



NREMT 2014 Annual Report

*Protecting the Public by Excellence,
Measurement and Success.*

Message from NREMT Chair David E. Persse, MD, FACEP



The NREMT continues its mission to protect the public and our nation through national EMS certification. We continue to work collaboratively with national EMS stakeholders in order to support our military partners in returning to the civilian workforce. Additionally, we continue to work with various states on implementing the Mark King Reinstatement initiative and expanding additional requirements of certification within each of those states. Resources are being dedicated to implementation of the National Continued Competency Program (NCCP) – the new recertification process and the Paramedic Psychomotor Competency Project (PPCP) – the new scenario based psychomotor examination.

2014 brought a number of new initiatives:

The NREMT worked strategically in 2014 to focus on streamlining initial certification packets as well as further reducing the time for the recertification process. While improving our efficiency we are going green by offering electronic certificates and electronic certification cards. The call center has been revamped to accept more telephone calls and to provide a professional, customer focused call resolution process.

The 2014 Practice analysis was completed and approved by the board of directors. This important research document helps us understand what type of skills EMS providers are performing in the field and then rank order those skills based on weighted importance. This document then helps the examination department by providing a blueprint for the cognitive examinations for all levels. This important process is completed every five years.

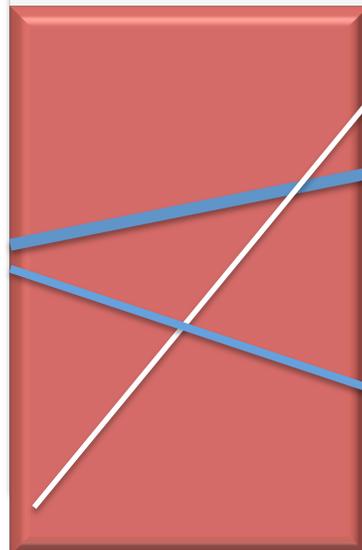
In December we administered our one millionth computer based test in Clayton, GA. Additionally, we administered 133,000 computer based exams.

One of the NREMTs continued voluntary initiatives is to maintain accreditation through the National Commission for Certifying Agencies (NCCA) for our certification processes. We continue to adhere to NCCA standards and review our processes regularly to stay contemporary within the industry.

There have been strategic staff changes to support our newly designed processes.

I would like to thank the very hard working NREMT staff as well as the dedicated Board of Directors for their unwavering support of the NREMT mission. I would also like to thank the many committed volunteers who give their valuable time to participate in item writing and standard setting processes which help guide the NREMT and the profession.

Thank you!



Message from NREMT Executive Director Severo A. Rodriguez, MS, NRP



2014 was a year of tremendous activity for the NREMT. The organization recertified over 92,000 Nationally Certified providers, the most in our 44-year history. In December we administered, with our partners at Pearson VUE, our 1,000,000th Computer Based Test (CBT) in Clayton, Georgia. We ended 2014 with over 133,000 cognitive examinations administered, marking the 3rd most active year in our history.

Additionally, in 2014 the NREMT renewed its agreement with Pearson VUE memorializing the partnership and continued relationship through 2021. As a result, the NREMT announced the first increases to our initial certification fees in 10 years effective 2017. Working with Pearson VUE we activated additional testing sites across the nation to ensure optimized access in urban and rural areas.

Finally, 2014 marked increased discussions about implementation and operations of the National Continued Competency Program (NCCP). The NCCP represents the modernization of the NREMT recertification for each level. The NCCP blends national, with local and individualized learning and continued professional development topics.

Thank you to all who support the NREMT through participation in item writing meetings, various committees and functions. Thank you to the members of our Board of Directors for your time and leadership. To nationally certified providers – you represent the best in our nation!



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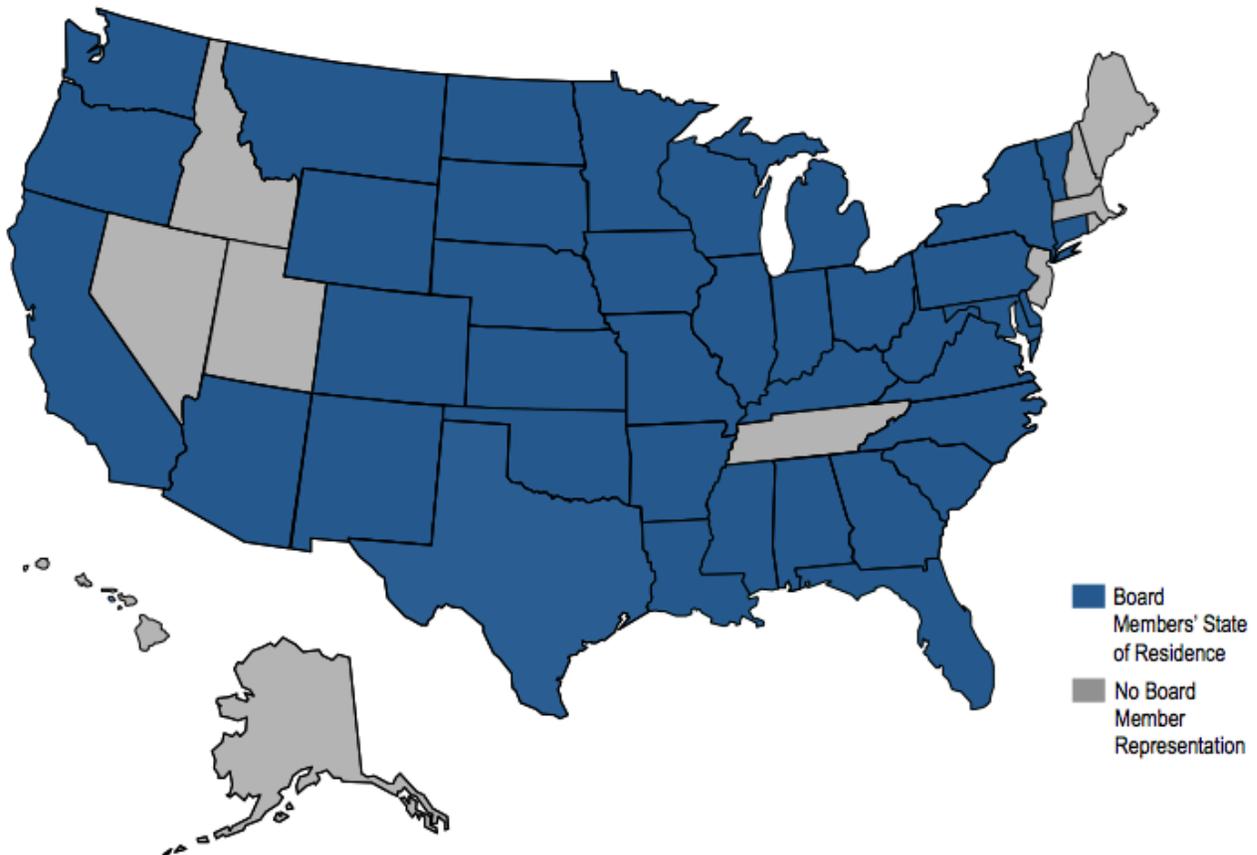
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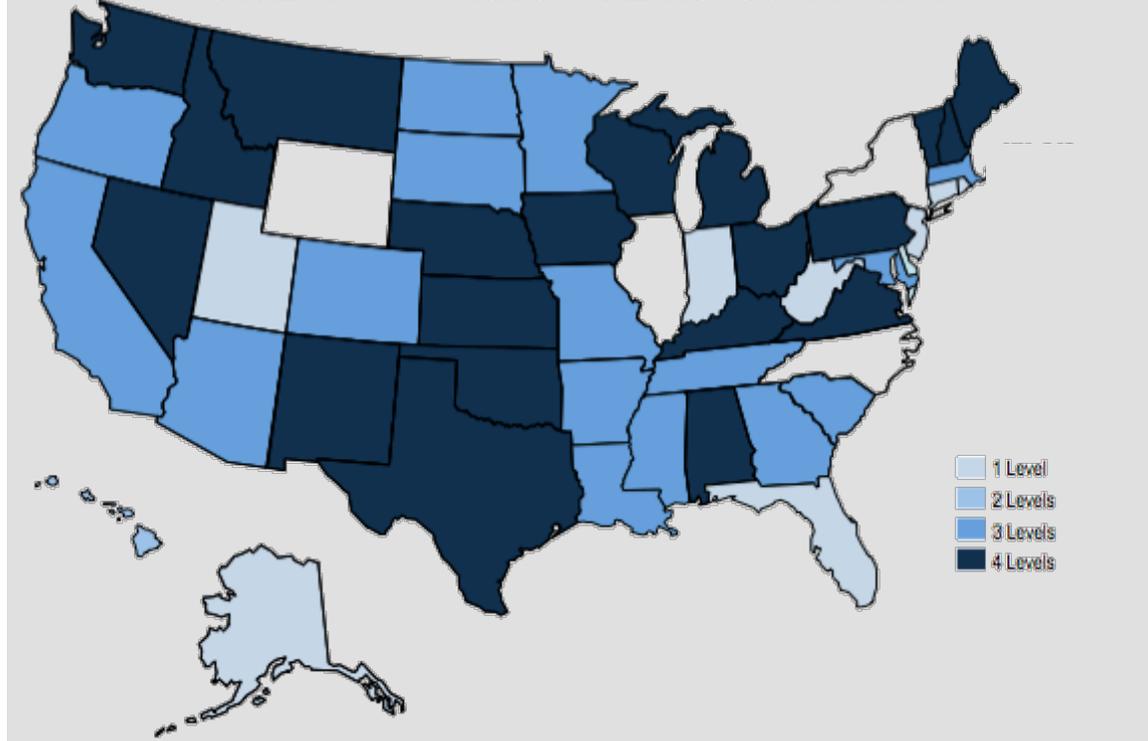
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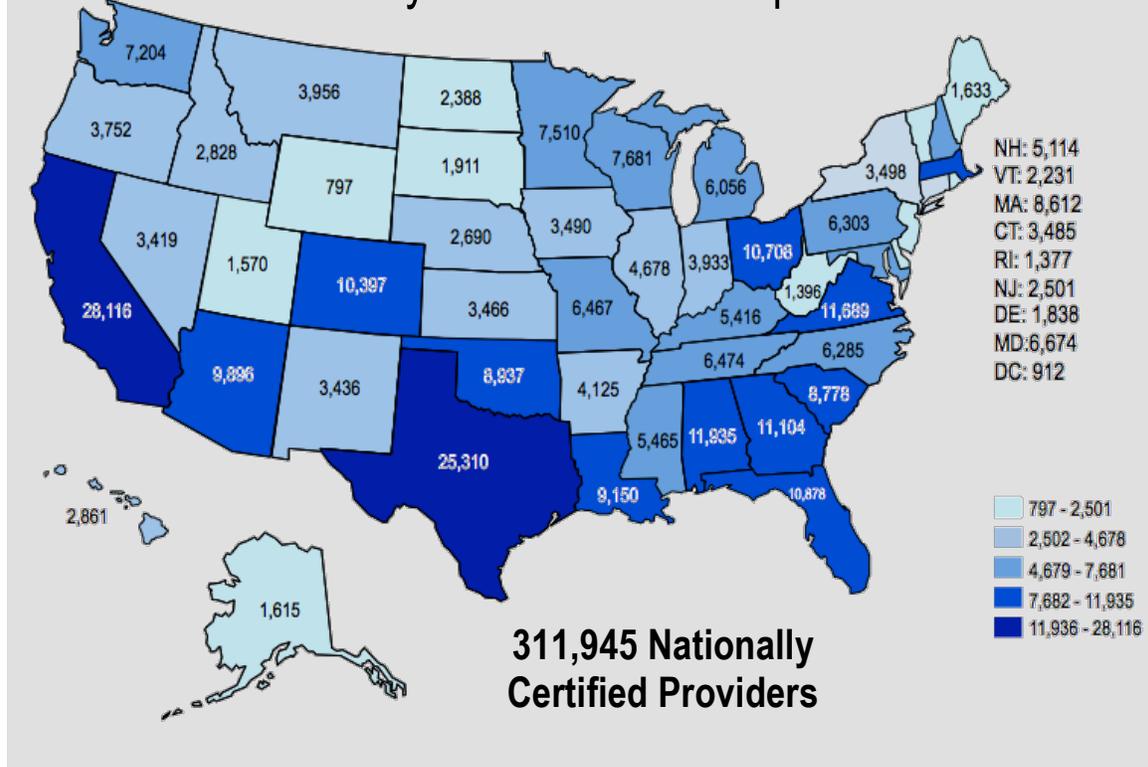
1998 – 2014 NREMT Board of Directors Representation



Utilization of National EMS Certification



Nationally Certified EMS Population



Have You Transitioned to the National EMS Standards?

In order for you to maintain your National Certification you must complete a transition course.

Why do I have to complete a transition course?

Between 2004 and 2006, the National Association of State EMS Officials, in conjunction with other national stakeholder groups, developed and released the National EMS Scope of Practice Model, one of the components of the EMS Education Agenda for the Future: A Systems Approach.

Along with changes in the national scopes of practice, some additional cognitive information and psychomotor skills were incorporated to improve the depth and breadth of EMS education in hopes of producing a better prepared EMS provider. The “old” curricula were revised and updated to reflect current best practices, standards and state of the science. This naturally resulted in “gaps” of knowledge and skills between some previously trained providers and the new graduates. Discussions and meetings were held at the national level to better identify the “gap” material, and methods were developed to help ensure that all providers would be able to function similarly given these new scopes. The National Association of State EMS Officials worked diligently to ensure that all “gap” material was adequately identified before developing the transitional courses. The NREMT Board of Directors then approved plans for transitioning all affected providers by permitting them to apply the transitional education toward the required refresher and continuing education hours in order to meet NREMT recertification requirements. In cases where the “gap” material was so great and the increased scopes of practice led to a significant increase in the potential risk to the public, validation of skills and cognitive knowledge were also required to assure adequate transition to the new levels (NREMT-Intermediate-85 to NRAEMT; NREMT-Intermediate-99 to NRP).

Why Change?

According to Cason and Robinson, “Like many other health professions, EMS was developed 30 years ago without a “master plan” to guide its development and evolution. Although many effective components have emerged over the years, those components developed independently and not necessarily with an interrelationship of the pieces. Diverse EMS stakeholders and state and regional needs have led to inconsistent skills and difficulty of reciprocity from state to state.” (2011) These changes in responsibilities and knowledge nationally require each state to review their scopes of practice and assure that providers meet the minimum national standards. The NREMT, in support of the EMS Education Agenda for the Future, is likewise making this “transition.”

(continued on page 7)



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Transition to the “NEW” National EMS Education Standards

Historically, EMS education based on the National Standard Curriculum has centered around a minimum number of hours for course completion. This is a huge paradigm shift to teaching based on the National Education Standards.

“The new education standards are less prescriptive than their predecessor, the National Standard Curricula (NSC). Accordingly, hours to deliver a particular course will vary. The goal of the new education standards is to focus on outcomes rather than the time spent achieving them.” (Cason and Robinson, 2011)

The NREMT has worked with the National Association of State EMS Officials’ EMS Education Agenda Implementation Team to develop policies that require you to complete or possess transition education. However, each of the 50 states in the U.S. may adopt a variety of policies and educational interpretations regarding what you will need to do to complete the “transition.” Because of the state variations, the NREMT has implemented a standardized reporting process, outlined in this newsletter that you will need to follow to maintain your National EMS Certification and become an EMR, EMT, AEMT or Paramedic. Please note, the education you must complete, the course length, format and locations are under the direction of your State EMS Office.

Conclusion:

The NREMT and its Board of Directors is committed to implementation of the EMS Education Agenda for the Future: A Systems Approach. You must complete a transition course, if you haven’t done so already. Contact your local EMS agency and figure out what you need to do to transition. Please refer to below chart and see what the deadline is for you to transition

Certification Transition	Date Due
First Responder to EMR.....	Sept. 30, 2015/2016
EMT-Basic to EMT.....	Mar. 31, 2015/2016
Intermediate/85 to AEMT.....	Mar. 31, 2016/2017
Intermediate/99 to Paramedic.....	Mar. 31, 2018/2019
EMT-Paramedic to Paramedic.....	Mar. 31, 2016/2017

Reference: JEMS. 2011 Sep;36(9):66-7, 69-71. doi: 10.1016/S0197-2510(11)70236-4. EMS Education Agenda: changes that will affect you. Cason D., Robinson K.

NRAEMT – Computer Based Test

Each candidate will receive 135 questions. The maximum amount of time given to complete the exam is 2 hours and 15 minutes. AEMT candidates can mark items to review and change answers before submitting all responses, provided time does not expire.

The exam will cover the entire spectrum of EMS care including: Airway, Respiration & Ventilation; Cardiology & Resuscitation; Trauma; Medical & Obstetrics/Gynecology; and EMS Operations. Items related to patient care are focused on adult and geriatric patients (85%) and pediatric patients (15%). In order to pass the exam, you must meet a standard level of competency. The passing standard is defined as demonstration of an appropriate level of AEMT knowledge to provide safe and effective, entry-level care.



PPCP – Paramedic Psychomotor Competency Portfolio

The Paramedic Psychomotor Competency Portfolio (PPCP) project developed as a result of requiring graduation from a CAAHEP-accredited paramedic program or one that holds a current LOR from the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for courses that commenced on or after January 1, 2013. Recognizing the rigorous, consistent review of paramedic programs through the accreditation process, the NREMT began to investigate revision of our paramedic psychomotor examination. The NREMT focused on a more scenario-based examination that could also incorporate essential attributes of team leadership and team membership, thus better reflecting actual out-of-hospital care as opposed to continuing to test 12 isolated skills. The NREMT developed a portfolio of vital skills that each paramedic student must master in order to qualify for the National Registry Paramedic Certification examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the classroom, laboratory, clinical, and field internship settings. All students that begin their paramedic program on or after August 1, 2016 are required to complete a portfolio that becomes a part of the student's permanent educational file and is a prerequisite to seeking National Registry Paramedic Certification.

The NREMT anticipates incorporating the scenario-based examination in several phases, with Phase 1 beginning on January 1, 2017. In this first phase, a total of six (6) skills will be tested, five (5) of which are currently evaluated in the National Registry Paramedic Psychomotor examination. One scenario will also be tested and it could reflect either a pediatric, geriatric, or adult patient. A trained paramedic partner will be supplied as part of the examination team and will serve as the candidate's professional partner. Each candidate will be evaluated in his/her ability to manage a call, lead the team, direct all personnel and lead the team on scene, effectively communicate, and maintain professionalism throughout the call.

The six (6) skills that will comprise the National Registry Paramedic Psychomotor examination effective January 1, 2017, are as follows:

1. Patient Assessment – Trauma
2. Oral Station – Case A
3. Oral Station – Case B
4. Dynamic Cardiology
5. Static Cardiology
6. Out-of-hospital Scenario

Please visit the PPCP & Scenario Exam link on www.nremt.org for documents and essays used during the laboratory, clinical, and capstone phases of a student's education. Students and educational programs are welcome to use these documents for non-commercial purposes of educational or scientific advancement.



NCCP – National Continued Competency Program

Since the 1980s, national EMS recertification has consisted of 72 clock hours of continuing education for each nationally certified EMS provider level. Recently, the EMS community across the nation has been changing entry requirements with the adoption of the new National EMS Scope of Practice and implementation of the EMS Education Guidelines. Because entry level requirements have changed, it was necessary to evaluate continued competency requirements.

In 2012, the NREMT introduced a new recertification model, the National Continued Competency Program (NCCP). Constructed using methodology similar to that of the American Board of Medical Specialty requirements, the new NCCP model streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual.

The NCCP offers numerous improvements that will impact EMS for the better for years to come. These changes allow a platform for evidenced-based medicine to reach EMS professionals all over the country, give state and local agencies the freedom to dictate a portion of the recertification requirements and provide a foundation for the EMS professional to embrace life-long learning through self-assessment.

The national component of the NCCP will constitute 50% of the new recertification requirements at each level and will replace the traditional DOT refresher. Topics will be updated and will reflect current trends in evidence-based medicine, scope of practice changes and position papers from numerous associations involved with EMS research. It will also serve to focus on those patient presentations that have a low frequency but high criticality. The national component will be developed by a panel of experts assigned by the NREMT Board of Directors and will be updated every four years. After content has been selected, educational materials will be developed and disseminated to training officers, medical directors and program directors free of charge. The local component of the NCCP will constitute 25% of the new recertification requirements at each level. The requirement for these hours will be decided by local entities, including the state, region or agency. These topics can include state or local protocol changes, tasks that require remediation based on QA/QI and topics chosen from run reviews.

The local component allows national recertification requirements to be adapted to the needs of the state and local agencies. Methods to provide current continuing education such as monthly training, conferences, and in-service training will stay the same.

Finally, the individual component of the NCCP will constitute the last 25% of the new recertification requirements at each level. Within this component, an individual is free to take any EMS-related education. As a result of the new NCCP recertification model, the total continuing education hours needed to recertify a national EMS certification have been reduced for EMTs, AEMTs and Paramedics (Table 1). As this model is implemented throughout the country, more information regarding the transition to the new recertification model will be provided

Table 1 NCCP CE Hour Requirements by Level (Every 2 Years)

	National (50%)	Local (25%)	Individual (25%)	Total Hours
Paramedic	30	15	15	60
AEMT	25	12.5	12.5	50
EMT	20	10	10	40
EMR	8	4	4	16

EMT

Pass Rate by %

2011 2012 2013 2014

Alabama	66	68	62	59
Alaska	--	--	71	77
Arizona	72	75	68	66
Arkansas	69	61	68	62
California	74	73	70	69
Colorado	81	84	81	80
Connecticut	67	70	67	63
Delaware	69	76	70	63
Dist. of Columbia	77	68	65	71
Florida	69	72	67	64
Georgia	--	77	70	69
Hawaii	--	--	90	84
Idaho	66	71	71	73
Illinois	~	~	71	65
Indiana	--	--	69	74
Iowa	63	65	63	62
Kansas	66	66	63	61
Kentucky	59	60	56	57
Louisiana	72	70	61	67
Maine	65	66	68	72
Maryland	--	--	69	68
Massachusetts	~	~	52	52
Michigan	69	67	67	66
Minnesota	78	79	79	77
Mississippi	54	62	53	54
Missouri	65	64	65	61
Montana	78	77	78	76
Nebraska	68	68	71	70
Nevada	59	67	66	64
New Hampshire	63	69	67	68
New Jersey	--	--	71	75
New Mexico	--	69+	61	68
New York	~	76	~	73
North Carolina	~	~	78	80
North Dakota	80	78	80	75
Ohio	73	72	72	71
Oklahoma	60	66	63	59
Oregon	77	80	79	78
Pennsylvania	--	--	78	60
Rhode Island	57	59	54	53
South Carolina	62	72	69	68
South Dakota	59	71	63	59
Tennessee	64	69	68	65
Texas	68	69	67	67
Utah	--	--	76	60
Vermont	72	76	71	66
Virginia	--	68+	63	66
Washington	78	81	81	82
West Virginia	--	--	55	47
Wisconsin	73	68	71	69
Wyoming	~	92	~	89

PARAMEDIC

Pass Rate by %

2011 2012 2013 2014

64	54	68	73
95#	91	90	82
79	75	82	83
61	54	50	56
82	86	81	82
92	95	91	90
86	95	85	93
100#	100#	100#	92#
0#	x	50#	50#
--	--	68	76
75	73	69	69
100#	100#	100#	100#
85	80	86	91
~	~	68	65
70	66	65	64
67	73	70	75
84	81	82	87
52	56	53	58
77	61	56	72
88	74	75	78
72	67	70	66
~	~	77	67
58	68	59	54
76	72	80	83
57	73	68	61
63	72	66	66
85	93	91	88
77	78	79	88
80	88	87	88
96	100	98	94
88	88	78	80
82	86	88	88
~	85	~	85
~	~	71	73
82	76	77	76
70	69	74	72
67	84	81	75
89	84	83	87
64	69	65	69
47#	50#	73	58
78	74	76	70
78	74	75	70
58	75	74	77
61	67	67	74
82	81	84	71
94#	x	x	100#
80	80	78	78
93	93	89	97
48	57	53	54
75	74	80	78
~	100#	~	92

2011

National Average
First-Time Pass Rates

EMT = 70%
Paramedic = 72%

2012

National Average
First-Time Pass Rates

EMT = 72%
Paramedic = 74%

2013

National Average
First-Time Pass Rates

EMT = 70%
Paramedic = 73%

2014

National Average
First-Time Pass Rates

EMT = 67%
Paramedic = 77%

Key

~ No Data provided

x No candidate this
calendar year

Less than 25
candidates tested

-- State does not
require National
EMS certification at
that level

bold - Improvement from
2013

CoAEMSP – Accreditation and the Benefits

George Hatch, EdD, NRP

Accreditation Update

The CoAEMSP has long recognized that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation of Paramedic educational programs is necessary for the ultimate in improved emergency medical care to the American public.

As a result, the CoAEMSP has been an integral partner in the NREMT's requirement of a student's successful completion of an accredited program in order to be eligible for National EMS Certification at the Paramedic level.

To that end, the CoAEMSP is pleased to report that 59 Paramedic educational programs became CAAHEP accredited in 2014, moving the total of accredited programs to 432. In addition, 244 programs were awarded the CoAEMSP Letter of Review. With a total figure climbing to nearly 700 programs either accredited or engaged in the accreditation process, these programs are found in ALL fifty states: 49 states have accredited Paramedic educational programs, and one state has a program holding the Letter of Review. An accredited program also is located at the Joint Special Operations Medical Training Center at Ft. Bragg, North Carolina.

In addition, in order to assure minimum entry-level competency, the CoAEMSP supports its original 2012 endorsement of the NREMT's PPCP process, which is slated to be implemented in its first phase for programs that commence on or after August 1, 2016. The CoAEMSP has helped educate and update program directors on the PPCP process through discussions and presentations during site visits and in workshops.

The CoAEMSP remains committed to advancing the quality of EMS education in order to assure a well-prepared and qualified workforce.

Benefits of CAAHEP Accreditation

The CoAEMSP regularly conducts surveys among its education programs regarding the accreditation and continuing accreditation process of CAAHEP. The following are some of the comments made on these anonymous surveys.

"[Because of our CAAHEP accreditation] we remain a recognized leader in our area as a Paramedic education program of quality."

"Providing a quality education is part of our University Mission, and we feel this is verified by our program being accredited where it is held to a national standard."

"More and more students are asking about it specifically."

"The accreditation process allows us to take a harder look at what we do. It requires us to always seek improved outcomes and change to assure these are met."

"...we are already seeing our students doing better because of the changes we made in the program."

"CAAHEP [accreditation] insures a consistent quality of education among Paramedic program, improves student success, and is vital to patient safety."



Committee on Accreditation
of Educational Programs for the
Emergency Medical Services Professions

Certification & Recertification - Top 10 FAQs



I am the only Training Officer at my agency. How do I get my electronic recertification application approved?

You are encouraged to have at least 2 Training Officers at each agency. You are not allowed to approve your own education for recertification.

You can locate information to register another individual or your medical director as a second Training Officer by using the following link:

https://www.nremt.org/nremt/downloads/TO_Instructions.pdf

The current Training Officer will need to approve the new Training Officer's affiliation request.

I have been working in an ER or hospital. Can I affiliate with them and have my supervisor sign off on my application? Or should I go Inactive?

If your agency is not listed with the NREMT online, because it is an ER or hospital, you can still use that agency to recertify using a paper application. You can locate a paper application at

https://www.nremt.org/nremt/EMTServices/emt_re_reg_form.asp

For the First Responder/EMR and EMT-Basic/ EMT, a Training Officer or Supervisor will need to sign off on your recertification application to verify both education and skills.

For the AEMT, I-85, I-99 or EMT-Paramedic/Paramedic levels a Training Officer or supervisor will need to verify your education and a physician Medical Director will need to verify your skills.



How can I tell if a distance education course is State or CECBEMS approved?

You can review the information on any course completion certificate to see if a course is State or CECBEMS approved. Most certificates will include this information at the bottom of the certificate. You are looking for "CECBEMS approved/approval" or your state i.e. "OH approved" course.

You can locate more information on CECBEMS approved courses at

<https://www.cecbems.org/> or contact your state or local EMS office to find out if the course is state approved.

Where do I find my Authorization to Test (ATT) letter?

You can locate your ATT letter by using the following steps:

- Login to your NREMT account at www.nremt.org
- Click on the "CBT Candidates" link
- Then click on "Check Initial Entry Application Status"
- Then click on the link "Print/View ATT" (It can take 24-48hrs for an ATT to be issued.)



***I need to change my name, how do I do that?***

Fax to (614) 888-8920, your state issued ID card, driver's license or other legal documentation concerning changes to your name. You must include an identifier such as an NREMT # or Application ID # and a one-sentence request of "Please change my name from Jane Smith to Jane Jones."

How do I get a copy of my current EMT card?

You have 2 options to obtain an additional NREMT card. Go to www.NREMT.org and login to your account. Click the tab on the left-hand side labeled "My Certification."

1. In the middle of the screen you will see patches that correspond to your certification level.
-Click on the blue link labeled "See More Items."
-Scroll down and you will be able to purchase a duplicate card.

2. On the lower left-hand side you will see "Print Card". Click on this link and print to your own printer.





Do I need to send all my documents when I submit an online/paper recertification application?

The only time you need to send in all of your course completion documents is if your application is selected for a random audit. Upon being selected for an audit you have 30 days to submit all of the requested

documentation. You will be notified of the audit electronically or by mail.

Did you get my recertification packet in the mail yet?

If you are submitting an application by mail, it is strongly advised you send your recertification packet via a traceable form of mail to ensure delivery. If you have received verification that your recertification packet has been delivered to our office please allow a 2-4 week processing time. The sooner a recertification application is submitted the quicker the application can be processed.

To ensure your application is processed before your certification expiration date, please submit your application to our office 6 weeks prior to your recertification deadline.

Starting in October 2015, a \$5.00 processing fee will be applied to paper applications.



Do I have to recertify using a traditional refresher course?

You do not have to complete a formal refresher, unless required by your state, in order to recertify. Other options include:

You may recertify by Exam, in lieu of continuing education. You have the ability to test within the 6 months prior to your expiration date. You will then need to submit an abbreviated application and mail it with the necessary signatures/documentation to the NREMT prior to your expiration date.

You can complete the refresher component through equivalent continuing education covering the topic areas outlined in the recertification brochure.

<https://www.nremt.org/nremt/about/brochuresRecertification.asp>

Can I use an online refresher course?

Yes, you may be able to use an online refresher course.

Please be aware there is a 10 hour limit for the amount of distributive education (DE) that may be used towards the refresher section. Distributive education means that the student and instructor are not able to interact in real time.

Examples include, but are not limited to, video reviews, magazine reviews, and online courses. CECBEMS uses the F3 designation for distributive education as well as F1 (one-time events) and F2 (multiple-event activities). Please note that F5 (Virtual Instructor Led Training-VILT) is not classified as distributive education. Online refresher courses that are state-approved may be used to satisfy the refresher requirement.



2014 Financial Information

Operating Expenses			Operating Revenue		
	\$	%		\$	%
Certification	\$9,617,406	75.6%	Certification	\$10,524,885	83%
Recertification	\$710,029	0.6%	Recertification	\$1,972,459	16%
Sales	\$202,765	1.6%	Sales	\$166,535	1%
Community Relations	\$339,997	2.7%			
Research	\$376,160	3.0%			
Newsletter	\$39,206	0.3%			
Building	\$179,725	1.4%			
General & Admin	\$1,264,556	9.9%			
Total	\$12,729,844		Total	\$12,663,879	

