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

In order to receive recertification, you will need to fill out the enclosed form and answer the information requested. Submission of the enclosed form by someone who has not actually completed the examination process will be considered a fraudulent act and will subject them to disciplinary action according to NREMT policies. You MUST complete the entire form in order to be processed. DO NOT send the normal recertification form. ONLY submit the enclosed form that was attached to this letter.

1. Answer the Criminal Conviction and Disciplinary Action questions.

2. Enclose the following:
   a. A copy (front and back) of your current CPR for Healthcare Provider credential.
   b. A copy (front and back) of your current ACLS credential (Paramedic providers only).

3. You will need to sign the application and obtain signatures from the following:
   a. Training Officer / Supervisor of Affiliation
   b. Physician Medical Director of your Affiliation (Advanced Level providers only)

4. Email the form to recertbyexam@nremt.org or mail the completed form to the NREMT:

   NREMT
   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 NREMT utilizing some form of traceable delivery means. Please make and retain a copy of ALL materials you sent to NREMT for your own records. Remember, all recertification applications MUST be post-marked no later than March 31st of the year your certification expires.

Severo A. Rodriguez, MS, NRP, LP, AEMCA
Executive Director
### PATIENT ASSESSMENT/MANAGEMENT:
- Medical and Trauma

### VENTILATORY MANAGEMENT SKILLS/KNOWLEDGE:
- Simple adjuncts
- Supplemental oxygen delivery
- Supraglottic airways (PTL, Combi-tube, ET)
- Endotracheal Intubation (adult & pediatric)
- Chest Decompression
- Transtracheal Jet Ventilation/Cricothyrotomy

### CARDIAC ARREST MANAGEMENT:
- Megacode & ECG Recognition, Therapeutic Modalities
- Monitor/defibrillator knowledge (set-up & routine maintenance, pacing)

### HEMORRHAGE CONTROL & SPLINTING PROCEDURES

### IV THERAPY & IO THERAPY:
- Medication Administration

### SPINAL IMMOBILIZATION:
- Seated and lying patients

### OB/GYNECOLOGIC SKILLS/KNOWLEDGE

### OTHER RELATED SKILLS/KNOWLEDGE:
- Radio communications

### CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

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

**YES ☐ NO ☐** Since your last registration, have you ever been subject to limitation, 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?

If you answered “yes” to either question, you must provide official documentation that fully describes the offense, current status and disposition of the case.

### EMPLOYER INFORMATION

**Organization in which you currently serve as a Paramedic:**

**Agency:** _______________________________________________________

**Address:** _______________________________________________________

**City** ____________  **State** _________  **Zip Code** ____________

**Training Officer** _________________________________________________

**Daytime Phone #** _______________________________________________

By completing this section you are indicating you are **currently performing** Paramedic skills in either the emergency ambulance/rescue or patient/health care setting.

### INACTIVE STATUS REQUEST

☐ Request inactive status*

*Inactive status is for current Nationally Certified providers who are not actively working in an EMS service or performing with an agency that provides direct patient care at the time of application/recertification.

### CPR CERTIFICATION

- **Expiration Date**
  - **Month** ____________  **Year** ____________
  - Submit a copy, front and back, of your card.

### ACLS CERTIFICATION

- **Expiration Date**
  - **Month** ____________  **Year** ____________
  - Submit a copy, front and back, of your card.

### VERIFICATION OF SKILL COMPETENCE

<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Q/A: Q/1</th>
<th>Direct Observation</th>
<th>Other</th>
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<tbody>
<tr>
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</tbody>
</table>

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

**Physician Medical Director Signature (must be original signature)**

**Date Signed**

I hereby affirm that all statements on the Paramedic Recertification form are true and correct, including the copies of cards, certificates and other required verification. It is understood that false statements or documents may be sufficient cause for revocation by NREMT. It is also understood that NREMT may conduct an audit of the recertification activities listed at any time.

**Your Signature**

**Date Signed**

**Signature of Training Officer/Supervisor**

**Date Signed**

*Inactive status is for current Nationally Certified providers who are not actively working in an EMS service or performing with an agency that provides direct patient care at the time of application/recertification.