



TRADITIONAL EMT RECERTIFICATION – INSTRUCTIONS

- 1** Complete the Traditional EMR recertification application. Be sure to obtain the necessary signatures.
- 2** Enclose the \$10 non-refundable recertification application fee and an additional \$5 paper application processing fee (**\$15 total**) via check or money order payable to the National Registry of EMTs (US funds only).
- 3** Mail your completed application and fees to the NREMT before your expiration date.
- 4** Allow 8 weeks for your application to be processed. Monitor your account at NREMT.org to see your status. Your expiration date will change once you have successfully recertified.

Mail recertification application and payment to:

National Registry of EMTs
P.O. Box 29233
Columbus, Ohio 43229

All documentation **must** be postmarked to the NREMT office by September 30. All mail sent to the P.O. Box is forwarded to a destination that maintains a confidentiality agreement with the NREMT. **The NREMT is not responsible for lost mailings.**

IMPORTANT INFORMATION

RESPONSIBILITIES OF SUBMISSION

Recertification is considered an individual 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.**

APPROVING SIGNATURES

Your Training Officer/Supervisor must sign the application verifying your continuing education. You cannot verify your own education. Please be sure to obtain all necessary signatures before submitting your application.

INCOMPLETE APPLICATION SUBMISSION

Incomplete applications will be returned to the address listed on your NREMT account. The corrected application must be sent back to the NREMT within 30 days of the date it is returned to the applicant.

AUDITS AND FRAUDULENT SUBMISSIONS

The NREMT conducts random audits of applications. Inaccurate documentation or submission may lead to revocation of EMS certification or other action deemed appropriate by the NREMT. The NREMT will report all cases of falsified documents to the EMS professional's state EMS office for potential state action.

CRIMINAL CONVICTIONS AND DISCIPLINARY ACTIONS

For faster processing, please use the electronic recertification application to disclose any criminal convictions or disciplinary actions. To disclose criminal convictions or disciplinary actions when submitting this paper application, please email recertification@nremt.org for assistance.

PLEASE COMPLETE THE FORM IN ITS ENTIRETY. ALLOW 8 WEEKS FOR PROCESSING.

Registry Number

Social Security Number - -

Last Name

First Name

Middle Initial

Mailing Address

City

State

ZIP Code -

Email

Phone Number - -



EMPLOYER INFORMATION

Organization in which 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 currently perform EMR skills within an emergency medical service, rescue service or patient care facility.

Recertification Form

EMR

TRADITIONAL

CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

YES NO Since your last certification, have you had a criminal conviction or an UCMJ action/court martial?

YES NO 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?

ATTENTION

If you answered **YES** to either question above, please email recertification@nremt.org for assistance submitting official documentation that fully describes the offense, current status and disposition of the case.

EMR CONTENT UPDATE — 12 HOURS REQUIRED

	date	hours	instruction method (up to 6 hours may be Distributive Education)
Preparatory		2	
Airway		2	
Patient Assessment		2	
Circulation		3	
Childbirth and Children		1	

BLS-CPR CERTIFICATION — PROVIDE SIGNATURE OR ATTACH COPY OF CREDENTIAL

Through assessment and observation, I hereby verify that the EMS professional is competent in: Adult 1 & 2 Rescuer CPR; Adult Obstructed Airway; Child CPR; Child Obstructed Airway; Infant CPR; and Infant Obstructed Airway.

Instructor/Training Officer Signature _____ BLS-CPR Expiration Date _____

AFFIRMATION

I hereby affirm that all statements on this application are true and correct. I understand that false statements or documents may be sufficient cause for revocation by the NREMT.

I also understand (please initial each box):

that this application for renewal of my EMS certification may be selected for audit at any time during my recertification cycle, including AFTER I receive my renewed NREMT certification.

that email, USPS mail and the message center in my NREMT account are the primary sources of communication from NREMT, and I may receive communication from any or all of these sources regarding audits.

if selected for audit, within 30 days I must submit documentation that adequately and accurately reflects the EMS education submitted on the recertification application, including but not limited to: course titles, course dates, hours of education, etc.

Your Signature (**Must be original**)

Date

ADDITIONAL SIGNATURES

As an EMR Training Officer/Supervisor, I hereby attest to the applicant's continued competence in all the skills determined by the state of licensure and the quality and quantity of the applicant's listed continuing education.

Training Officer/Supervisor/Medical Director Signature
(**Must be original and different from registrant**)

Date