TO: All Nationally Certified Providers due to recertify by 9/30/2016:

Our records indicate that you are due for recertification by September 30, 2016. It is important you read all instructions provided. Please remember that the National Registry of Emergency Medical Technicians (NREMT) considers recertification to be an individual responsibility. If you expect your employer to complete this application and pay the processing fee, and they fail to do so, your certification will lapse.

**REQUIREMENTS**

Recertification Options:

**Online Recertification** (www.nremt.org)
1. Login to your NREMT account (if you don’t have an account, you may create one by selecting ‘Create New Account’ located in the upper left hand corner). Once the account has been saved, click ‘My Certification’.
2. Affiliate with your agency (employer) by clicking on ‘Affiliate with Agency’ (in the left column) and follow the prompts. **NOTE: Your agency will need to accept your affiliation before you can submit your application.**
3. Click on ‘Manage Education’ to enter your completed continuing education.
4. When you have entered all your continuing education, submit the application electronically. Once your agency Training Officer/Supervisor has verified your education and competency, the NREMT will review and process your recertification. **NOTE: Submission of your electronic recertification is not a guarantee that you will be recertified. Please continue to monitor your NREMT account message center to make sure you have been recertified. Your application may still be returned for requirements not met. Applying your processing fee electronically is not a guarantee that you have completed your electronic submission process.**
5. The non-refundable processing fee of $10.00 is due with submission.
6. All submissions must be completed by September 30, 2016.

**Complete the 2016 Paper Recertification Application**
1. Complete the paper 2016 recertification application.
2. Obtain signatures on the application, attach a copy of your refresher certificate or complete the refresher section on the application. Attach a copy of a current BLS-CPR card or a verifying signature. **NOTE: Individuals may not verify their own BLS-CPR certification.**
3. Enclose the $10.00 non-refundable processing fee (check or money order). **Effective 10/1/15, all paper recertification applications will require an additional $5.00 processing fee in addition to your recertification fee.**
4. Mail the application and fee to the NREMT address below before September 30, 2016.

**Recertify by Examination:**
1. Login to your NREMT account.
2. Click on ‘CBT Candidates’ and ‘Recertification by Examination’.
3. Enter your National Registry number, attest to the personal statements and click ‘Submit’.
4. Pay the $65.00 non-refundable examination fee.
5. The next business day, go to the NREMT website, login to your account, click on ‘CBT Candidates’ and then ‘Check Recertification by Examination Application Status’ and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
6. Take the Exam before September 30, 2016. If successful, print your ‘Cognitive Competency by Exam’ form by clicking on ‘Check Recertification by Examination Application Status’.
7. **Return the EMR Cognitive Competency by Exam form by September 30, 2016 with signatures and supporting documentation.**
8. Remember that you will only have one attempt to successfully complete the recertification by examination. If you are unsuccessful on the exam, you may still recertify by meeting all education requirements and completing the online recertification or paper process before the September 30, 2016.

Mail recertification documentation to: National Registry of EMTs
6610 Busch Blvd
Columbus, OH 43229

All documentation MUST be postmarked to the National Registry office by September 30, 2016. When mailing your documentation, it is recommended that you submit recertification material by traceable or delivery confirmation means. The NREMT is not responsible for lost mailings.

If you fail to submit your recertification by the September 30, 2016 deadline, you may seek re-instatement of your National EMS Certification until October 31, 2016. You must complete the recertification application and attach your check or money order totaling $60.00 ($50.00 re-instatement fee and $10.00 processing fee). All educational requirements must be completed by September 30, 2016. **Effective 10/1/15, all paper recertification applications will require an additional $5.00 processing fee in addition to your recertification and reinstatement fee.**
All education requirements must be completed by September 30, 2016. NOTE: If you do not submit the application prior to October 31, 2016, your National Certification will lapse. The NREMT does not provide extensions of recertification.

Please allow 4-6 weeks for your recertification to be processed. NOTE: Please continue to monitor your NREMT account to be sure your application has been processed. Your expiration date will change once recertified.

FOR YOUR RECERTIFICATION TO BE PROCESSED, YOU MUST COMPLETE THE RECERTIFICATION APPLICATION IN ITS ENTIRETY.

INSTRUCTIONS

REFRESHER TRAINING:
Submit a copy of your course completion certificate of 12 hours of state or CECBEMS (F1, F2, F3* F5) approved refresher training. If a formal refresher course was not completed, the refresher section must be completed through continuing education hours.  
*NOTE: A maximum of 6 hours can be applied from non-instructor-based Distributive Education (online CECBEMS F3, video or magazine reviews) towards this section and must be state or CECBEMS approved.

BLS-CPR CERTIFICATION:
Submit a copy of your BLS-CPR certification that is current and valid on the day the NREMT processes your application. Verification can be a copy of your BLS-CPR card or have a verifying signature along with the expiration date on the application.

PROCESSING FEE:
A $10.00 processing fee (non-refundable) will be charged for each application submitted for consideration of recertification. Make check or money order, payable to the National Registry of EMTs. U.S. funds only (please write registry # on all checks).
Effective 10/1/15, all paper recertification applications will require an additional $5.00 processing fee in addition to your recertification and reinstatement fee. A $35.00 fee will be assessed for all returned checks. NOTE: Applying payment online does not guarantee you will be recertified.

APPROVING SIGNATURES:
The Training Officer/Supervisor must sign the application reviewing the EMS Professional’s refresher/continuing education. You cannot verify your own education. Applicants should obtain all the necessary signatures before submitting the application.

AUDITS & FRAUDULENT SUBMISSIONS
The NREMT will complete random audits of activities documented on this form. Inaccurate verification or submission is a serious violation of NREMT standards that may lead to revocation and/or other action as deemed appropriate by the NREMT. Since certification is designed to help assure the public that EMS Professionals are competent to deliver care, EMS Professionals and Training Officers must take their responsibilities in meeting and documenting recertification requirements seriously.
The NREMT will report any and all cases of falsified documents to the EMS Professional’s State EMS Office for potential state action.

RESPONSIBILITIES OF SUBMISSION
Recertification is considered an individual’s personal responsibility. If you expect your employer to complete and submit your application and processing fee, and they fail to do so, your certification will lapse.

INCOMPLETE APPLICATION SUBMISSION
Incomplete recertification applications will be returned to the listed address in your NREMT account and must be returned to the NREMT within 30 days of the date returned to the applicant with the required corrections. Application completion and submission is the applicant’s sole responsibility.
The National Registry of Emergency Medical Technicians
First Responder/EMR Recertification Form 2016

Please Read Instructions

Regency Number: ____________________________ Social Security Number: ________ ________ ________

Last Name: ____________________________ First Name: ____________________________ Mid. Init. ________

Mailing Address: __________________________________________________________________________

City: ____________________________ State: ________ Zip Code: ____________________________

E-mail: ____________________________ Phone Number: ________ ________ ________

Criminal Conviction and Disciplinary Action Statements

YES: Since your last certification, have you had a criminal conviction or an UCMJ action/court martial?

YES: Since your last certification, have you ever been subject to limitation, probation, suspension from, or under revocation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?

If you answered “yes” to either question, you must provide official documentation that fully describes the offense, current status and disposition of the case.

Employer Information

Organization in where you are currently employed or volunteer as an EMR:

Agency: __________________________________________________________

Address: __________________________________________________________

City: ____________________________ State: ________ Zip Code: ____________________________

Training Officer: ______________________________________________________

Daytime Phone Number: ____________________________

By completing this section you are indicating that you are currently performing EMR skills within an emergency medical service, rescue service, or patient health care facility.

Transition Statement

YES: For First Responders only: I have completed all of my state’s requirements for the FR to EMR Transition (Transition courses must be completed prior to September 30, 2016)

EMR Refresher Training* – (12 Hours Required)

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<thead>
<tr>
<th>Division</th>
<th>Dates Completed</th>
<th>Hrs Req</th>
<th>Hrs Rec</th>
<th>Instruction Method</th>
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<tbody>
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<td></td>
<td></td>
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<tr>
<td>Airway</td>
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<tr>
<td>Patient Assessment</td>
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<tr>
<td>Circulation</td>
<td>3</td>
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<tr>
<td>Childbirth &amp; Children</td>
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<tr>
<td><strong>TOTAL HRS</strong></td>
<td>12</td>
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*You may use a **maximum** of 6 hours of non-instructor-led Distributive Education (CECBEMS F3, video review, magazine review, etc.)

Submit course completion certificate of state or CECBEMS (F1, F2 or F5) approved EMR Refresher completed within this recertification cycle.

If a formal refresher was not completed, you must submit proof of completion of equivalent continuing education covering the EMR refresher topic areas.

Examples of acceptable documentation include an official letter from your Training Officer/Supervisor verifying completion of all refresher education including completion dates and hours and method used or copies of your certificates.
As the EMS Professional’s BLS-CPR Instructor/Training Officer, I hereby verify the EMS Professional has been examined and performed satisfactorily so as to be deemed competent in each of the following:

<table>
<thead>
<tr>
<th>Adult 1 &amp; 2 Rescuer CPR</th>
<th>Child Obstructed Airway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obstructed Airway</td>
<td>Infant CPR</td>
</tr>
<tr>
<td>Child CPR</td>
<td>Infant Obstructed Airway</td>
</tr>
</tbody>
</table>

**BLS-CPR EXP DATE:**

<table>
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<tr>
<th>MONTH</th>
<th>YEAR</th>
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I hereby affirm that all statements on the EMR Recertification Application are true and correct, including the copies of cards, certificates and other required verification. It is understood that false statements or documents may be sufficient cause for revocation by the NREMT. It is also understood that the NREMT may conduct an audit of the recertification activities listed at any time.

<table>
<thead>
<tr>
<th>Your Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>(Must be original signature)</td>
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<thead>
<tr>
<th>Training Officer/Supervisor Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>(Must be original signature and must be other than the registrant)</td>
<td></td>
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