediatric Transport</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
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<td></td>
<td>Crew Resource Mgmt</td>
<td>--</td>
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<td>1</td>
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<td></td>
<td>Role of Research</td>
<td>--</td>
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<tr>
<td></td>
<td>Evidence Based Guidelines</td>
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<td>5</td>
<td>5</td>
<td>6.5</td>
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</table>

**TOTAL Hours**

8

20

25

30

**ARV=Airway, Respirations, Ventilations**
## 2012 National Component

<table>
<thead>
<tr>
<th>Broad Topics</th>
<th>Sub Topics</th>
<th>EMR Time in hours</th>
<th>EMT Time in hours</th>
<th>AEMT Time in hours</th>
<th>NRP Time in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV**</td>
<td>Ventilation</td>
<td>1</td>
<td>3</td>
<td>3</td>
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<td>Capnography</td>
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</tr>
<tr>
<td></td>
<td>Advanced Airway Management</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>Oxygenation</td>
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<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
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<td>0.5</td>
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<td>VADs</td>
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<td>0.5</td>
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<tr>
<td>Trauma</td>
<td>Field Triage</td>
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<td>Medical</td>
<td>Special HC Needs</td>
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<td>OB Emergencies</td>
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<tr>
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<td>Endocrine/Diabetes</td>
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<td>1</td>
<td>1</td>
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<td></td>
<td>Immunological Diseases</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Total Medical Hours</td>
<td></td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Operations</td>
<td>At-Risk Populations</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Affective Characteristics</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Culture of Safety</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Pediatric Transport</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Crew Resource Mgmt</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Role of Research</td>
<td>--</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Total Operations Hours</td>
<td></td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Additional ALS Education</td>
<td></td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td>Total National Hours</td>
<td></td>
<td>8</td>
<td>20</td>
<td>25</td>
<td>30</td>
</tr>
</tbody>
</table>
LOCAL COMPONENT

The local component is developed and delivered at the local or state EMS level and represents 25% of the recertification requirements for all provider levels. The topics may be determined by State EMS Offices and EMS region directors (where applicable), however, if the state allows, agency-level administrators (Medical Directors and Training Officers) may dictate this component. Sources that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)
- Run reviews and/or grand rounds
- Community based needs assessment

Registrants may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 2/3 of the local component as distributive education (DE; i.e., CAPCE Designation F3**, video review, directed studies, etc.).

The maximum number of DE hours allowed for each level of certification for the local component can be found in Table 3. The total number of DE hours allowed for the local component will be decided by the NREMT’s Continued Competency Committee and will be published with each change to the component topics.

**NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.**

<table>
<thead>
<tr>
<th>Level</th>
<th>Maximum Allowable DE for Local Component (time in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>3</td>
</tr>
<tr>
<td>EMT</td>
<td>7</td>
</tr>
<tr>
<td>AEMT</td>
<td>8</td>
</tr>
<tr>
<td>NRP</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 3. Maximum Number of DE Allowed for the Local Component
INDIVIDUAL COMPONENT

The Individual Component represents 25% of the required continuing education. To satisfy these requirements, an individual may select any EMS-related education.

There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a registration cycle. Individuals may complete the Individual Component as distributive education (DE; i.e., CAPCE Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the Individual Component can be found in Table 4.

**NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.**

Table 4. Maximum Number of DE Allowed for the Individual Component

<table>
<thead>
<tr>
<th>Level</th>
<th>Maximum Allowable DE for Individual Component (time in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>4</td>
</tr>
<tr>
<td>EMT</td>
<td>10</td>
</tr>
<tr>
<td>AEMT</td>
<td>12.5</td>
</tr>
<tr>
<td>NRP</td>
<td>15</td>
</tr>
</tbody>
</table>

**NOTE:** CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.
RECERTIFICATION METHODS

To apply for recertification, you need to:

Demonstrate cognitive competency through continuing education or examination.
Submit recertification payment and any additional fees (paper processing fee, late fee, etc.).
Complete and submit the recertification application all other recertification requirements.

All other recertification requirements include: criminal conviction and licensure limitation statements, verification of skills, Training Officer and Physician Medical Director signature (if applicable).

All materials must be submitted electronically or postmarked by March 31 (EMR is September 30) of the expiration year. There is a reinstatement period available from April 1 to April 30 (EMR is October 1 to October 31) of the expiration year for an additional $50 processing fee.

There are two methods that may be used to meet continued cognitive competency requirements
Recertification by examination
Documentation of continuing education

Recertification by Examination

The recertification by examination option enables you to demonstrate cognitive competency without requiring you to document continuing education. This option is available beginning April 1 (EMR is October 1), up to 1 year prior to the current expiration date.

The steps to schedule the recertification by examination may be found below:

- Log in to your account on the NREMT website, select the My Certification role and look for the “Recertification by Examination” option.
- Complete a Recertification by Examination application. Be sure you are completing the recertification application (and not the initial certification application).
- Submit payment.
- After 24-48 hours, go to the NREMT website, log in to your account and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
- Take and pass the exam by March 31 (EMR- September 30) of the year your certification expires. You may make one attempt to demonstrate continued cognitive competency by taking an exam (in lieu of documenting continuing education).
- For inactive certification, the process is complete. To be processed as an active certification, you will need to be affiliated with an agency and a Training Officer or Medical Director, respective to provider level, is required to validate the skills competency.

NOTE: If you are unsuccessful on the Recertification by Examination or do not complete the process of Recertification by Examination, you will be required to demonstrate cognitive competency through continuing education for recertification prior to March 31 of your expiration year.
Continuing Education Method

The continuing education option allows the provider to demonstrate continued cognitive competency by documenting the hours of continuing education completed during the certification cycle.

Use the NREMT online recertification process to track continuing education hours, affiliate with an agency, validate skills competency, and submit an electronic recertification application online for faster, more efficient processing.

Regarding CPR and ACLS: In the Traditional Model of Recertification, CPR is required at the EMR and EMT level and CPR and ACLS are required at the AEMT and Paramedic level for recertification. However, in the NCCP Model of Recertification, CPR and ACLS are not required but if documented those standardized course hours may be applied to the National, Local, or Individual Components.

The following are maximum hours per course that can be applied towards the new National Continued Competency Program (National, Local, and Individual Components):

- Hour-for-hour credit can be applied for standardized courses (including, but not limited to, ABLS, ACLS, AMLS, EMPACT, EPC, ITLS, PHTLS, PALS, PEPP, etc.)
- Credit can be applied for college courses that relate to your role as an EMS professional (1 college credit = 8 hours of continuing education). Examples include, but not limited to, anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology medical terminology, etc.
- Hours from the following courses can be applied hour-for-hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, Critical Care, and Wilderness EMS Training.

The following cannot be applied towards continuing education for recertification:

- Performance of duty or volunteer time with agencies
  - Paid or volunteer working or duty hours for any organization, agency, or medical facility
- Clinical rotations
  - Clinical rotations which are not part of an EMS Course Program
- Instructor methodology courses
  - Includes all courses to become an instructor or courses to achieve instructor level certifications
- Management/leadership courses
  - Includes business management and leadership, Fire/EMS administrative courses
- Preceptor hours
  - Courses in which an individual takes to become a preceptor or preceptor methodologies
- Serving as a skills examiner
  - Includes skills examiner for NREMT psychomotor examinations

NOTE: A single course, or hours, may be split between two or more topic areas of the National Component or combination of the National, Local, or Individual Components. The date of the course must be the same date in every topic or component the course is applied. A course may not be used for more than one event (i.e., teaching CPR courses and taking a provider CPR course, you may only document one total CPR course). Excess hours from a course can be carried over to another requirement area. For example, if an eight-hour class meets the requirements for use in 6 hours of the National Component, the remaining 2 hours can be used to satisfy hour requirements towards the Local or Individual Components.
ACTIVE AND INACTIVE CERTIFICATION STATUS

Active Status

As with the traditional recertification model, verification of skill competency is a requirement for a registrant to maintain active status and is validated by the agency’s designated EMS authority.

Training Officers are responsible for the validation of skill competency for NREMRs and NREMTs. Physician Medical Directors are responsible for the validation of skill competency for NRAEMTs and NRPs. The expectation of validation of skills competency is performed at the local level and affirms that the EMS professional has been verified as competent for level-specific skills and any necessary remediation has been undertaken.

The Training Officer and/or Physician Medical Director will receive a notification by email when a provider submits an application for agency validation of education and skills competency.

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical testing, skills training or review, etc.)

Inactive Status

Inactive status is designated for Nationally Certified EMS professionals who are not affiliated with an agency in which out-of-hospital skills are utilized. A provider may remain in the inactive certification status indefinitely if the national certification is maintained and requirements of recertification are met prior to the expiration of their certification cycle. Inactive status may be helpful for EMS professionals who:

- are not actively engaged in ambulance/rescue service or health/patient care activity.
- must be inactive for a period of time – such as, moving, illness, pursuit of education, family responsibilities, etc.

Inactive status is not for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a health care license. It is also not for individuals who are unable to meet recertification requirements prior to their expiration date.

Individuals who wish to declare inactive status must continue to meet the NREMT requirements for cognitive competency via recertification by examination or continuing education in subsequent cycles.

Return to Active Status

Nationally certified EMS professionals may request return to active status at any time they gain active affiliation with an agency that out-of-hospital skills are utilized. Continued competency skill attestation is required to return to active status.

Please visit the General Policies for more information on Inactive Status and Returning to Active Status, or click the following link https://www.nremt.org/rwd/public/document/policy-inactive.
GENERAL RECERTIFICATION POLICIES

As in other professions in which the safety of the public is paramount, EMS professionals need to meet competency requirements every two years to maintain National EMS Certification. Keeping National EMS Certification current attests to the public and employers that certified EMS professionals are prepared to provide competent and safe emergency medical care.

Submission of Information to NREMT Concerning Possible Violation of NREMT Standards

Persons with information regarding a possible violation of NREMT policies should submit such information in writing addressed to the Executive Director. This information should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible, supplying all available supporting documentation. The statement should identify by name, address and telephone number the person making the information known to the NREMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Supplemental information may be requested.

NREMT may forward reported information to the state. NREMT will not accept an anonymous letter or take action based upon an anonymous claim.

Audits

Recertification applications submitted to the NREMT are randomly selected for audit. If a provider’s application was randomly selected, the provider must provide documentation for all courses listed on the recertification form within 30 days of being selected for the audit. Documentation may consist of course completion certificates, training rosters, copies of certification or standardized course cards, or other proof as applicable.

The NREMT reserves the right to investigate recertification materials at any time. Nationally certified EMS professionals must retain proof of all education submitted for recertification for a period of 3 years. Failure to submit verification or documentation when audited will result in denial of eligibility to recertify or may result in a certification being revoked.

Please visit the NREMT audit policy for more information.

NREMT Certification Eligibility, Discipline and Appeals Policy

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Nationally certified EMS professionals applying for recertification who wish to exercise these rights may obtain policy information directly from the NREMT website.

This policy may be found under the NREMT General Policies or by clicking https://www.nremt.org/rwd/public/document/policy-eligibility.
**Lapsed Certification**

If a provider’s National EMS Certification has lapsed within a two-year period and he or she is currently state licensed as an EMS provider at the level of certification they are looking to regain, National EMS Certification can be regained by documenting completion of education requirements and successfully completing both the cognitive and psychomotor examinations.

If the provider’s National EMS Certification has lapsed for more than two years, and/or they have a lapsed state license/certification, the provider may be eligible for the NREMT Re-Entry Process. Please visit the lapsed certification policy, level specific, for more information.

The Lapsed Certification Policy is located on the NREMT website under General Policies, or you can click on the following link [https://www.nremt.org/rwd/public/document/policy-certification](https://www.nremt.org/rwd/public/document/policy-certification).
TRANSITION POLICY

The NREMT Board of Directors is committed to implementation of the EMS Education Agenda for the Future: A Systems Approach. As part of the system proposed in this agenda, the 2007 National EMS Scope of Practice Model defined four nationally recognized provider levels. All nationally certified EMS professionals must meet the minimum requirements of knowledge and skills outlined in the National EMS Scope of Practice Model.

<table>
<thead>
<tr>
<th>Former Level</th>
<th>New Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>NREMT First Responder</td>
<td>Emergency Medical Responder (NREMR)</td>
</tr>
<tr>
<td>NREMT-Basic (NREMT-B)</td>
<td>Emergency Medical Technician (NREMT)</td>
</tr>
<tr>
<td>NREMT-Intermediate/85 (NREMT-I/85)</td>
<td>Advanced Emergency Medical Technician (NRAEMT)</td>
</tr>
<tr>
<td>NREMT-Intermediate/99 (NREMT-I/99)</td>
<td>Paramedic (NRP)</td>
</tr>
<tr>
<td>NREMT-Paramedic (NREMT-P)</td>
<td></td>
</tr>
</tbody>
</table>

Transitions to EMR, EMT, AEMT, and NRP have already occurred with designated schedules between the 2015 to 2017 recertification cycles. Any provider who did not satisfy transition requirements were recertified at the next lower level, for example, an EMT-B, would have been recertified as an EMR.

Intermediate/99 to Paramedic is the only transition still available, which must be complete within the respective recertification cycle by 3/31/2018 or 3/31/2019. See below (next page) for the detailed requirements for Intermediate/99 to Paramedic.

Intermediate/99 (I/99) to Paramedic (NRP) Transition Policy

<table>
<thead>
<tr>
<th>Transition</th>
<th>Time to Complete Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate/99 to Paramedic</td>
<td>3 recertification cycles (6 years - complete by Mar. 31, 2018/2019)</td>
</tr>
</tbody>
</table>

All nationally certified Emergency Medical Technician-Intermediate/99s have three registration cycles (six years) to complete the transition requirements for EMT-I/99 to Paramedic. To obtain National EMS Certification as an NRP, after completing a state-approved transition course, all NREMT-I/99s must successfully complete the NRP computer delivered cognitive examination.

I/99 to Paramedic Transition Requirements:

- Successful completion of a state approved transition course that issues a certificate that has within its title:
  - NREMT-Intermediate/99's name
  - Transition course completion date
  - The certificate must contain the following statement: "has completed a state approved EMT-Intermediate/99 to Paramedic transition course.
  - Name of the sponsoring agency
  - Signature of the individual responsible for training

- NREMT-Intermediate/99s must complete an online application, including submission of an application fee (currently $110) and successfully complete the NRP cognitive examination prior to their 2018 or 2019 expiration date.

- Intermediate/99s who are unable to successfully complete the NRAEMT cognitive exam by their 2018 or 2019 expiration date will be issued National EMS Certification at the AEMT level and will have 2 years from date of I/99 lapse to obtain NRP certification provided they meet all NREMT requirements currently in effect.

- All Intermediate/99s transitioning will have a maximum of six attempts to successfully complete the NRP cognitive exam.

- Any Intermediate/99 transitioning who fails six attempts will be required to successfully complete a full AEMT initial education program to regain eligibility to apply for NRAEMT.

NREMT-Intermediate/99s who submit a complete recertification application but do not include successful completion of a state-approved transition course from EMT-I/99 to Paramedic will be issued National EMS Certification as an Advanced Emergency Medical Technician (NRAEMT) upon reaching their expiration date of March 31, 2018 or 2019.
ACCEPTABLE CONTINUING EDUCATION METHODOLOGIES

APPROVAL OF CONTINUING EDUCATION (CE)

The National Registry of Emergency Medical Technicians accepts state and CAPCE approved education, and does not endorse any one specific organization for initial or continuing EMS Education.

The Commission on Accreditation for Prehospital Continuing Education (CAPCE) has established a system for evaluating continuing education offerings and assuring potential attendees/participants of the quality of such activities. This process validates the educational integrity of activities and awards accredited continuing education hours to participants. CAPCE requires the sponsoring agency to submit an application for approval of an activity for continuing education credit. All education submitted for recertification must be approved by CAPCE or the state EMS office.

CONTINUING EDUCATION

Continuing Education may occur at the EMS system level with multiple EMS providers present or by individuals seeking to meet the recertification requirements. This guide includes types of education individuals or systems may use to deliver or obtain the education requirements.

When an EMS system hosts education for groups of EMS providers, multiple provider levels may receive the education. Education does not have to be offered separately at each level. When groups of different levels of providers are present, the Training Officer may structure the course so that fundamental information is offered to all providers and then advanced level information regarding interventions can be offered to advanced providers toward the end of the educational offering as an example. When topics are unique to a level only those providers need to be present.

Individuals seeking to meet the requirements may do so via offerings within their EMS systems or by other methods. Other methods may include:

- Structured Continuing Education
- Conferences and Symposiums
- Standardized Courses (ACLS, PHTLS, ITLS, etc.)
- Distributive Education (within DE hour allowances of the National and Local Component)
- Case Reviews
- Grand Rounds
- Directed Studies
- Teaching or Instructing EMS Courses

Explanation of Acceptable Education Methodologies

Structured Continuing Education

Structured continuing education is delivered via lecture presented by physicians, nurses with EMS experience, state-approved EMS instructors, or providers with expertise in the subject matter. Many states have rules detailing who may deliver structured continuing education. When a state does have these rules, all nationally certified EMS professionals must follow the rules of their state(s) in order for the NREMT to accept their education.
It is suggested that conference lecturers, vendors of education and distributive education providers include the NCCP Instructional Guidelines in their presentation.

**Organizationally Structured Continuing Education**

An organization, or agency, may provide state or CAPCE approved continuing education in the form of a full component or individual courses to meet National, Local, or Individual Component requirements. In an organizationally structured approach, the organization’s Training Officer or designated educator can access the NREMT website to enter continuing education information directly into the EMS professionals’ account. The individual EMS professional can also enter continuing education information/hours directly into their own account.

**Individually Structured Continuing Education**

Individually structured continuing education may be achieved by the EMS professional who is familiar with the National Continued Competency Requirements and actively completes individual courses in continuing education topics that are required for recertification. EMS professionals who choose to personally structure their National Continued Competency Requirements topics must be sure to cover each of the National topics required.

When the EMS professional utilizes the personally structured approach, the individual should enter continuing education information into their account on the NREMT website.

Some individuals are unaffiliated with an EMS agency or choose the inactive status. These individuals can meet the National Continued Competency Requirements via personally structured formal continuing education outlined above.

**Conferences and Symposiums**

Most conferences and symposiums are lecture-based programs hosted by services, educational institutions, hospitals, or state/regional EMS organizations. Conference coordinators may offer topics included in the National Continued Competency Requirements. It is suggested the lecturer reviews the Instructional/Educator Guidelines provided by the NREMT specifically for the topic instructed. Education utilized for NREMT recertification by continuing education must be state or CAPCE approved.

**Standardized Courses**

A number of organizations such as the American Heart Association (AHA), National Association of EMTs (NAEMT), the American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) to name only a few, have developed standardized continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes.

Some examples of these programs would include Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), and Pediatric Education for Prehospital Professionals (PEPP). In addition to EMS specific classes and certifications, many courses are developed nationally, and some are mandated for individuals working in EMS, public safety or healthcare settings.
Nationally Recognized Continuing Education, or Standardized Courses can be used to fulfill topics in the National, Local, and Individual Components.

**Distributive Education**

Distributive education (DE) is defined by the Commission on Accreditation for Prehospital Continuing Education (CAPCE) as “…an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time. CE activities that are offered online, via CD-ROM or video, or through reading journal articles or listening to audio tapes are usually considered by CAPCE as distributed learning” (CAPCE, 2015). CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

To be used effectively, these programs must be developed by credible sources, be medically accurate and educationally sound. These programs should be accredited by state, CAPCE, or other accrediting bodies and include some form of outcome measurement. Please note, certain states may authorize or endorse the use of specific vendors or sources of education, including the use of CAPCE approved education.

Distributive education is an acceptable method of attaining continuing education requirements for recertification. However, no more than 1/3 of the total hours for National Component and 2/3 of the total hours for Local Component can be used as distributive education. All required hours of the Individual Component may be completed through distributive education.

**Case Reviews/Run Review**

Case reviews are frequently cited as part of the continuous quality improvement process. Often termed “run reviews,” a case review should entail events leading up to the incident, patient assessment and management accomplished by the team, and information regarding the patient. Selection of cases should be determined by system administrators and medical directors. Case reviews may include skill labs when appropriate. Case reviews are for educational purposes and not designed to criticize providers. Case reviews must protect patient privacy at all times.

**Grand Rounds**

Grand Rounds are often used by physicians and typically take place in a hospital or agency setting. EMS providers may attend these “Grand Rounds,” with the understanding that all treatments discussed during the Grand Round may not be within their scope of knowledge and practice.

**Directed Studies**

Directed studies, i.e., “literature reviews,” can be a valuable learning experience. The review should be defined by an EMS Training Officer or Medical Director. Directed studies need to be hour-for-hour. A properly conducted directed study that is awarded one hour should take one hour to complete.

Directed studies are considered distributive education (DE). No more than 1/3 of the total hours for National Component and 2/3 of the total hours for Local Component can be used as DE. All of the Individual Component may be completed through distributive education.
**Teaching or Instructing EMS Courses**

Teaching topics within the National Continued Competency Program is the same as taking or attending the topic. Instructing topics obtain the same credit as learners on an hour-for-hour basis. Instructor hours may be used for instructional EMS programs, full courses, individual topics, EMS certificate courses, and standardized courses. All course instruction or teaching must be EMS related and state or CAPCE approved.

**AVAILABLE RESOURCES FOR TRAINING OFFICERS AND MEDICAL DIRECTORS**

The NREMT website, newsletters, emails, mail, and message center, among other forms of official communication, should be monitored and frequently accessed for the most up to date information for agencies and training centers. Additional resources available include the Educator or Instructional Guidelines, role specific dashboards, NREMT YouTube Channel, webinars, posted documents, and forms of personal contact with NREMT staff.

**Training Officers**

The NREMT provides resources specific to the role of Training Officers and training agencies or organizations. The Training Officer resource page can be found at [https://www.nremt.org/rwd/public/document/training-officers](https://www.nremt.org/rwd/public/document/training-officers).

Training Officers should frequently visit their Training Officer role under the NREMT login to access agency rosters, input courses, review provider transcripts and applications, approve skills verifications at the NREMR and NREMT levels, and many other features.

**Physician Medical Directors**

The NREMT provides resources specific to the role of Physician Medical Directors and training agencies or organizations who require an active role with their Medical Director. The Medical Director can be found at [https://www.nremt.org/rwd/public/document/medical-directors](https://www.nremt.org/rwd/public/document/medical-directors).

Physician Medical Directors are encouraged to frequently visit their Medical Director role under the NREMT login to access agency rosters, review provider transcripts and education, approve skills verifications at the NRAEMT and NRP levels, and many other features.
FREQUENTLY ASKED QUESTIONS

Who is the NREMT contact person for an Agency, Training Officer or Medical Director?

The EdNet Specialist is specifically appointed to assist Agencies, Training Officers, and Medical Directors. The Ednet Specialist can be contacted at 614-888-4484 x 192 or ednet@nremt.org. Alternatively, the Recertification Department can also assist and emailed at Recertification@nremt.org.

Why does my agency need to have an account on the NREMT website?

The NREMT encourages online submission of recertification application. Agency listings on NREMT website is a way for NREMT certified providers to affiliate with the agency, submit an electronic recertification application and have the education and skills approved by the agency’s designated Training Officer or Medical Director, respective to their certification level. Having the agency listed with NREMT also allows additional access to information, dashboards, online roles, and capabilities to better serve their providers.

Training Officer Dashboard and Enhanced Features to Support Your Agency

[Dashboard and features image]
What are the requirements to be an agency that is affiliated with NREMT?

The requirements for NREMT agency affiliation are that the agency employs individuals who are NREMT certified and need to submit electronic recertification applications. The Training Officer of the agency creates the new agency and NREMT will approve the request. The agency must have providers who provide health care using their EMS skills. The agency listing on NREMT.org is a way for NREMT certified providers to submit an electronic recertification application and have the education and skills electronically approved by the agency they work or volunteer with.

How do I create an agency for online recertification?

First, you have to have a NREMT account login with the Training Officer role.

If you have an NREMT account login with a Training Officer role go to 
STEP 3: CREATE AN AGENCY FOR ON-LINE NREMT RECERTIFICATION.

If you have an NREMT account login but no Training Officer role go to 
STEP 2: HOW DO I ADD THE TRAINING OFFICER ROLE TO MY NREMT ACCOUNT?

If you don’t have an NREMT account login go to 
STEP 1: CREATE A NREMT ACCOUNT.

STEP 1: CREATE A NREMT ACCOUNT.

1. Open www.NREMT.org and select Create an account.

2. You will begin creating your NREMT account by checking for an existing account. Enter the information requested and click submit.
3. On the next screen create a username and password, enter your personal information, enter your contact information and select the Training Officer as the User Role, select your security questions, click the box to confirm the attestation, and click submit.

i. Now you can create the new agency. Go to STEP 3: CREATE AN AGENCY FOR ON-LINE NREMT RECERTIFICATION.
STEP 2: HOW DO I ADD THE TRAINING OFFICER ROLE TO MY NREMT ACCOUNT?

1. Login to your NREMT User Account.

2. Click on your badge icon on the homepage.

3. Click on Add A User Role
4. Select Add a Training Officer Role.

5. Read the pop up box and click Add Role

6. Read the next screen and select Log out now.

7. Now you can create the new agency. Go to **STEP 3 CREATE AN AGENCY FOR ONLINE NREMT RECERTIFICATION**
STEP 3 CREATE AN AGENCY FOR ONLINE NREMT RECERTIFICATION

1. Login to your NREMT User Account.

2. Ensure that you are in your Training Officer role and Select Agency from the left margin.

3. Then select “Create Agency”.

4. Complete the Create A New Agency form and click submit.

5. Allow at least five business days for NREMT to processing and approve.
Can a Training Officer have an affiliation with more than one agency?

Yes, as a Training Officer you can have an affiliation more than one agency. In addition, a provider can have more than one affiliation as well.

Click on the Training Officer Role, Agency, Affiliate with Agency, Select Affiliate with another Agency, then find and Submit Affiliation Request.

How does an agency change its Training Officer or add a Training Officer?

The new Training Officer will follow the instructions above to affiliate with the existing agency.

First, you have to have a NREMT account login with the Training Officer role.

If you have an NREMT account login with a Training Officer role go to **STEP 3: HOW DOES AN AGENCY ADD OR CHANGE A TRAINING OFFICER.**

If you have an NREMT account login but no Training Officer role go to **STEP 2: HOW DO I ADD THE TRAINING OFFICER ROLE TO MY NREMT ACCOUNT?**

If you don’t have an NREMT account login go to **STEP 1: CREATE A NREMT ACCOUNT.**
STEP 1: CREATE A NREMT ACCOUNT.

1. Open www.NREMT.org and select Create an account.

2. You will begin creating your NREMT account by checking for an existing account. Enter the information requested and click submit.

3. On the next screen create a username and password, enter your personal information, enter your contact information and select the Training Officer as the User Role, select your security questions, click the box to confirm the attestation, and click submit.
4. Now you can affiliate with an existing agency. Go to **STEP 3: HOW DOES AN AGENCY ADD OR CHANGE A TRAINING OFFICER.**
STEP 2: HOW DO I ADD THE TRAINING OFFICER ROLE TO MY NREMT ACCOUNT?

1. Login to your NREMT User Account.

2. Click on your badge icon on the homepage.

3. Click on Add A User Role
4. Select Add a Training Officer Role.

5. Read the pop up box and click Add Role

6. Read the next screen and select Log out now.

7. Now you can affiliate with an existing agency. Go to **STEP 3: HOW DOES AN AGENCY ADD OR CHANGE A TRAINING OFFICER.**
STEP 3: HOW DOES AN AGENCY ADD OR CHANGE A TRAINING OFFICER.

- Log in with your username and password.

- Ensure that you are in your Training Officer role and Select Agency from the left margin.

- Select Affiliate with Agency from the left margin. Select Affiliate with another Agency, complete the Request Agency Affiliation form, and click Submit Affiliation Request.

- Agency Approval
  
  The agency’s current Training Officer on file must approve your Training Officer affiliation/role request. **If the Training Officer currently listed for the agency is no longer with the agency, the agency’s Director/Chief /You (if that is you) must send an email from an agency email account (not a generic account i.e. Gmail, Yahoo, etc.) to ednet@nremt.org authorizing you to be added as the Training Officer. Please allow 7 business days for change request to be approved.**

  If you need additional assistance, you can contact the EdNet Specialist directly by calling 614-888-4484, extension 192.
The agency’s Training Officer will approve your request to affiliate as a Training Officer with the agency by logging on to their NREMT Training Officer account.

**How do I approve a Request to affiliate with the agency?**

1. Ensure you are logged on to your NREMT Training Officer account and on the Training Officer Dashboard.

2. Select **View** under Pending Actions & Requests in the center of the page.

3. Select Approve or Deny and click Save Changes.

**How does an agency remove a Training Officer and/or Medical Directors from the roster?**

**REMOVE A TRAINING OFFICER OR MEDICAL DIRECTOR**

1. Ensure you are logged on to your NREMT Training Officer account and on the Training Officer Dashboard.

2. Scroll down the left side, select Agency, and then select Edit Agency.
3. Select remove next to the individual you want to remove.

4. Click Remove in the pop-up box.

As a Training Officer, how do I add a provider to my roster or affiliate a provider with my agency?

The provider will electronically request through their My Certification screen to affiliate with your agency. As a Training Officer with access to the agencies NREMT account, you will electronically approve their affiliation request from your Training Officer login.

1. Ensure you are logged on to your NREMT Training Officer account and on the Training Officer Dashboard.

2. Select View under Pending Actions & Requests in the center of the page.
3. Select Approve or Deny and click Save Changes.

Can providers for my agency have more than one agency affiliation?

With the implementation of recertification 2.0, providers can be affiliated with more than one agency.

What education does the NREMT accept for recertification?

NREMT accepts state and CAPCE approved educational sources. The model use dictates the allowable maximum amount of distributive education. Please check with NREMT and your state EMS office for additional information on accepted state approved or CAPCE approved education, Local Component requirements, or any state exceptions.

What is the intended use of the Educator Guidelines?

The Educator Guidelines are intended to be instructions and suggestions. The Educator Guidelines are suggested lesson plans for the National Component topics and subtopics along with available skills sheets. Please note, you are not required to use the lesson plans verbatim and not required to use or turn in skills assessment sheets with recertification applications.
What do I do if a provider is audited?

The provider will receive an audit letter providing detailed instructions. All audit material must be submitted or post marked within 30 days of the audit.

Audit letters by mail will be sent to the address the providers has listed on their NREMT account. It is the responsibility of the provider to maintain accurate demographic information, including name, address, email and phone number. It is not the responsibility of NREMT if the audit notification by mail, email, message center, and/or phone contact is not received by the provider.

Email questions to Audit@nremt.org.

Can I submit all my providers as one group for recertification?

GROUP ELECTRONIC SUBMISSION

From the Training Officer’s Role and Dashboard, you can use the Agency Roster to approve and submit skills verifications for NREMR and NREMT levels. You can also approve and submit the provider application for active status recertification.

The Physician Medical Director must approve skills verifications for the NRAEMT and NRP provider levels for active status certification; however, you may still submit recertification without the skills verification, in the inactive status, as this can be accomplished at a later time as to not delay a provider from recertifying.

GROUP PAPER SUBMISSION

It is the preference of NREMT to not send all group or agency providers in a single envelope, box, or check. Recertification applications, recertification fees, etc., should be sent individually in separate envelopes to the PO Box. This is to ensure that everyone is processed based on received application and fees and reduces the chance of error in processing. If there are any questions or concerns on how to submit a group or agency for processing, please contact the Recertification Department at recertification@nremt.org. Please allow up to 8 weeks for processing paper recertification applications.
GLOSSARY

Active Status - Active status means the EMT is 'actively' working and providing patient care. To renew with an 'active status', EMTs are required to be affiliated with an EMS Agency or Service with a Training Officer and a Medical Director.

Affiliation - Your affiliation is the EMS agency/organization you work for that will be verifying your continuing education and skills competency. You may submit an affiliation request from your "My Certification" tab.

Agency - Your agency is the EMS organization that you work for. This agency will be responsible for verifying your continuing education and skills competency. You will need to submit a request to become electronically affiliated with your agency from your "My Certification" tab.

Distributive Education - Distributive Education (DE) is a method of delivering EMS education where the educator and student are not able to interact in real time. Examples include online courses, journal article reviews, and videos.

Inactive Status - Inactive Status is for Nationally Certified EMS Professionals who are currently not providing patient care at their certification level. Registrants who wish to declare inactive status must continue to meet the NREMT continuing education recertification requirements. Inactive status is not for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a health care license.

Lapsed - If you do not complete the recertification process by your expiration date, your National EMS Certification will lapse. If your certification has lapsed within a two-year period or you are currently state-licensed as an EMS provider, you can obtain National Certification by completing a state-approved Refresher course and successfully completing the cognitive and psychomotor examinations. If your EMS certification expired more than two years ago, see the eligibility requirements for re-entry.

Medical Director - Agencies who have ALS providers are required to have a physician Medical Director affiliated electronically. The physician Medical Director is responsible for verifying the continued competence of skills for ALS providers at the time they renew their National EMS Certification.

NCCP - National Continued Competency Program (NCCP) is a new recertification model that allows flexibility at the local and individual levels. The NCCP is comprised of three components: national, local and individual.

Training Officer - A Training Officer is an individual responsible for managing the education requirements of an EMS agency. This person may be nationally certified, but this is not a requirement.
REFERENCES