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 signatures from the following:
   a. Training Officer, and:
   b. Physician Medical Director of your Affiliation

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.

Bill Seifarth, MS, NRP, ICE-CCP
Executive Director/
Chief Executive Officer
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 Physician Medical Director of Paramedic 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 Paramedic 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  
Date Signed  
Signature of Training Officer/Supervisor (must be original signature)  
Date Signed