CONGRATULATIONS! You have successfully demonstrated continued cognitive competency by examination.

In order to be recertified, you will need to fill out the enclosed form and answer the information requested. You must complete the entire form in order to be processed. You do not need to send any other recertification application. Submission of the enclosed form by someone who has not actually completed the examination process is prohibited and subject to disciplinary action according to National Registry policies.

1. Answer the Criminal Conviction and Disciplinary Action questions.

2. If requesting active status, you will need to sign the application and obtain signatures from the following:
   a. Training Officer, and:
   b. Physician Medical Director of your Affiliation

3. Email the form to support@nremt.org or mail the completed form to the National Registry:

   National Registry of EMTs
   Attn. Recertification Department
   6610 Busch Blvd.
   Columbus, OH 43229

Again, congratulations and we look forward to completing your recertification request. We suggest you submit all materials to the National Registry utilizing some form of traceable delivery means. Please make and retain a copy of ALL materials you sent to National Registry for your own records. Remember, all recertification applications MUST be post-marked no later than March 31st of the year your certification expires.

Bill Seifarth, MS, NRP
Executive Director
THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS
AEMT Cognitive Competency by Exam Form

As the Physician Medical Director of AEMT training/operations, I do hereby affix my signature attesting to the continued competence in all the skills outlined above.

Physician Medical Director Signature (must be original signature)   Title   Date Signed

I hereby affirm that all statements on the AEMT Recertification form are true and correct. It is understood that false statements or documents may be sufficient cause for revocation by the National Registry. It is also understood that NREMT may conduct an audit of the recertification activities listed at any time.

Your Signature (must be original signature)   Date Signed   Signature of Training Officer/Supervisor (must be original signature)   Date Signed