



**NCCP AEMT RECERTIFICATION – INSTRUCTIONS**

- 1** Complete the NCCP AEMT recertification application. Be sure to obtain the necessary signatures.
- 2** Enclose the \$15 non-refundable recertification application fee and an additional \$5 paper application processing fee (**\$20 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.

<b>Mail recertification application and payment to:</b>	All documentation <b>must</b> be postmarked to the NREMT office by March 31. All mail sent to the P.O. Box is forwarded to a destination that maintains a confidentiality agreement with the NREMT. <b>The NREMT is not responsible for lost mailings.</b>
<b>National Registry of EMTs</b> P.O. Box 29233 Columbus, Ohio 43229	

**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 (FOR ACTIVE STATUS ONLY)**

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](mailto:recertification@nremt.org) for assistance.

**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 AEMT:

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Training Officer: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

Recertification Form

# AEMT

**NCCP**

## INACTIVE STATUS

**Request Inactive Status**

Inactive status is for those who are currently not providing patient care at their certification level.

## CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

**YES**  **NO**

Since your last certification, have you had a criminal conviction or an UCMJ action or 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](mailto:recertification@nremt.org) for assistance submitting official documentation that fully describes the offense, current status and disposition of the case.

## AFFIRMATION

I hereby affirm that all statements on this application are true and correct. I understand that false statements 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 (FOR ACTIVE STATUS ONLY)

As an AEMT Training Officer/Supervisor, I hereby attest to 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

As a physician medical director of AEMT training/operations, I hereby attest to the applicant's continued competence in all the skills listed on this application.

\_\_\_\_\_  
Physician Medical Director Signature  
(**Must be original and different from registrant**)

\_\_\_\_\_  
Date

**DOCUMENT YOUR CONTENT UPDATE AND SKILLS VERIFICATION ON NEXT PAGE**

VERIFICATION OF SKILLS COMPETENCE			
	TOTAL HOURS		
	QA/QI	Direct Observation	Other Method
1. Patient Assessment/Management			
2. Ventilatory Management Skills/Knowledge			
3. Cardiac Arrest Management			
4. Hemorrhage Control and Splinting Procedures			
5. IV Therapy and IO Therapy			
6. Spinal Immobilization (if performed in local protocols)			
7. OB/Gynecologic Skills/Knowledge			
8. Other related Skills/Knowledge			

Recertification Form  
**AEMT**  
 NCCP

**AEMT CONTENT UPDATE — 50 HOURS REQUIRED**

**NATIONAL — 25 HOURS**

	hours	date	method
Airway, Respiration and Ventilation	2.5		
Cardiovascular	7.0		
Trauma	3.0		
Medical	7.5		
Operations	5.0		

**LOCAL — 12.5 HOURS**

topic	hours	date	method

**INDIVIDUAL — 12.5 HOURS**

topic	hours	date	method

This section must be completed using continuing education hours. You may count 28.5 hours (8 national, 8 local and 12.5 individual) of non-instructor-based distributive education toward this section. These hours must be state or CAPCE approved.

