

# The Registry

Spring 2007

THE NEWSLETTER OF THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

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Visit our web site at [www.nremt.org](http://www.nremt.org)

## A New Era of Testing Begins

### The Transition to Computer Based Testing is in Full Force

Years of research, planning and implementation have gone into the transition to computer based testing (CBT), which went into effect January 2, 2007, making the NREMT the largest high stakes computer based testing network in the world.

At the time this newsletter went to press, thousands of candidates had already applied to take the NREMT exam, and hundreds had already tested and received their results—not weeks after testing, but typically the next business day.

Besides implementing the new system, the NREMT staff has still been responsible for processing existing paper-pencil applications and scoring these exams. Just in the month of January 2007, over 13,000 paper-pencil exams were scored that were taken before January.

As for CBT, over 23,000 candidate accounts have already been created on the NREMT website, and over 3,000 computer based exams were delivered in just the month of January. As we implement CBT, our staff has

received an average of 400 calls per day. Avoiding automated systems, the NREMT is committed to providing a “live” person for candidates to talk with. Every staff member attempts to provide excellent customer service to each individual calling, and we are proud of their dedication during this historical time.

The success of CBT lies in the work that took place as much as five years ago, and most recently, with the beta testing that occurred in select states during the summer of 2006. State EMS Offices, Program Directors and educators must be commended for the support they provided during the transition. Without their help, it would not have been possible.

Because CBT has been in effect for only a matter of weeks, NREMT staff will continue to work to enhance the process and make sure communication lines stay opened. Readers are encouraged to visit the NREMT website at [nremt.org](http://nremt.org) for more information and timely updates. *NJR*

## The Difference between Certification and Licensure

### What Every EMT Should Know

By William E. Brown, Jr., MS, RN, NREMT-P  
Executive Director

**Certification and Licensure are two credentialing terms often misunderstood by legislators, State EMS officials, employers, peers and the public.** The NREMT has received phone calls from EMTs who believe they have a second class credential because they are “certified” by their state EMS Office. Some want to be “licensed,” often without understanding the difference. Many documents have clarified the difference between these credentialing terms. The purpose of this article is to better understand the use of these terms in EMS.

Physicians, the most recognized “profession” by consensus, can provide some guidance for us as EMT “professionals” to help understand these differences since physicians are both licensed and certified. Although EMS has many parallels with the medical model, we do have some differences. Physicians take a national “examination” offered by the National Board of Medical Examiners. The “Board” exam reports scores to the State Boards of Medicine, which then uses a successfully completed examination (passing score on all three parts) to issue a medical “license.” State Boards of Medicine are part of state government, issue

*continued on page 2*

## NREMT Responds to the IoM Report

By Gregg Margolis, PhD., NREMT-P

The Institute of Medicine’s Committee on the Future of Emergency Care in the United States Health System was convened in 2003 to examine the state of emergency care in the U.S., to create a vision for the future of emergency care – including trauma care, and to make recommendations to help the nation achieve that vision. Their findings and recommendations were released last summer in a report on the Future of Emergency Care in the United States Health System.

The NREMT is pleased that the IoM has rigorously studied this important public health and safety issue. As citizens of one of the greatest nations in the world, the American public expects and deserves the highest quality of emergency medical care in their greatest time of need. The NREMT agrees that financial support for emergency medical services, coupled with committed leadership, can reduce the current fragmentation and improve the overall emergency care system.

The NREMT has the following responses to the recommendations of the report:

- In an age when great strides are being made in medicine and health care, EMS needs a uniform definition of competency,

*continued on page 3*



## Certification and Licensure... *continued from page 1*

“permits to work” (a license) and most importantly can take the license away when a physician acts in opposition to the public interest based on deviations in either behavior or medical practice. Physicians, after graduation from medical school and passing the National Board examination, then complete a residency medical education program. Each residency program, such as Emergency Medicine and Pediatrics, meets the requirements set by the RRC (Residency Review Committee) and this allows their graduates to take a specialty “Certification” examination. Some specialties may require a physician to complete “general” requirements, such as in Surgery, before additional training in a sub-specialty such as Orthopedics, before he/she can take the “Certification” examination. In order to practice as a physician, typically he/she has procured a license by passing the National Board of Medical Examiners examination, obtained board certification by passing the specialty Board examination, and has been granted practice privileges through local credentialing by being approved to practice in a specific hospital by a hospital “credentialing” committee. Review of competency and maintenance of competency is a never-ending process in the changing world of medicine and is now required by virtually all medical specialty boards.

**In EMS, state legislators have termed the credential they have issued EMS providers in two ways: either licensure or certification.** One state even utilizes both designations. The scope of practice is the same for the provider whether he/she is licensed or certified. When the government issues a “permit to work” that permit has the effect of a “license,” even if the state calls it a “certification.” In practice, every EMT has a license even if his/her state legislature uses the term certification. EMS publications contribute to this problem by listing both terms on the same line in a publication, such as licensure/certification. Believe me, get yourself in legal trouble, such as committing a devious felony, and watch the state act like a “licensing” body and remove your credential immediately. Certification, on the other hand, is issued by a private body (typically non-profit) and is based upon the certifying body’s requirements. That is why it is important for you to know what standards a certifying body uses before you take their advice, buy their product, or state you are certified by that organization. I have been approached by a “certified” shoe insert salesman. When he told me he was “certified” I immediately thought, “Wow, I wonder how rigorous his competency examination was?” You can find a “certification” for almost anything.

**The National Registry of EMTs credential is the nation’s EMS “Certification.”** It is important for you to know about your certification. Our certification attests to your having met entry-level competency and our mission is to assure that your competency is maintained throughout your career (provided you remain an NREMT). Your certification is recognized. It is a part of the licensure process in 45 states. National EMS Certification is being called for by panels studying national EMS needs and issues. The competency assured by an NREMT credential is necessary for reciprocity in 49 states. All of this has been achieved because the NREMT is “recognized” for its independent, valid process. Your continued certification by the NREMT demonstrates to your medical director, employer, peers and the public that maintenance of the NREMT’s National EMS Certification is important. You have shown it is important to differentiate competency, professionalism, knowledge, skills and attitudes. Because of the quality patient care that has been delivered by Nationally Registered EMTs since our inception in 1970, states and federal advisory panels now recognize the NREMT and you.

**Understanding the difference between licensure and certification is important.** You should now have a better idea of what is meant by these two credentials and the bodies that issue them (states and the NREMT). National Registration assures the public and our patients that they have competent professionals providing safe and effective care throughout their careers. [/NR](#)

## Death of NREMT Board Member Mark King is a Sad Loss



The unexpected death of NREMT Board Member Mark King is considered a major loss to those who knew him.

Also the EMS Director for the State of West Virginia, Mark passed away in his home last fall. He was 53 years old. NREMT senior leadership members were attending a meeting for the National Association of State EMS Officials (NASEMSO), in Charleston, West Virginia, at which Mr. King was scheduled to attend, when they learned of his death.

Mr. King had been the State EMS Director in West Virginia since 1995, and was nominated to the Board by the National Association of State EMS Directors (NASEMSD).

Mark served on six National Highway Traffic Safety Administration (NHTSA) State EMS System Reassessment Teams in Nebraska, Connecticut, South Dakota, Tennessee, Wisconsin, and Pennsylvania. He was a member of the Atlantic EMS Council and the Trauma Information and Exchange Program Board for the American Trauma Society.

He had served terms as the National Association of State Emergency Medical Services Directors (NASEMSD) Treasurer, President Elect, and was the 2003-2004 Association President. Mr. King was a Nationally Registered Paramedic, career firefighter, paramedic, and supervisor, as well as a volunteer firefighter and paramedic, and the Coordinator for the Emergency Medical Technology program at Marshall University, of which he was a graduate.

Mark also served as an officer in the United States Army, where he served as a Battalion Assistant Operations Officer with the 2/64 Armor and 3/64 Armor Battalion in Schweinfurt, Germany.

He worked in the West Virginia EMS system for many years as a regional training coordinator and regional director. Mr. King was active with the American Heart Association, BTLs, and the Atlantic EMS Council.

Mark was innovative in his suggestions, a strong supporter of rural issues, and believed in national EMS certification. Future direction taken by the NREMT Board will be forever influenced because of Mark King’s input. Mark was a friend to all and will be sorely missed by the local, state, and national EMS community. [/NR](#)

## NREMT Thanks Outgoing Member Roger White for 28 Years of Service



Since 1979, Roger D. White, MD, FACC has served as an invaluable member of the Board of Directors of the NREMT. He serves his last year on the Board this year. During his time of service, Dr. White was a two-time Chairman of the Board, and a member of the Executive Committee for over 20 years.

“Roger is a legend in EMS,” said NREMT Executive Director William E. Brown, Jr. “He has been a steady voice of reason, and possesses an historical perspective unparalleled by anyone in the history of the National Registry.”

Dr. White is a cardiac anesthesiologist at the Mayo Clinic in Rochester, MN. He is a professor of anesthesiology in the Mayo Clinic College of Medicine and holds joint appointments in the Department of Anesthesiology and the Department of Internal Medicine, Division of Cardiovascular Diseases. Dr. White

is co-medical director of the Mayo Foundation’s Gold Cross Ambulance Service, medical director of both the City of Rochester Early Defibrillation Program and the City of Rochester Police Department. Dr. White received the J.D. Farrington Award from the National Association of Emergency Medical Technicians where he has served as a medical advisor for many years. In 2004 he received the Hans Dahl Award from The Citizen CPR Foundation for his “fight against sudden cardiac death.” He is on the AHA ACLS subcommittee and was a team leader for defibrillation topics for the G2005 ECC Guidelines. Dr. White is best known for his research in early defibrillation and patient outcomes following out-of-hospital cardiac arrest.

“Many years ago the Registry published a brochure entitled ‘When the unexpected strikes,’ said Dr. White. “In that brochure I said the designation ‘Nationally Registered EMT’ carries with it evidence of the best possible assurance of up-to-date, knowledgeable and skillful patient care in emergency situations. Today I stand by that statement, armed with more evidence now than I had then.”

The NREMT genuinely thanks Dr. White for the many years of dedication and service he has provided as a member of the NREMT Board of Directors.

The NREMT would like to welcome new members to the Board of Directors: Mr. Joe Ferrell, Mr. Bob Graff, and Dr. Jeffrey Salomone. Watch for more information on these Board Members on the NREMT website at [nremt.org](#). [/NR](#)

## IoM Report... *continued from page 1*

and the public deserves to be assured that everyone providing out-of-hospital emergency medical care has met that standard.

- We are pleased that the Institute of Medicine affirmed the *EMS Education Agenda for the Future* by recognizing the important role national certification plays in protecting the public. We will continue to partner with State EMS officials to implement the *Agenda*.
- The NREMT believes that national certification should be the **prerequisite for state licensure and local credentialing**.
- The NREMT supports the recommendation for accreditation of paramedic education programs.
- Continued competency is an essential component of the certification process and needs to be addressed to ensure public safety.
- We challenge the reference to national certification increasing costs of emergency medical care. Our experience is that the cost averaging of the certification process over all states is more efficient and cost-effective.

- There is no empirical evidence that increasing standards of competency decreases the size of the EMS workforce. On the contrary, some very rural states that mandate national certification have very high per capita EMS personnel populations. In addition, decreasing the standards in an effort to gain a larger workforce does not provide the American public with the competency they deserve.
- We encourage the federal government to provide the technical assistance and financial support to states that need to make the transition to national certification and paramedic education program accreditation.
- We believe that national certification will improve professionalism, consistency and provide trained EMTs and Paramedics—all of which are necessary to assure the safety of the American public.

Readers are encouraged to obtain more information or read the IoM report entitled *Emergency Medical Services At the Crossroads*, by going to [www.iom.edu](http://www.iom.edu). *NR*

## Examination Option Approved for Re-Certification

### Board Approves Exam Option in Lieu of Refresher and Additional Continuing Education

A new option to demonstrate continued cognitive competency (for re-certification) was approved by the NREMT Board of Directors in November 2006. Basic, Intermediate and Paramedic EMTs who are nationally certified can take the NREMT computer based test (CBT) in lieu of completing a refresher and the additional continuing education hours which are requirements for re-certification.

**EMTs who wish to take the exam** for re-certification and are due to re-register on March 31, 2007 must complete the following steps:

- Establish an NREMT account on the NREMT website
- Complete a re-certification examination application, (after validating eligibility with your NREMT registry number)
- Pay the fee on the website
- Receive an Authorization to Test (ATT) Letter from the NREMT

- Follow the directions contained in the ATT Letter to schedule an exam
- Take the examination between January 2, 2007 and March 31, 2007 (one attempt only)
- Pass the examination
- Receive an abbreviated re-certification form from the NREMT
- Return the completed form by March 31, 2007

**EMTs who fail the examination** (only one attempt is permissible) will be required to complete all refresher and continuing education requirements by March 31, 2007 in order to be eligible for re-certification. The exam is an option for re-certification and not currently a requirement.

**EMTs whose certification expires in 2008** may challenge the examination (in lieu of completing a refresher and additional continuing education) beginning October 1, 2007.

**If an employer or state requires** a provider to possess their National Registry card before March 31, 2007, the provider will need to successfully complete the exam process by February 15 of the expiring year.

Policies regarding use of CAT testing and more information are available on the NREMT website at [nremt.org](http://nremt.org). *NR*

## On-Line Re-Certification System Approved

To encourage re-certification and make the process more user-friendly, the Board of Directors approved the concept of developing an on-line re-certification system. Implementing such a system will require a significant amount of work. As a result, it may be two or more years before on-line re-certification can be made available.

The decision came after more than 1,000 surveys of field providers were surveyed in 2006. Their input and feedback on the design of this total on-line re-certification process will be extremely valuable as the system is developed. As more information becomes available, it will be posted on the NREMT website at [nremt.org](http://nremt.org). *NR*

## Be Sure the Refresher Program You Choose Satisfies NREMT Re-Certification Requirements

Nationally Certified EMTs who choose to fulfill re-certification requirements with on-line refresher programs should verify that the program satisfies NREMT re-certification requirements. While some online refresher classes *imply* that they meet NREMT re-certification guidelines, that's not always the case.

Current NREMT policy regarding distributive education (on-line, video, or magazine-based education) allows for a maximum of 10 hours of the refresher course to be completed by distributive education. This means the NREMT will not accept an ALL on-line refresher course as part of re-certification. If a EMS provider plans on using distributive education for part of the refresher (or additional continuing education section), that course **must** meet the NREMT policy **and** be either State or CECBEMS (Continuing Education Coordinating Board for Emergency Medical Services) approved. More information on CECBEMS and requirements can be found at [www.cecbems.org](http://www.cecbems.org).

Please contact your State EMS Office or CECBEMS to determine if the distributive education program you are using is approved. *NR*

## How Pilot Test Items Are Used to Prepare for Future Exams

All National Registry exams include a number of pilot items. These do not count for or against your exam results. Pilot items are being evaluated for possible inclusion in future exams. There is no way for a candidate to identify pilot items, so it is in the candidate's best interest to answer every question to the best of his/her ability.

Pilot items are included in exams to determine (or calibrate) the difficulty of each item as compared to the ability of the test taker. The National Registry strives to pilot test every item to at least 400 individuals across all levels of abilities. After they have been pilot tested and calibrated, the items are reviewed by a psychometrician (someone who practices the science of measurement). If approved, the pilot items are placed in item pools and are finally delivered as actual test items. [NR](#)

## Simulation Practical—An Alternative Consideration for the Psychomotor Exam

The psychomotor exam is a critical part of assessing the competency of a candidate in order to protect the public. In an emergency, an EMT must work quickly, efficiently and effectively during a patient's greatest time of need. Measuring a candidate's knowledge can easily be accomplished through written or computer based testing. Hands-on testing is another thing.

Asking a candidate to perform intervention on an ill or injured patient is not an option. The typical practice of using conventional mannequins does not completely simulate the actual situation of a patient's illness or injury. High-tech simulation mannequins, however, can actually imitate a hypothetical illness or injury—and even respond to the treatment administered by the candidate. State-of-the-art simulation mannequins can be programmed to display hypothetical illnesses or injuries. They can also respond to the candidate's treatment as with a real patient.

While these state-of-the-art mannequins were extremely expensive a decade ago, cost is beginning to be less of an issue as the number of allied health professions using the mannequins continues to increase. Simulation mannequins can be extremely useful in standardizing the practical exam, which would lead to a more consistent and fair exam. Regardless of where the practical exam is administered, the use of state-of-the-art simulation mannequins may be replicated easily.

An investigatory group will be convened this summer to examine the feasibility of using this technology as a way to more consistently and accurately assess psychomotor competency. The main point to remember is that the more realistic you can make the situation when testing a candidate's hands-on competency, the more accurate the assessment of the candidate's ability when treating a real patient. With the foremost goal of the National Registry being to serve and protect the public, adopting this technology looks to be desirable. [NR](#)

## Test Site Security is Critical to Public Safety

In this day and age, which is no longer like those in which most of us grew up, test site security is critical to protecting the safety of the American public. Less than solid test site security means that an unqualified provider could be exposed to the public, providing less-than-competent emergency medical care. The security of a testing system is of utmost importance and concern. The goal of the National Registry is to provide the most secure testing system available. By contracting with Pearson VUE to deliver computer based tests, the standard for measuring competency has been significantly increased.

Pearson VUE defines security in the broadest sense:

- No unauthorized access to test items, test results, test-taker data or testing schedules
- Confirmed identity and approved behavior for test takers and employees
- No activities taking place other than testing
- Protected online financial transactions
- Protected online file and database transactions
- Data integrity and redundancy
- Protection against computer viruses and other types of attacks

Because there is no single technology currently in existence that enables an organization to achieve the above security goals and still conduct business on a public network, Pearson VUE uses a combination of approaches for security including:

- Digital certificates
- Authorization
- Physical security
- Encryption and tunneling

Multiple highly confidential security measures are also used to protect data and information within the test delivery system. The National Registry is pleased to report that a recent security audit performed by an external consulting firm confirmed the high level of Pearson VUE's security measures (which are identified and maintained in a confidential security plan) and did not recommend any material upgrades. Pearson VUE also employs preventive, detective, corrective and deterrent measures throughout their network to maintain test security including:

- Biometric controls and analysis for proper identification, and to deter cheating and item theft. Biometric data can also be used for fraud prevention and detection such as preventing duplicate registrations, verifying identity and controlling access in and out of the secured test delivery room. Three biometric identification technologies are used in Pearson VUE company-owned test centers.
- Tracking of Theft and Fraud Incidents
- Proctoring—1:7 student to proctor ratio which is the highest ratio in the testing industry. Two Certified Administrators (proctors) are also required to be present during test delivery.
- Video/Audio Surveillance
- Data Storage, Archiving and Retrieval which is highly restricted to authorized personnel. Data includes test center audio and video which are digitally recorded.
- Consistent Policies, Procedures, Training and Assessment for operating test centers in accordance with contractual requirements and documented quality and security procedures.

"Because of Pearson VUE's size and expertise in testing security, we have no doubt that those candidates being tested are being accessed in the most secure method possible," says Associate Director Rob Wagoner. "There are so many issues involved in providing competent pre-hospital emergency medical care. We want to do everything we can to make sure the public is getting the care they deserve." [NR](#)

## Who's Cheating Now?

By Jimm Murray, Vice-Chairman, NREMT Board of Directors

One person sitting in the exam room is a cheater. He or she is using an unfair and unethical method of gaining an advantage for him/herself—and maybe even his/her friends. He/she is cheating at the expense of 98% of the class that believes in honesty and integrity.

You may have experienced this scenario yourself. Somebody in one of your classes cheated on a test that you worked very hard to pass. Most likely, you felt dejected and frustrated. It wasn't fair to you and your friends who did not cheat, was it?

Read the entire article at <http://www.nremt.org/downloads/educator-update-april-2006.pdf>

# ADA Accommodations Policy Set by NREMT

## Educators and Candidates Should Familiarize Themselves With the NREMT Policy

The NREMT is dedicated to its mission of providing a valid, uniform process to assess the knowledge and skills for competent practice required by EMS professionals. To accomplish this mission the NREMT focuses on public protection by providing a meaningful certification through a secure and valid examination process. Policies of the NREMT are approved by the NREMT Board of Directors in conjunction with legal counsel and are based upon research and widespread national review.

The NREMT complies with the Americans with Disabilities Act (ADA) in regards to requests for examination accommodations consistent with its mission and public protection. As a result, the NREMT is committed to the provision of reasonable accommodations which do not compromise the

ability of its certification tests to evaluate a candidate's ability to safely and effectively perform the critical tasks in the provision of EMS services. Because NREMT Certification attests to this standard in the interest of public protection, these standards guide the accommodations that can be made for candidates taking the National Registry examination. The NREMT also recognizes that each disability is unique to the individual and all NREMT decisions regarding reasonable accommodation are evaluated on a case-by-case basis.

The NREMT does not set policy for educational institutions regarding appropriate accommodations in the classroom. However, in the interests of public protection and appropriate counseling of prospective EMS students, coordination of NREMT and educational accommodation policies is critical. EMS educators should seek guidance from the disabilities support services connected with their educational institution. Independent education courses that are not sponsored by institutions with disability support should contact their State EMS Office for advice.

Complete information for educators, as well as students who are seeking an accommodation, is at [nremt.org](http://nremt.org) under General Policies/ADA Policy. /NR

## Terry Markwood is Appointed to Oversee Certification Department



A vital part of the Certification Department since 2002, Terry Markwood has been named by Executive Director Bill Brown to oversee the work of the Certification Department. Terry's appointment comes as a result of Associate Director Phil Dickison's departure.

Working side by side with the former Associate Director, and taking on more responsibilities as the department grew, Terry is well qualified to take on this new role. Terry's experience as the National Registry's representative to California also gave him valuable expertise in understanding state concerns and issues. During his entire career at the National Registry, Terry also served as the military liaison for all services that use the National Registry.

"My main goal is to get applications and examinations processed as efficiently as possible, and then get exam results to the states, coordinators and candidates so that people can get certified and working," Terry states.

Terry has hands-on training in all areas of the Certification Department, including troubleshooting unique applications and candidate concerns. Terry has also served in the military, with 15 of those years as an Army Medic. He has also trained military medics. In addition to a long military career, Terry taught in the public school system for 20 years. "My long involvement in training has served me well at the National Registry," Terry says, explaining that he regularly uses his experience in education and teaching to address the educational programs for national certification.

Senior leadership at the National Registry, along with the Board of Directors look forward to seeing Terry use his leadership skills and experience as CBT and other new programs are explored and implemented. /NR

The NREMT thanks Phil Dickison for 18 years of service and wishes him the best of luck in his new endeavors.

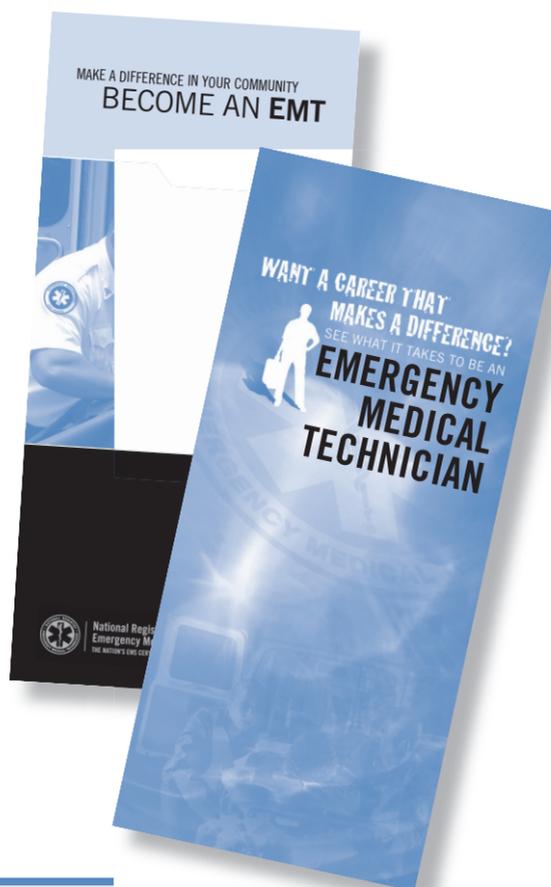
## Brochures Produced by NREMT

As a service to the EMS community, the NREMT has produced two recruitment brochures to help in recruiting EMTs. Aware that there is a national shortage of both volunteer and career EMTs, the Community Relations Department of the NREMT produced two brochures that will be provided at cost to the EMS community.

Focusing on career EMTs, one brochure is geared to the high school and young adult audience looking for a rewarding and exciting career. The second brochure encourages community members (especially those in rural areas) to make a difference by volunteering as an EMT.

"The brochures are excellent tools for colleagues who are asked to speak at high schools, or for community events," says Associate Director of Community Relations Dr. Gregg Margolis. "We felt the production of these brochures complemented our goal of protecting the public by helping to increase the number of qualified EMTs."

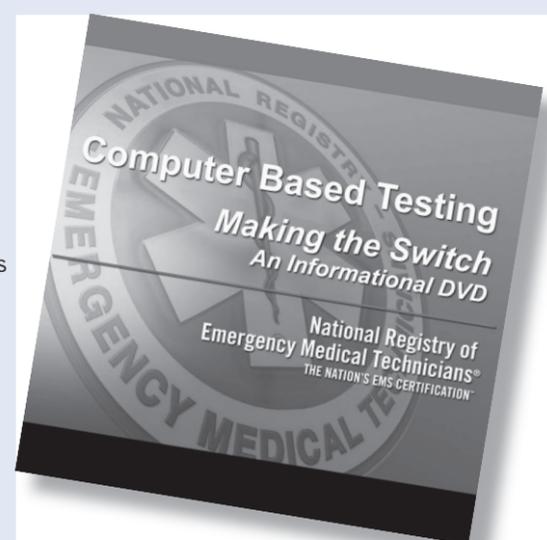
More information about the brochures and how to order copies to use in recruiting can be found at [www.nremt.org](http://www.nremt.org). /NR



## Instructional DVD Shows Everything You Need to Know...About Applying Online for the NREMT Exam

Candidates, program directors and educators who haven't seen the newly-released DVD called "Making the Switch" about computer based testing, should waste no time getting to a computer and logging onto the NREMT website. That's where'll the informational DVD can be found that shows how to apply online for the NREMT exam, explains the benefits and qualities of computer based testing (CBT), demonstrates what computer adaptive testing (CAT) is, and even provides a tour of a Pearson VUE testing center.

Nearly 5,000 copies of the DVD have been distributed, beginning in the fall of 2006, to State EMS Offices and program directors. Additional copies of this informative DVD are available upon request by contacting the Community Relations Department of the NREMT at 614-888-4484. /NR



## PRODUCT ORDER FORM

Registry No.	Item	Qty.	Cost (each)	Amount
	FR-96 First Responder Cloth		1.50	
	N-90 Basic Cloth Patch		2.50	
Name (last, first, m.i.)	NS-94 Scotchlite Reflective		4.00	
	MP-06 Paramedic Cloth Patch		4.00	
	NI-06 Intermediate Cloth Patch		2.50	
Address	N-90-M Subdued Cloth Patch		3.00	
	Lapel Pin - EMT		2.50	
	Lapel Pin - Paramedic		4.00	
	Tie Bar		2.50	
City, State, Zip	Decal - EMT		2.00	
	Decal Paramedic		2.00	
	Poster 2000		15.00	
	Paramedic in Review CD-ROM		35.00	

Send check or money order to: National Registry of Emergency Medical Technicians, P.O. Box 29233, Columbus, Ohio 43229. Please write your registry number on your check.



**FR-96 First Responder Cloth**  
This emblem is available to Registered First Responders



**NI-06 Intermediate Cloth Patch**  
This emblem is issued to all Registrants in the EMT-Intermediate classification



**Tie Bar**  
with clasp, gold plated.



**N-90 Basic Cloth Patch**  
This emblem is issued to all Registered EMT-Basic's



**MP-06 Paramedic Cloth Patch**  
This emblem is issued to all Registrants in the EMT-Paramedic classification



**Decal 3 1/2" Diameter 2-Way Decal**  
Use on medical kits, hard hats, bumpers and windshields. (not intended for use on ambulances, emergency squad or rescue vehicles)



**NS-94 Scotchlite™ Reflective Emblem**  
This safety emblem is optionally available and will greatly enhance night visibility of the NREMT



**Lapel Pins**  
with clutch back, enameled.



**N-90-M Subdued Basic Cloth**  
This subdued olive drab, red and blue emblem is for military personnel uniforms

Patches and pins have been redesigned. As we phase into the new design, orders will be filled using either the existing or new designs, depending on supplies.

Poster 2000 and Paramedic in Review CD-ROM available to the general public. All other items available to fully registered EMTs (not provisional). Maximum of 15 items can be ordered by an individual EMT at a time.

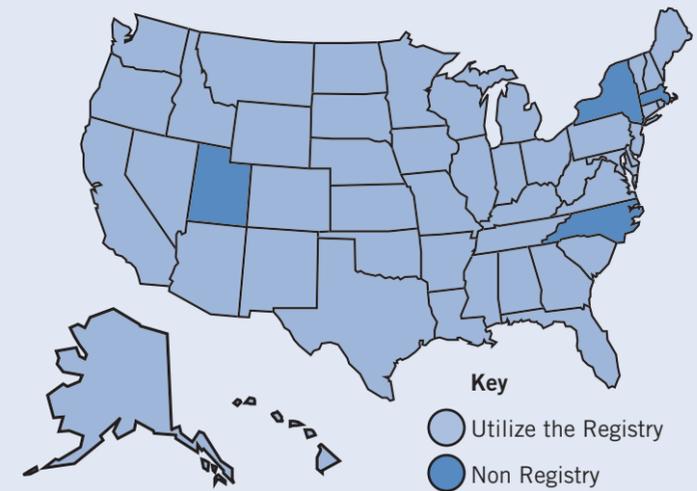
Payments or contributions to the National Registry of Emergency Medical Technicians, Inc., are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please consult your tax adviser. Prices subject to change.

## State Utilization

The map below illustrates the states that utilize National Registry certification to issue EMS licenses as of December 31, 2006.

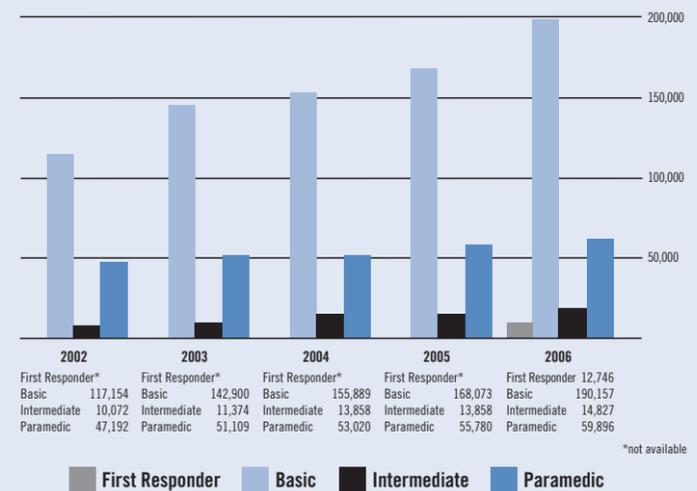
Florida and Maine use the National Registry for Basic certification only.

Alaska, Indiana, Maryland, New Mexico, Pennsylvania, Virginia, Washington DC, and Washington use the National Registry for Paramedic certification only.



## 5 Year National Certification Trends

Nationally Certified and Re-certified



PRSRST STD  
U.S. POSTAGE  
PAID  
Columbus, Ohio  
Permit No. 5786

[www.nremt.org](http://www.nremt.org)  
fax 614.888.8920  
614.888.4484  
Columbus, Ohio 43229  
P.O. Box 29233

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

# The Registry