

The Registry

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Accreditation is All About Credibility Accreditation for Paramedic Educational Programs Protects the Public & Students

While the NREMT made the decision last fall to require paramedic applicants to graduate from a nationally accredited program beginning in 2013, the development of accreditation standards for the paramedic community began over 40 years ago. The NREMT's decision was based on this long history and the direction of the EMS community most recently.

"EMS is presently the only allied health care profession that does not require accreditation of its educational programs that we know of," says NREMT Board of Directors Chairman Jimm Murray. "If we want the credibility, stability and benefits that other allied health care professions enjoy, then accreditation is critical."

The decision to require accreditation of paramedic educational programs follows the recommendations of the *National EMS Education Agenda for the Future: A Systems Approach*, as well as the Institute of Medicine Report *EMS at the Crossroads* which proposed a single *national EMS accrediting agency for the country as part of a process of standardization in EMS education*.

"Accreditation accomplishes two major goals," says NREMT Executive Director William E. Brown, Jr. "Accreditation creates a standard for EMS education that protects the public. Accreditation also protects the students' investment in their education by ensuring they graduate from a quality program."

"The maturation and growth of many health professions over the past half-century have been accompanied in nearly every case

by the initiation of an accreditation process for their educational programs," reflects Jack Trufant, Founding Member of the Board of Directors for the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and former Vice President and Treasurer.

With regards to what the accreditation requirement will mean to states and programs, Dr. George Hatch, Executive Director of the Committee on Accreditation of Education Programs for the EMS Profession (CoAEMSP) says, "Accreditation will not take away a program's flexibility or creativity, and it won't replace the state's authority to regulate programs." Dr. Hatch says that during the state visits he makes to explain the accreditation process, he assures programs that they can easily meet accreditation standards while still 'looking different' than other programs. "Meeting accreditation requirements still allows room for program independence and uniqueness," Dr. Hatch explains.

While programs may fear 'failing the standards', Trufant's experience suggests the contrary. "Few programs that seek accreditation are denied," says Trufant, who also served as the former Dean of the College of Health Sciences at Rush University Medical Center in Chicago, President of the Association of Schools of Allied Health Professions, as well as other prestigious positions in the accreditation field.

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New EMS Levels Will Reduce Fragmentation

By William E. Brown, Jr., Executive Director

By 2014, the EMS community will see the numerous provider levels that exist across the nation replaced with four new levels. The switch is designed to reduce fragmentation and increase uniformity. The result will be a more professional field and a consistent level of care to patients across the country.

The move to four new provider levels will help address the major problem of fragmentation in EMS that was noted in the National Academy of Sciences, Institute of Medicine (IoM) Report "The Future of Emergency Care: Emergency Medical Services at the Crossroads." The adoption of new provider levels meets the goals of the National EMS Scope of Practice Model (SOP) and the *"National EMS Education Agenda for the Future: A Systems*

Approach." Restructuring of provider levels is also supported by the Institute of Medicine (IoM), and is a reflection of the new set of education standards called the National EMS Education Standards. To gain a more thorough understanding of these decisions, you are encouraged to visit www.ems.gov or nemses.org.

Following guidelines set by the SOP, education for each level will be based on practice, rather than National Standard Curricula, which will resolve the disconnect between what is taught in class and the care actually provided to patients. Actual implementation will be lengthy, but the NREMT is dedicated to cooperating in every way.

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Accreditation... *continued from page 1*

“Some decry this fact as proof that the accreditation process is meaningless. Most conclude, however, that just the opposite is true. Establishing standards through collaboration of the academic, practitioner and community partners provides a template that educational programs can use to guide their curricular designs.” Having thirty years of accreditation experience as a university administrator, dean, program director, and faculty member as well as regional and professional accreditor, Trufant is “convinced of the exceptional values of this unique continuous quality improvement process.”

In the year 2000, the state of California made accreditation a requirement of all paramedic training programs approved by the state. Accreditation had to be acquired and maintained through the Committee on Accreditation of Allied Health Education Programs (CAAHEP). Nancy Steiner, Chief of EMS Personnel Division of the State of California EMS Authority says this decision was reached after much research by the state. Although there were 39 paramedic training programs at the time, Nancy points out, only one failed to obtain accreditation. “While accreditation was a large undertaking,” Nancy recalls, “many program directors have told us that the accrediting criteria afforded them a unique opportunity to discover the strengths and weaknesses of their program that they might not have identified without the accreditation process. Looking back, Nancy says, “I believe that our training programs are now more educationally sound because of accreditation, and the proof of this is the passing scores of our paramedic students who take the National Registry of EMTs paramedic examination.”

As for the accreditation process itself and how educational programs will make the transition, CoAEMSP Chairman of the Board Randy Kuykendall says, “The CoAEMSP is fully committed to supporting state EMS offices and paramedic education programs in their efforts to achieve accreditation. Our goal is to see that programs wishing to become accredited are as successful as possible in this important effort.”

Trufant sums up the transition to accreditation by saying, “While few have ever remarked to me, ‘I look forward to the next accreditation review,’ nearly all vigorously support it; and in the end, relish the opportunity to demonstrate their excellence.”

“Accreditation is the ‘gold standard’ by which the public can be assured that a quality educational program exists. It is our mark of excellence. Accreditation becomes our assurance to our graduates, and current and future students that we provide a quality educational experience. Accreditation assures the public that our graduates are meeting the expected standards of the healthcare profession. Accreditation keeps the programs current, regarding technologies, pedagogy and practice.”

M. LaCheeta McPherson, Ph.D. MT(ASCP), CLS(NCA)
Executive Dean, Health and Legal Studies
El Centro College, Center for Allied Health and Nursing
Dallas, TX

Sponsoring Organizations for CoAEMSP

- American Academy of Pediatrics (AAP)
- American College of Cardiology (ACC)
- American College of Emergency Physicians (ACEP)
- American College of Osteopathic Emergency Physicians (ACOEP)
- American College of Surgeons (ACS)
- American Society of Anesthesiologists (ASA)
- Commission on Accreditation of Allied Health Programs (CAAHEP)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of State Emergency Medical Services Officials (NASEMSO)
- National Association of Emergency Medical Services Physicians (NAEMSP)
- National Registry of Emergency Medical Technicians (NREMT)
- National Association of EMS Educators (NAEMSE)

Sponsor Organization Requests

- International Association of Fire Chiefs (IAFC)
- American Ambulance Association (AAA)

Board of Directors Elects New Members

Heather Davis, MS, NREMT-P; Mark Terry, MPA, NREMT-P; and Severo Rodriquez, MS, AEMCA, NREMT-P were elected to the NREMT Board of Directors in 2008.

Ms. Davis is currently Program Director for the UCLA Daniel Freeman Paramedic Education Program in Los Angeles, California. She also serves as the State Coordinator for Prehospital Trauma Life Support for the state of California. Mr. Terry is Field Operations Director for Johnson County Med-Act in Olathe, Kansas. Mr. Rodriquez is Program Manager for the Southwest Ontario Regional Base Hospital Program London Health Sciences Centre in London, Ontario. The NREMT staff congratulates Ms. Davis, Mr. Terry, and Mr. Rodriquez and looks forward to their involvement on the Board.

Completing their terms on the Board are Nancy Steiner, Chief, EMS Personnel Division, California Emergency Medical Services Authority, Sacramento, CA and Gary Leafblad, Program Director, Opportunities in Emergency Health Care Program, Osseo High School in Coon Rapids, Minnesota. The NREMT is grateful to Nancy and Gary for their contributions and wishes them the best in their future endeavors.

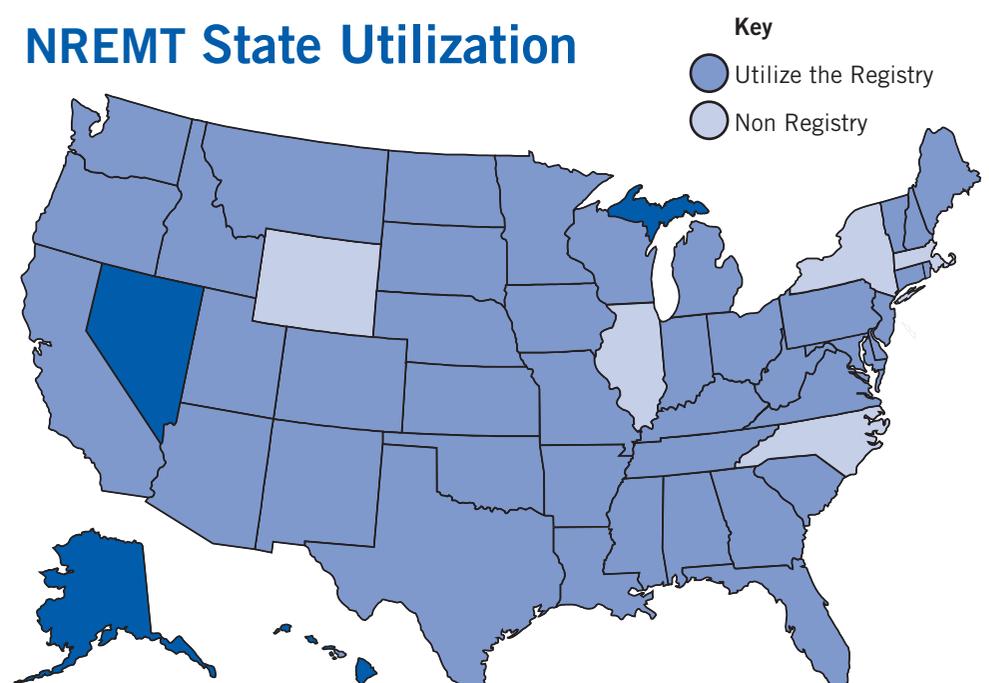
Melissa Bentley Joins NREMT Research Fellowship Program

Melissa Bentley, BS, NREMT-P is the third Research Fellow to enter into the NREMT EMS Research Fellowship.

Melissa graduated *cum laude* from Kent State University with a B.S. in Molecular and Cellular Biology. Currently attending The Ohio State University and pursuing her M.S. in Environmental Health Science, Melissa plans to continue in the PhD program for Epidemiology. “I hope to become a leader in the growing field of EMS research,” Melissa says.

“Melissa brings to the NREMT research team impressive academic credentials and an inquisitive mind,” remarks NREMT Associate Director Dr. Gregg Margolis. “We were particularly struck by her sincere interest in improving EMS through research.” *Related article pg. 4.*

NREMT State Utilization



NREMT Pilots Online Recertification

Full Launch Planned for 2010 Recertification Season

Online recertification is currently being pilot tested and is expected to be available to the entire EMS community for the 2010 recertification season.

All EMS professionals who are working with an EMS agency that participates in online recertification will be able to use the new process. Participation requires the agency, training officer and medical director to be enrolled. Currently, EMS professionals can fill out their recertification information online, but still need to print out the completed form and have it signed by their training officer and medical director. Once online recertification is in full force, the paperless process will save time and be more efficient.

“We want to stress the importance of the participation of the training officer and medical director,” explains NREMT Associate Director Dr. Gregg Margolis. “This is an essential part of the recertification process that provides professionalism and public safety. This is just one more process that helps validate the professional nature of EMS.”

Online Tracking of Continuing Education Will Be Possible

Another feature of online recertification is the ability EMS professionals will have to track their continuing education online and monitor their progress for meeting recertification requirements. The NREMT realizes that recertification requirements take time and effort on the part of EMS professionals. This convenient method of tracking continuing education will make the national recertification process more convenient, as well as more accurate and secure.

“The online recertification effort will help to greatly expedite the entire process of recertification,” says Gifford Saravia, Director of the National EMS Academy, Lafayette Campus for Acadian Ambulance

Service. “We currently assist with the recertification of approximately 800 EMS professionals each year. They will appreciate some of the special features such as seeing their CE hour totals tracked in an easy-to-read scale. We are looking forward to this program going live!”

With online recertification, EMS professionals will set up an account in which they can submit continuing education information. In addition, their training officer or educators can also add pertinent information to their account. While EMS professionals are ultimately responsible for the accuracy of the information submitted to their account, online recertification will make the process more efficient by reducing duplicate data entry.

“Our department is very excited and pleased with the changes the National Registry is making regarding online recertification,” says Janis McManus, MICUS Clinical Coordinator for Virtual Health EMS in Mt. Laurel, NJ. “This...will streamline the recertification process and make it more convenient for EMS professionals to effectively track their continuing education. EMS educators will also find this new site helpful when deciding which classes to schedule for their staff.”

Pilot testing in 2009 has included: Arthur Lewis, City of Baton Rouge; Bill Toon, Johnson County EMS, KS; Gifford Saravia, Acadian Ambulance Service, LA; Melissa Deibert, Missoula Emergency Services, MT; Kathy Lonski, FM Ambulance, ND; Janis McManus, Virtual Health EMS, NJ; Jack Busby and Kermit Watson, City of Mobile, AL; Morgan Scaggs, Horry County, SC; and Richard Yuras, Fairfax County Fire & Rescue, VA.

“I believe [online recertification] will be a valuable tool for our training staff, medical director and

individual provider,” says pilot participant Morgan Scaggs, Medical Training Officer for Horry County Fire Rescue in Conway, South Carolina.

“The training staff will no longer have to prepare hundreds of individual training reports between December and March; it will only take a moment... to enter the data into the National Registry system for all course participants,” Morgan explains. “We will also save a great deal of time because...our medical director will now be able to approve a large number of providers with just a few keystrokes and mouse clicks.”

“The field provider will be able to easily enter or review information at any time. They will be able to see which requirements have been completed and which ones they need to work on next. Special trips to our administrative offices will no longer be necessary to drop off or sign paperwork.”

Morgan sums up his experience as a pilot participant by commenting that even the few who are “computer challenged are managing to work through the process easily.”

All EMS Professionals Can Set Up an Account Now

EMS professionals who have recently taken the NREMT exam have already set up an account on the NREMT website. Those who have not are encouraged to go to www.nremt.org now and set up their account. By this summer EMS professionals can begin entering and tracking their continuing education and monitoring it in relation to their certification expiration date. At that time, the NREMT will also begin approving agencies that have registered.

Meet Board Member Dr. David Persse



NREMT Board Member David Persse, MD, FACEP has made significant contributions to the field of EMS. The NREMT is honored to have him serve on its Board of Directors.

Originally elected to fill a Physician-at-Large position, Dr. Persse offers a unique perspective due to the many roles he has filled – first as a street level paramedic, then serving as a paramedic instructor, and currently serving as the Physician Director of EMS and Public Health Authority of Houston, Texas – the fourth largest city in the nation.

Beginning his career in 1978, Dr. Persse first served as an EMT, and then became a Paramedic, working for LaSalle Ambulance in Buffalo, NY. Dr. Persse then served as a Paramedic instructor at Erie Community College. Dr. Persse graduated from Georgetown University and completed his residency in Emergency Medicine at Harbor-UCLA Medical Center.

“The Houston Fire Department represents quality EMS delivery and we are pleased its medical standards-bearer contributes to the development of National EMS Certification standards,” says NREMT Executive Director William E. Brown, Jr.

First becoming involved with the NREMT in 1992, Dr. Persse was a member of an NREMT Item Writing Committee, helping to develop exam questions. He has also served on the NREMT’s Practical Revision Committee for practical

exams, and the Final Review and Standard Setting Committees that define the entry level of competency necessary to pass the NREMT exam.

Dr. Persse is actively involved in conducting EMS related research, as well as contributing to countless studies and authoring numerous scientific articles. He is an editorial reviewer for both the *Annals of Emergency Medicine* and *Prehospital Emergency Care*. A member of the National Association of EMS Physicians (NAEMSP), Dr. Persse gives numerous lectures to EMS professionals and emergency physicians throughout the country. He has also served as the former President of the Texas EMS Physicians.

“Working with the National Registry has been a great experience,” says Dr. Persse. “I have certainly gained as much from it as I have given. My opportunity to serve as an item writer and reviewer has given me insights into not only test development, but also the education of the EMS professional. I hope that I have served the EMS community by bringing in the perspective of a person who started in EMS during its early years and who has worked his way up the career ladder. In the beginning, I worked in the emergency room as an orderly,” Dr. Persse recalls. “I clearly remember my days emptying bed pans and re-stocking shelves; EMT school, ride-alongs, the first day “on the box” and getting yelled at by arrogant doctors. Today, I respectfully ask people to do those same things, and try never to yell at an EMT or Paramedic. As we develop policy for the NREMT we need to keep in mind the entire spectrum of what we do as EMS professionals. The role of the NREMT is to develop professional and appropriate standards for EMS practice and to measure individuals against that standard. I hope that my life experience, which spans the breadth of the EMS profession, has allowed me to contribute to our line of work through the NREMT in some small way.”

The Four New EMS Provider Levels Beginning 2014

Emergency Medical Responder (EMR) formerly First Responder (FR)

Proposed is 48-60 hours of education required for those entering the EMS profession under this new provider level.

The 2004 EMS Practice Analysis indicated most FRs in the nation are already authorized to deliver the interventions that will be required by newly licensed EMRs. The SOP calls for EMRs to know self-administration of medication with a Mark I kit, and some splinting techniques that may be new to many FRs. However, some states continue to follow the 1996 First Responder National Curriculum. In those states, such interventions as AED, BP measurement, oxygen therapy and some additional techniques will also have to be included in transition courses. This means the length of an FR-to-EMR transition will vary depending on the existing competencies of the FR. The NREMT will accept the education covering this information in place of current refresher courses; nationally registered FRs can use transition course completion to meet all of the NREMT recertification requirements. Because the gap between FR and EMR knowledge won't be extensive in most cases, the NREMT will issue current FRs the new EMR certification when the appropriate transition materials have been completed.

Emergency Medical Technician (EMT) formerly EMT-Basic (EMT-B)

Proposed is 150-190 hours of education required for those entering the EMS profession under this new provider level.

This transition does not include a lot of new educational material. In some states, transition material may cover pulse oximetry, new approaches to patient assessment, automatic transport ventilators, administration of aspirin and other minor techniques. Therefore, the NREMT will apply the transition course toward the current NREMT two-year recertification requirements, with all of the transitional education recognized as part of the recertification process. When an EMT-B receives a transition course certificate and produces that as part of their NREMT recertification requirements, an Emergency Medical Technician National EMS Certification will be issued.

Advanced EMT (AEMT) formerly EMT-Intermediate/85 (EMT-I/85)

Proposed is 150-250 hours of education required for those entering the EMS profession under this new provider level in addition to EMT certification.

The gap between the I/85 and the new AEMT level is the largest under the SOP in terms of knowledge and skill. Although the 2004 Practice Analysis indicated much of the AEMT material is already known by many I/85s, the NREMT has never measured the AEMT material on any I/85 examination. For example, in many states, I/85s already administer nebulized beta agonist to patients. However, the NREMT has never measured current I/85s' ability to

accomplish this task. Because of the large gap, the new material will most likely have to be tested to be evaluated by the NREMT. I/85s will most likely have to complete a transition course, which can be applied toward NREMT requirements (72 hours), and then take the new NREMT AEMT National EMS Certification examination in order to validate their competency.

Paramedic formerly EMT-Intermediate/99 (EMT-I/99)

One of the most difficult decisions facing SOP developers was whether to discontinue the EMT-Intermediate (I/99) at a national level. Currently, the NREMT has about 3,000 I/99s who are certified. Although I/99s are certified to perform many of the same interventions as paramedics, educators and supervisors have reported that I/99s lack the depth of knowledge of a Paramedic. Because the gap exists regarding knowledge and a few additional drugs that can be covered in a classroom, the NREMT believes the gap between the I/99 and Paramedic levels can be effectively bridged via a transition course without clinical or field internship. Although the gap of material between the I/99 and Paramedic levels hasn't yet been identified, it appears this transition course may run over two or even three recertification cycles. Therefore, the I/99-Paramedic transition may take a number of years to implement. The ultimate goal, however, is that I/99s must show completion of a transition course that bridges the knowledge gap, however broad the gap is. Once the I/99 completes this transition course he/she can take the NREMT Paramedic examination up to six times. The NREMT does not plan to test I/99s for practical skills since the I/99 practical exam is almost identical to the Paramedic practical exam.

Paramedic formerly EMT-Paramedic

This transition will replace the Paramedic refresher process. After an EMT-P completes the transition course, the NREMT will issue the new National EMS Paramedic Certification.

CONCLUSION

To make the transition as smooth as possible, organizations such as The National Association of State EMS Officials (NASEMSO), the Committee on Accreditation of Educational Programs for the EMS Profession (CoAEMSP), The National Registry of Emergency Medical Technicians (NREMT) and others are willing to send an implementation team to your state or stakeholder organization to explain the agenda and the SOP. You can learn more about this service by visiting www.nasemso.org.

The time has come for EMS to be recognized by other healthcare specialties as a true profession instead of a trade. Implementation of the SOP will reduce fragmentation, lead to better patient care across the nation and help the EMS profession obtain the respect and credibility it deserves. With adequate planning, cooperation and general support, a successful transition as a unified group can be accomplished.

First NREMT Fellowship is Completed



The NREMT is pleased to announce that Jonathan R. Studnek, former EMS Research Fellow, recently earned his doctoral degree from The Ohio State University College of Public Health. He is the first to complete the NREMT EMS research fellowship. William E. Brown, Jr., NREMT Executive Director commented, "We are very proud of Jon and his academic accomplishment. We are all looking forward to many years of contribution to EMS research from Dr. Studnek."

Dr. Studnek received his doctorate in Public Health with a focus on Epidemiology. His area of interest was

Occupational Health. Dr. Studnek's dissertation was entitled "An Evaluation of Back Problems in Emergency Medical Services Professionals."

Unique to the EMS profession, the EMS Research Fellowship provides an opportunity for a practicing EMS professional to pursue a doctoral degree. NREMT Research Fellows are full time employees of the NREMT and receive fully funded tuition towards completion of an approved Doctoral program at The Ohio State University while working in the NREMT research department. According to Dr. Gregg Margolis, NREMT Associate Director, "The NREMT Board of Directors

supported this unique fellowship in order to build a cadre of career EMS researchers as recommended in the *EMS Research Agenda for the Future*. Jon has done an extraordinary job of blazing the trail for future Research Fellows and has contributed substantially to the NREMT and the EMS community." He goes on to comment, "Any EMS agency could benefit from developing a similar fellowship program. It is an investment in the future of EMS that pays immediate dividends to the organization."

The decision to focus on an occupational health issue for his dissertation came out of Dr. Studnek's belief that it is important for EMS professionals to be healthy. "We not only need to take care of our patients, we need to also take care of ourselves," Dr. Studnek explains.

Dr. Studnek left the NREMT in December and now serves as EMS Research Director with Carolinas Medical Center and Mecklenburg County EMS in Charlotte, North Carolina.

Dr. Studnek says that for EMS to grow as a profession, more EMS professionals need to obtain an advanced education in EMS, research, and research methods.

"I hope other organizations look at the model the National Registry has created," Dr. Studnek says, "and mirror it in some way so we can obtain more EMS researchers."

Majority Pass Exam Option for Recertification

For the past two years, EMS professionals have had the option to recertify by computer based exam in addition to traditional continuing education. Statistics for 2008 show that 87% of paramedics taking the exam for recertification passed. This additional option was endorsed by the NREMT Board of Directors and developed to provide flexibility for maintaining National Certification.

NREMT Associate Director Dr. Gregg Margolis points out the benefits of the new option, saying, "There really is very little risk to recertification by exam." Dr. Margolis explains that if the exam taker is not successful with recertification by exam, he or she can always utilize the traditional method. Yet statistics have suggested that EMS professionals have had much success with recertification by exam.

The exam option gives busy EMS professionals the chance to prepare themselves for the exam at their own pace and on their own schedule. "Recertification by exam made it possible to keep my certification up-to-date with my busy college schedule," says Amanda

Sticka, NREMT-Basic, of Grafton Valley Ambulance and Rescue Services in Grand Forks, ND.

Although classroom preparation may be more structured, EMS professionals find that preparing for the exam allows them to review their knowledge of EMS. "I opted to recertify as an EMT-B by exam due to the difficulty I have in arranging my schedule to take the 24 hour refresher course," says Allan R. Clark, Fire Chief for Sugar Hill Fire-Rescue, New Hampshire. "The flexibility that taking the exam offered was extremely important, but I also believe I learned a lot..."

Those recertifying have one opportunity to use the recertification by exam option, NREMT Certification Coordinator Terry Markwood says. "If the exam is not passed on the first attempt, all refresher and continuing education requirements need to be completed by March 31 of the year the certification expires." Mr. Markwood encourages all EMS professionals to plan ahead to give themselves plenty of time in order to maintain their National EMS Certification.

New Guidelines for Field Triage Released by CDC

The Centers for Disease Control and Prevention (CDC) recently released new guidelines on the field triage of injured patients. The guidelines appeared in the January 23, 2009 issue of *The Morbidity and Mortality Weekly Report (MMWR)*—a valuable resource for EMS professionals. Titled "Guidelines for Field Triage of Injured Patients Recommendations of the National Expert Panel on Field Triage" the guidelines address how EMS professionals determine the most appropriate facility to transport patients,

depending on injury types and severities. According to the report, "EMS providers must ensure that patients receive prompt and appropriate emergency care at the scene and are transported to a health-care facility for further evaluation and treatment. Determining the appropriate facility to which an injured patient should be transported can have a profound impact on subsequent morbidity and mortality." The complete document is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5801a1.htm>.

NREMT Studies Variables That Affect Probability of Passing National Certification Exam

The NREMT Research Department continues to conduct research that will benefit the EMS community and further its professionalism. In the past year, Research Fellows Jon Studnek and Antonio Fernandez, as well as NREMT Associate Director Dr. Gregg Margolis, completed peer-reviewed studies that resulted in valuable findings including the following:

- Research suggests that the national accreditation of an education program, the qualifications of the lead instructor, student high school class rank, years of education, whether the training was required for employment, age, race, gender, and estimated time since course completion all had significant effects on the probability of passing the national paramedic certification examination. A change in any of these variables can affect a student's probability of passing the exam.
- 75% of nationally certified first responders work in rural areas and 61% work for fire departments. More than a quarter have received no training in the management and treatment of patients involved in biological, chemical, nuclear, explosive emergencies, or structural collapse within the past 24 months.
- Research was conducted to develop recommendations for EMT-Basic educational programs to improve pass rates on the national certification exam. Recommendations include: 1) secure strong institution support, 2) hire well qualified EMT lead instructors, 3) strive for instructional consistency 4) recruit students who are positively motivated to succeed, 5) admit students who have demonstrated that they have the academic skills necessary to complete the course, 6) develop student test taking skills, and 7) establish course passing standards that exceed minimum competency. (Research also conducted by J Mistovich.)
- NREMT addressed the debate on how much experience is necessary before enrolling in a Paramedic class. Research suggests that EMT-Basics with 2.5-10 years experience were most likely to pass their first paramedic exam attempt, although the advantage is modest. EMS (Research also conducted by D Cone.)
- Medical direction is a cornerstone of modern EMS practice. Almost 2/3 of EMS professionals have had direct contact with their medical director within the last 6 months. (Research also conducted by RE O'Connor.)
- Tobacco use is a major cause of health problems. Approximately one third of EMS professionals have smoked tobacco; of those, about half no longer smoke. Of the remaining, 98% have attempted to quit within the last 12 months. A higher percentage of females in EMS reported being current smokers

Frequently Asked Questions about Recertification

The NREMT receives hundreds of calls a day—many of which have recently been about recertification. These are three of the most frequently asked questions and our answers. We hope this will help make the recertification process easier for those needing to recertify in the near future.

1. How do I recertify?

All of the information you need to recertify is available on our website for your convenience. Go to www.nremt.org. At the top of the menu on the left-hand side, click on 'EMS Professionals.' On the next screen click on 'Recertification.' You will then see a drop-down menu of certification levels as well as other links. Select the certification level that matches your level. You may also find answers to many of your questions under the 'Frequently Asked Questions' link.

2. How do I establish an account on the NREMT website?

It's easy to establish an account on the NREMT website. Simply go to www.nremt.org. At the top of the menu on the left-hand side, click on 'Create New Account.' You will then follow the step-by-step instructions. Once you have an account on our website, you will be able to manage your continuing education hours, register for exams, and receive important updates.

3. Do I have to be currently working to recertify?

The NREMT policy for recertification is that you must be currently working. This is stated on our website and in our printed information regarding recertification. If you are recertifying for the first time, however, and have worked at least six months, you can recertify as 'inactive'. Complete information on recertification is on the NREMT website under EMS Professionals/Recertification.

with a prevalence notably higher than that found in the general population.

- Obesity and excess weight are significant health concerns in this country. According to research, 71.5% of EMS professionals are classified as overweight (BMI \geq 25).
- Nearly a quarter of EMS professionals met the Centers for Disease Control recommendations that individuals participate in moderate-intensity physical activity for 30 minutes a day, 5 or more days a week.
- Many EMS leaders have expressed the need for EMS professionals to become involved in disease prevention initiatives. Over 80% of EMS personnel believe that they should participate. (Research also conducted by B Lerner and MN Shah.)

Emblems



FR-96 First Responder Cloth
This emblem is available to Nationally Certified First Responders.



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



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



N-90 Basic Cloth Patch
This emblem is issued to all Nationally Certified EMT-Basics.



NI-06 Intermediate Cloth Patch
This emblem is issued to all Nationally Certified EMT-Intermediates.



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

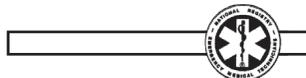


MP-06 Paramedic Cloth Patch
This emblem is issued to all Nationally Certified EMT-Paramedics.

Jewelry



Lapel Pins
with clutch back, enameled.



Tie Bar
with clasp, gold plated.

Actual patches and pins may vary slightly based on supply.

ORDER FORM FOR PATCHES, DECALS and JEWELRY Prices subject to change.

ITEM	QTY.	COST EA.	AMOUNT
FR-96 First Responder Cloth		\$2.50	
N-90 Basic Cloth Patch		\$3.50	
NS-94 Scotchlite™ Reflective		\$5.00	
MP-06 Paramedic Cloth Patch		\$5.00	
NI-06 Intermediate Cloth Patch		\$3.50	
N-90-M Subdued Cloth Patch		\$4.00	
Lapel Pin - EMT		\$5.00	
Lapel Pin - Paramedic		\$6.50	
Tie Bar		\$4.50	
Decal - EMT		\$3.00	
Decal - Paramedic		\$3.00	
Duplicate Card		\$3.50	
Duplicate Certificate		\$12.50	
TOTAL			

SEND CHECK OR MONEY ORDER TO:

National Registry of Emergency Medical Technicians
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