

National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION-



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BUSCH BLVD.
P.O. BOX 29233
COLUMBUS, OHIO 43229
(614) 888-4484
www.nremt.org

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 requested information. 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 undergone and 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 a signature from the following:
 - a. Training Officer, or Supervisor
3. Email the form to support@nremt.org by March 31 to avoid being renewed as inactive.

Please make and retain a copy of all materials you send to the National Registry for your own records.

Again, congratulations, and we look forward to completing your recertification.

A handwritten signature in black ink that reads "William Seifarth". The signature is written in a cursive, flowing style.

**Bill Seifarth, MS, NRP, ICE-CCP
Executive Director/
Chief Executive Officer**

THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

EMT Recertification by Exam Form

Registry Number <input style="width: 100%; height: 20px;" type="text"/>	EMS ID Number <input style="width: 100%; height: 20px;" type="text"/>
Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>
Mailing Address <input style="width: 100%; height: 20px;" type="text"/>	
City <input style="width: 100%; height: 20px;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Email <input style="width: 100%; height: 20px;" type="text"/>	Home Phone <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Zip + 4 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Area Code <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

YES **NO** Since your last certification, have you been convicted of a criminal conviction?

YES **NO** Since your last certification, have you ever been subject to limitation, suspension from, or under revocation or probation 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, please contact the National Registry at evaluation@nremt.org before proceeding.

AGENCY INFORMATION	INACTIVE STATUS REQUEST
For active status, please provide information for the organization in which you currently serve/are employed as an EMT: Agency: _____ Address: _____ City _____ State _____ Zip Code _____ Training Officer _____ Daytime Phone # _____ <small>By completing this section, you are indicating you are currently performing EMT skills in either the emergency ambulance/rescue or patient/health care setting.</small>	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> </div> <p>Request Inactive Status*</p> <p><i>*With Inactive Status, no Training Officer or Medical Director is required to validate skills. You may return to active status at a later date.</i></p>

VERIFICATION OF SKILL COMPETENCE

Verification of skills competency is a requirement for a registrant to maintain active status and is validated by the agency's designated EMS authority. The expectation of skills competency validation is performed at the local level and affirms that the EMS professional has been verified as competent for level-specific skills and any necessary remediation has been undertaken.

As the Training Officer/Supervisor of EMT training/operations, I do hereby affix my signature attesting to the continued competence in all the skills outlined above.

Training Officer/Supervisor Signature (must be original signature)	Title	Date Signed
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I hereby affirm that all statements on the EMT 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 the National Registry 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
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