



The Registry

THE NEWSLETTER OF THE
NATIONAL REGISTRY OF EMERGENCY
MEDICAL TECHNICIANS

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The Nation's EMS Certification™

NREMT Executive Director Bill Brown to Retire in May 2013

After joining the NREMT 28 years ago, rising to Executive Director after three years, and serving in that capacity for over 24 years, William E. Brown, Jr. will retire in May 2013.

Bill is recognized for his contributions in moving EMS to a more professional status in its short history. He has been an instrumental part of many national committees, and has spoken about the NREMT and/or national EMS initiatives in all 50 states. He has recently been recognized with a number of Lifetime Achievement Awards for his contributions to EMS.

Bill grew up in Youngstown, Ohio, the son of a firefighter and the oldest of four children. He served as a paramedic (PJ) from 1969 to 1972. In 1971 he was awarded the Distinguished Flying Cross for rescuing U.S. Air Force pilot Lt. Col. Arthur S. Blissett in Laos after Col. Blissett parachuted from an F4 Phantom that was shot down, and dangled from a 200-foot-high tree for nine hours. This was a pivotal moment in Bill's military



career—one which inspired him to seek a career in EMS.

Following his military service, Bill enrolled at Youngstown State University (YSU) where at the end of his second year he was elected student government president. Obviously active on campus, upon graduation he was recognized as the best all-around student. During his college career, he balanced academics and worked full time on the railroad as an engineer.

After receiving undergraduate degrees in nursing and law enforcement administration, Bill moved with his wife, Karen, to Indiana and began working in the Emergency Department at Wishard Hospital in Indianapolis. While working as an ED (Emergency Department) nurse, he attended Indiana University and received a Master's Degree in Health and Safety Education.

After Graduate school, Bill returned to YSU to become the Director of the Paramedic Education Program for six years prior to joining the National Registry in March 1985.

Bill maintains a balance of work, family, spirituality, fitness and intellectual challenge. As a mountain climber, he has summited various mountains including Devil's Tower, Grand Teton, Hood, Baker, Whitney, and Washington. He is also an avid distance bike rider, logging thousands of miles on his bike—3,195 miles in one trip alone. He is a supporter and rider for the Muddy Angels.

Bill Brown's 10 Principles of Life

10. Love thy neighbor as thyself
9. Never come to a meeting unprepared
8. Success comes at the crossroads of preparation and opportunity
7. The view from the summit is not as clear as it was during the ascent
6. Establish realistic expectations and you'll always achieve them
5. When the pressure is on, step back and think
4. Live within your means
3. Fitness is intellectual, physical and spiritual
2. Don't do anything until your wife says it's OK
1. This is what it is all about: "That Others May Live"

"Bill Brown has been the lighthouse in the world of EMS for decades, guiding the education of countless EMTs and paramedics. His vision, dedication, persistence and advocacy for not only the education of our field personnel, but the continual education via timely upgrades and fair testing processes have ensured that the individuals who take care of my loved ones and yours are competent and current. Bill's work has been credited by former EMTs like Arkansas Governor Mike Huckabee as being a lifelong gift of education that can always be put to use. During a keynote address at the American Ambulance Association Conference in Las Vegas, November, 2012, Governor Huckabee (National Registry number 58,672) proudly stated that, years after taking his EMT course, he had to do CPR on a woman who collapsed in front of him and credited the repetitive, solid EMT training he had received with allowing him to act immediately and instinctively."

A.J. Heightman, MPA, EMT-P
Editor-in-Chief, JEMS

"My impression during all my years working with Bill Brown and the Registry was that his ultimate commitment was to the best possible care of sick and injured patients. His commitment to the Registry was based upon his conviction that this was the means by which the public could be assured that knowledgeable and skillful people were providing that kind of care."

Roger D White, MD
Mayo Clinic
Depts of Anesthesiology and Internal Medicine/Cardiovascular Diseases
Division of Prehospital Care, Department of Emergency Medicine
City of Rochester and Olmsted County Early Defibrillation Program
Co-Medical Director, Mayo Clinic Medical Transport/
Gold Cross Ambulance Service

Additional quotes pages 6 and 7...



CERTIFICATION / RECERTIFICATION

NREMT Recertification Changes Are Important to the Nation

The National Registry of EMTs (NREMT) is currently planning and implementing changes in its recertification processes that are important to Nationally Certified EMS providers. These changes involve three components: (1) online recertification, (2) a reinstatement program called the Mark King Initiative and (3) new recertification requirements. All three components are on different tracks for implementation with a culmination date near 2016. As with any “plan,” not all of the details are available as of this writing but enough of the concepts are known to begin to alert NREMTs, EMS providers, state regulators and stakeholders. This article briefly describes the components, their advantages to EMS providers and systems, and opportunities to become part of the National EMS Certification system.

Online Recertification

The NREMT launched online recertification as an option for NREMTs two years ago. Computer programming to support this move, costing nearly \$500,000.00, was completed in 2009 based upon input from EMS training officers across the nation. The system has a number of features helpful to EMS providers. These include:

- Elimination of paperwork – no longer the need to mail in documentation; no longer lost in the mail; a system that “banks” and tracks all continuing education hours completed toward recertification; and a quick way for the provider to access this “bank” to see what has been accomplished and remains to be accomplished.
- No more “running around” to find signatures – the online system connects the NREMT to EMS system training officers and medical directors who can approve/validate education accomplished at any time from any place.
- “Banking” of education activity – continuing education and/or refresher education can be entered by EMS providers themselves; or training officers can enter the data for every member of their organization who attends an in-service or local refresher.
- Easy fee payment – made online via a secure system. This system is so advanced that the NREMT never sees the individual provider’s credit card number and does not retain this information.

In 2012 over 56% of all NREMTs recertified online. In 2015 all NREMTs will be required to recertify online. Anyone needing assistance with online recertification (or other certification issues) can receive personal assistance from the NREMT by calling 614-888-4484 and speaking with the call center staff.

Recertification Hours Reduced with New Process Beginning in 2016

The exciting news to many providers is that the hours required will be reduced (in most cases) from the old 72 hours every two years.

Each level of EMS provider has a different number of continuing competency requirements:

- First Responder – 16 hours every two years. 8 hours are National, 4 are Local, and 4 are Individual.
- Emergency Medical Technician – 40 hours every two years. 20 hours are National, 10 are Local, and 10 are Individual.
- Advanced Emergency Medical Technician – 50 hours every two years. 25 are National, 12.5 are Local, and 12.5 are Individual.
- Paramedic – 60 hours every two years. 30 hours are National, 15 are Local, and 15 are Individual.

Mark King Initiative

The Mark King Initiative (MKI) was named after the former State EMS Director in West Virginia. Mark was a member of the NREMT Board of Directors prior to his untimely death in 2006. As an NREMT Board member, Mark wanted a “system” where former NREMTs could re-enter the NREMT without having to take the examination again. His idea of a new “system,” would put all EMTs on the same path with the same recertification requirements which would be recognized by the states for re-licensure. After obtaining the approval of the National Commission for Certifying Agencies (NCCA - the NREMT’s accrediting body), the NREMT Board of Directors developed guidelines for states to implement the MKI.

The features of the MKI are:

- Everyone who was formerly Nationally Certified can regain their National EMS Certification without retesting.
- It is a state-wide initiative, and will occur on a one-time basis for states that adopt the MKI.
- States that adopt the MKI must change their rules to require all EMTs to gain and maintain National EMS Certification throughout their careers.
- States that wish to adopt the MKI must have state re-licensure requirements that are the same or similar to those of the NREMT at the time the state initiates the MKI.
- Only providers who are currently licensed are eligible for the MKI and it applies only to the level under which the person is licensed. For example: a Paramedic who was never an NREMT-Paramedic would not be eligible for the MKI.
- The MKI can be adopted at one or all levels of certification/licensure.
- If a state’s current re-licensure requirements are less than the NREMTs, the state can implement the MKI after changing their requirements and having EMS providers complete similar education for a two-year period. At the end of the two years, the NREMT will reinstate the providers.

Implementation of the Mark King initiative is happening now: Alabama, Vermont and South Carolina have already adopted this initiative and thousands of former NREMTs have been reinstated. The current fees to be reinstated are \$15 for EMTs and \$20 for ALS levels every two years.

Mark King’s goal was to have all states follow the same requirements. He knew it would increase state and EMS system efficiency, decrease confusion among providers, enhance retention of providers, and lead us toward a national system of continued competency.

New Recertification Requirements

The NREMT has been hosting committee meetings, focus groups, and distributing information to obtain input regarding proposed changes in the recertification requirements. Adopted by the NREMT Board of Directors in November 2012, these new requirements will begin in 2016 for NREMTs due to recertify in 2018. This has been a well researched process and extensive national input has been obtained. The support for these changes is very high. The features of the new recertification process include:

- A “system” centered on “Continued Competency” for all levels of EMS providers.
- A system based upon four principles: (1) professional standing, (2) cognitive competency, (3) practice performance, and (4) life-long learning. These principles form the center of a continued competency program and are being adopted by many health certifying agencies including the American Board of Medical Specialties (ABMS). Professional standing means all providers must be eligible and not barred from state licensure. Cognitive competency centers around assuring providers have the knowledge necessary to safely and effectively practice. Practice performance means the EMS provider is working in an authorized EMS system in a competent manner. Life-long learning is a professional responsibility as EMS care and technology are constantly changing and providers must practice life-long learning.
- Implementation of these principles is accomplished via three areas in the Continuing Competency Requirements: National, Local and Individual. The National requirements are updated every five years.
- National Continued Competency Requirements (NCCR) are determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physicians and EMS provider stakeholders. The NCCR comprises 50% of the overall requirements necessary to recertify. Topics in the NCCR are chosen among the following: evidence based medicine, any changes in the National EMS Scope of Practice Model, science related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care.
- Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level. The LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by local committees of medical directors, operations managers and training officers. These topics may include changes in local protocols, tasks which require remediation based upon a quality assurance system, and/or topics noted to be of importance based upon run data reported to the National EMS Information Systems from the local level. These topics are locally chosen and will likely be different for every EMS system in the nation.
- Individual Continued Competency Requirements (ICCR) represents 25% of needed education. NREMTs will identify what these requirements are based upon outcomes of a self-assessment guide offered at no cost on the NREMT website for every NREMT who is recertifying. The assessment guide will help providers assess their knowledge and remediate any identified deficiencies during their next recertification cycle. The assessment guide results are provided, and **no** actions will be taken to restrict practice or certification of providers who need remediation. This helps everyone “fix” a gap in their cognitive competency by focusing continuing education on areas of need.

Providers who are cognitively competent can choose topics they wish to focus on for recertification.

The NREMT will be developing and providing lesson plans at no cost to cover the National Continuing Competency Requirements. These lesson plans will be developed by educators and experts in the topics. Local training officers, conference planners, education materials developers and others can then access the lesson plans on the NREMT website to incorporate into their educational programs and offerings. Distributive education can be used for up to 30% of the hours. This national system will provide “one stop shopping” that will keep every provider competent and contemporary over the knowledge necessary to deliver competent care. This will help eliminate “transition” programs and serve as a method to disseminate topical material that should be known by every provider. Because the topics will change every five years, frequent meetings will need to be held to develop these educational materials.

The NREMT has been hosting focus groups to obtain input on this new system. The focus groups have consisted of medical directors, state regulators, educators, EMS system training officers, and providers from both rural and urban systems. The change to the new requirements has been identified by the focus groups as a “home run.” The NREMT fully understands the complications of making this change. It has been well planned and funded. More information will become available as we approach 2016. Communiqués to training officers and medical directors will occur. An NREMT YouTube channel will be developed. We are looking forward to a new system that helps assure continued competency for all EMS providers; fortunately we have until 2016 to “get it right.”

Be Prepared!

Create Your Online Account Now! Recertification to be Entirely Online by 2015

Paper reminders and applications for recertification will be eliminated beginning with the 2015/2016 recertification cycles. Reminders and the recertification application process will be completed entirely online.

If you haven't already done so, create an account on the NREMT website—it only takes a few minutes. An account is necessary to recertify, and receive important updates and reminders regarding your National EMS Certification.

It is important that your first and last name match your certification and official identification (driver's license or government issued ID). NREMT Certification representatives are available to assist you, if necessary at 614-888-4484.

If any of the information changes—your mailing address, email address, etc.—you are responsible for updating it within 30 days.

Here's how:

1. Go to nremt.org and click on 'Create New Account'*
2. Follow the prompts to complete the process

As always, if you need assistance, we are happy to help.

Just call us at 614-888-4484.



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Go to www.nremt.org, log in to your account, then 'My Certification', and 'Purchase NREMT Items'.

Implementation of 2009 National EMS Education Standards Results in New AEMT Provider Level

With the implementation of the 2009 National EMS Education Standards, a new level of provider - Advanced EMT(AEMT) - was created that had not existed in prior versions of the National Standard Curricula. Some may remember the Intermediate/85, aptly named for the 1985 EMT-Intermediate National Standard Curriculum from which it was to be taught. Thirteen years later, the National Standard Curricula for advanced care were again revised, and the EMT-Intermediate/99 was born. So why this brief history lesson? “Those that fail to learn from history are doomed to repeat it.” Whether you believe Edmund Burke, George Santayana or Sir Winston Churchill first stated it, what matters is that we don’t repeat prior mistakes.

We continually watch, review and investigate performances on all National EMS Certification examinations. However, the most problematic levels have traditionally existed in those that lie between the EMT and Paramedic - we’ll collectively call them the “Intermediate” levels for the sake of this discussion. Historically, a large portion of the weak performances in the “Intermediate” levels related to courses of instruction seem to focus almost exclusively on teaching the additional interventions (peripheral IV access, medication administration, advanced airway devices, ECG analysis, ACLS algorithms) while other required didactic information appeared at times to have been largely ignored. For example, the EMT-Intermediate/85 curriculum was focused primarily on preparing an EMT-Basic for the additional skills of peripheral intravenous therapy and insertion of some advanced airway device. Many EMT-Intermediate/85 courses may have been established by looking for the most qualified and experienced allied health professional to teach these additional skills, yet the instructor may have never had access to or reviewed the entire 1985 EMT-Intermediate National Standard Curriculum while conducting the course. Imagine the surprise of many students who completed similar courses when they were asked questions concerning osmosis, acid-base balance, fluids and electrolytes, pathophysiology of shock and medical terminology on the National EMS Certification examination. Yet a close review of the 1985 EMT-Intermediate curriculum clearly shows that this material was required to have been covered in the educational program. The 1999 National Standard EMT-Intermediate curriculum was significantly more complex, adding several hundred hours of instruction over difficult pathophysiological principles and advanced patient care interventions in an effort to get advanced life support care into more rural communities. In the few states that implemented this level of care, analysis of weaker performances yielded similar findings.

Since June 1, 2011, the NREMT has been certifying AEMTs through administration of cognitive and psychomotor examinations that reflect the Scope of Practice and related educational content identified in the 2009 National EMS Education Standards and the AEMT Instructional Guidelines. Though states’ implementation of the AEMT level has been slow thus far, we have kept a watchful eye on performance of the cognitive and psychomotor examinations. Having completed the early polling, we are starting to see hints of the past experiences with the other “Intermediate” levels of care. We’re wondering if once again more focus has been placed on teaching the additional skills (supraglottic airways, blood glucose monitoring, intraosseous access, beta agonist and nitrous oxide administration) while sacrificing the time necessary to address the increased pathophysiology that was incorporated into the AEMT Education Standards.

When reviewing the National EMS Education Standards Transition Template (June 2011*) for I/85 to AEMT transition, a total of 16.3 hours was identified as content that was either significantly changed or expanded material that contained enough clinical relevance that review and/or instruction should be included in transitional materials. One only needs to review the content identified to realize

By Rob Wagoner, BSAS, NREMT Associate Director



that almost all of the “new” material adds increased emphasis on a pathophysiological understanding for most of the patient care topics as compared to the EMT content that was to be delivered in the foundational course. It becomes even more challenging when the educator must teach the AEMT course to an EMT-Basic who was trained over the 1994 EMT-Basic National Standard Curriculum as it provided an even weaker foundation in pathophysiology and medical terminology. The National EMS Education Standards Transition Template for EMT-Basic to EMT transition identifies a total of 13.5 hours of content necessary to fill in the missing content at this level. In addition, the terms and processes used to teach the foundations of patient assessment underwent significant revision and incorporated “Primary Survey/Assessment” and “Secondary Assessment” categories which impacts almost the entire course. For the experienced “Intermediate” instructor who is just beginning to teach the AEMT course, one could conservatively estimate that 20% of the course (30/150 hours) is completely new and addresses some of the most difficult material for students to comprehend.

So how can instructors help prepare AEMT candidates for the NRAEMT (Nationally Registered AEMT) cognitive examination?

First, don’t assume that the AEMT students enter your program with adequate mastery of the EMT or CPR material. Perhaps pretesting prospective students over the 2009 National EMS Education Standards, including Guidelines 2010 of the AHA for CPR and Emergency Cardiovascular Care, may help identify students who need extra preparation to bridge gaps in knowledge. Secondly, be absolutely certain that you have prepared your course materials to address all required information outlined in the following:

1. 2009 National EMS Education Standards and Instructional Guidelines for AEMT**
2. 2009 National EMS Education Standards and Instructional Guidelines for EMT**
3. 2010 American Heart Association Guidelines for CPR and Cardiovascular Care BLS for Healthcare Providers (or equivalent courses offered by others that adheres to these standards)
4. Center for Disease Control National Trauma Triage Protocol***

These documents should be obtained, reviewed and incorporated into the AEMT education program. Thirdly, be certain to adequately cover the related pathophysiological principles outlined. Students should be able to understand and discuss why certain assessment findings exist and how their interventions will impact the patient at a system and even the cellular levels. This content is challenging for many students, often times requiring additional motivation and support from the instructor to keep the students engaged with the material. It may also be challenging for the instructor and may require some instructors to seek assistance for better understanding and lecture preparation before teaching the content to AEMT students.

*<http://www.nasemso.org/EMSEducationImplementationPlanning/documents/GuideEMSEducationAgendaResources060811.pdf>

**<http://www.ems.gov/EducationStandards.htm>

***<http://www.cdc.gov/fieldtriage/>

Executive Secretary Jean Davidson is Recognized for 23 Years of Service



Announcing her intentions to retire in 2013 is NREMT Executive Secretary Jean Davidson. Joining the NREMT in 1990, Jean has held a key role in her support of the Executive Director and the vast duties the position demands. During her tenure, she seamlessly coordinated hundreds of executive-level meetings, including the NREMT 40th Anniversary Celebration. Notably, she was instrumental in establishing the processes for candidates applying under ADA. Throughout her service to the NREMT, she has conducted herself with grace, style and confidence.

Outgoing NAEMT President Connie Meyer recognized Jean at the 2013 EMS Expo with a President's Award

and said, "Through her many years of work at the National Registry of Emergency Medical Technicians, Jean has supported EMS professionalism and the high standards of clinical care in which we all believe."

Reflecting on the many years of service Jean provided to him and the NREMT, Executive Director Bill Brown commented, "Jean has received hundreds, if not thousands, of compliments from EMS providers, state officials, program directors and employers for the way she has helped with their certification needs."

Jean has set a precedent for this position at the NREMT, which will make it a challenge to adequately fill.

NREMT is DHS Recognized Authority



The NREMT Board of Directors has recognized the US Department of Homeland Security, Office of Health Affairs, Medical First Responder Coordination Branch as a Designated Authority allowing them to act in a role similar to a State EMS Office in regards to National EMS Certification. This recognition covers all nine of its department components.

These agencies have employees who in the course of normal job activities may be required to provide emergency medical care

and the agency functions in a multi-state environment or on non-federal land. These providers do not generally transport patients as part of their primary care. Their system of care does not fit within the usual models of state EMS licensure.

Those department components include the U.S. Secret Service (USSS); Federal Emergency Management Agency (FEMA); U.S. Coast Guard; Immigration Customs Enforcement (ICE); Customs and Border Protection (CBP); Transportation Security Administration (TSA); and National Preparedness Directorate (NPPD).

NREMT EMS Research Fellowship Position Available

The NREMT is accepting applications for an EMS Research Fellow position. The ideal candidate is a Nationally Certified, field-experienced EMS professional possessing a Bachelor's degree. Successful candidates must be able to gain admission to The Ohio State University's (OSU) graduate school for an approved Master's and Doctoral studies program.

The NREMT EMS Fellowship is a rare opportunity to pursue a doctoral degree while benefiting from mentoring, hands-on research skill development, and a unique education at both the NREMT and OSU. The candidate must be highly motivated and committed to positively impact EMS on a national level. The successful EMS Research Fellow will enjoy a reduced workload and fully-funded tuition while pursuing graduate studies at OSU. Work responsibilities at the NREMT will include research activities, conference presentations, committee memberships, running projects, and publications.

Upon completion of their doctoral studies, EMS Research Fellows sponsored by the NREMT have secured important EMS research positions helping the NREMT heed the call to provide appropriately trained EMS researchers identified in the *EMS Research Agenda for the Future*.

To be considered for the position, please send a cover letter and your resume or vitae to Melissa Bentley, NREMT, P.O. Box 29233, Columbus, OH 43229 or mbentley@nremt.org by April 12th, 2013.

The NREMT is an equal opportunity employer.

NHTSA EMS UPDATE Offers Information Valuable to the EMS Workforce

Each fall NHTSA publishes its *EMS Update* that highlights the work taking place on a national level in which the NREMT is often involved. The publication provides valuable information for the EMS workforce.

According to NHTSA Office of EMS Director Drew Dawson, these projects are "developed and implemented in collaboration with our Federal partners, EMS and 911 stakeholder organizations and the National EMS Advisory Council, and with the support of many talented emergency care professionals across the nation."

Of particular interest, "By the Numbers: National EMS Assessment Provides Unique Benchmarks" is an article found in the most recent issue that chronicles the project that solely used existing data to develop a statistical description of EMS activities and capabilities.

The *EMS Update* can be found online at www.ems.gov/newsletter.htm.



BILL BROWN RETIREMENT

Bill Brown Fast Facts

- Joined the NREMT in March 1985 as Advanced Level Certification Coordinator.
- Executive Director of the NREMT since January 1989.
- During Bill's tenure as Executive Director, a total of 1,302,321 providers have received National EMS Certification. With 333 million Americans, this means one in every 300 Americans hold—or at one time held—a National EMS Certification card.
- Under Bill's leadership, testing numbers increased from 30,000 a year to 132,000 a year; the budget rose from \$700,000 to \$13 million; 16 new states converted to national EMS certification and many more added NREMT certification at additional levels—as well as Washington DC, the US Army and US Air Force; and the staff increased from 9 to 34.
- Served on curriculum writing committees in the 90's including EMT, First Responder, I-99 and Paramedic; between 1998 and 2000 he was on the task force that created the *EMS Education Agenda for the Future*; he later participated in the development of the National EMS Scope of Practice model and the National EMS Education Standards.
- Spoke about the NREMT and/or national EMS initiatives in all 50 states. This constituted 756 out-of-town meetings that required him to be away from his family for a cumulative time of 9 years.
- Guided the movement from pencil-paper examinations to computer based (CAT) exams.
- During his tenure the entire information technology (computer system) was re-designed and re-coded.
- Initiated LEADS in 1998, a longitudinal study project that describes the attributes and demographic information that accurately reflects the individuals providing emergency medical services throughout the United States.
- Instituted a Research Program which allows Nationally Certified, field-experienced EMS professionals possessing a Bachelor's degree to receive PhD education and enjoy careers in EMS research.
- Author of the NREMT self study that achieved accreditation for all NREMT certifications by the National Commission for Certifying Agencies (NCCA).
- Maintained fiscal responsibility—demonstrated by the amount the NREMT receives for exams increasing by only \$5 during his 24 year tenure.

Under Bill's leadership, the National Registry has thrived and grown to be a major support to the EMS community as well as the American public.

"Bill Brown is one of the nation's best, and most visionary, strategic thinkers and policy-makers. He has an incredible talent of knowing how all of the "pieces fit together" in EMS, many years in advance, and then leveraging the resources to make it happen.

Bill has always asked the hard, thought-provoking questions. Is he a bit opinionated? Without question. Does he listen and consider alternative opinions? You betcha. Does he tell you what you want to hear? Definitely not—he tells it like it is—straight-forward, to the point and not always 'politically correct'! But his opinions are always thoughtful and well substantiated. Can Bill be a bit curt? Uhm...yup —now and then. He is 'driven'—if you want something done, give it to Bill. It will happen—on time and with no excuses.

Bill has an unmatched passion and zeal for improving EMS and for enhancing the capabilities of EMS personnel throughout the nation. EMS is his life's work and the work of his life. Through Bill's leadership, the education and certification of EMS personnel has been enhanced substantially. Millions of patients have benefited from the expert care of providers certified under Bill's tenure. Bill has been an indefatigable and thoughtful participant in nearly every national EMS discussion.

Throughout the past 33 years, Bill and I have forged a great relationship—I am proud that Bill is one of my good friends and a trusted EMS colleague. When I want someone who can carefully, and objectively, think through an issue—any issue— Bill is on my speed dial.

Bill is bright, visionary, strategic and, above all else is dedicated to improving EMS. Many in our nation do not know how greatly they have benefited from his efforts. Thank you Bill."

Drew E. Dawson, Director
Office of Emergency Medical Services
National Highway Traffic Safety Administration
US Department of Transportation

"Throughout his career, Bill Brown's passion for EMS drove him to work, eat, sleep, and dream of superior education for EMTs and Paramedics...assuring that those who deliver care are amply qualified to do so. The results of his labor have improved, and will continue to advance EMS education and testing for years to come. I wish you rest, fun and time with your friends and family. Enjoy your retirement!"

Lori Moore-Merrell, DrPH, MPH, EMT-P
Assistant to the General President
International Association of Fire Fighters

"As a 20-year Board Member, serving during both Rocco Morando's and Bill's terms as Executive Director, I can tell you that the timing was perfect for Bill to take the lead. Bill successfully transitioned the NREMT from its formative years into the Computer Age. Moreover, it has been under Bill's leadership that the National Registry has thrived and grown to be a major support to the EMS community as well as the American public."

Ray A Bias, BSN, NREMT-P
Governmental Relations New Orleans
Acadian Ambulance Service LLC
Gretna, LA

"For as long as I have known Bill he has led the NREMT with a passion and commitment toward public protection. His decisions were always guided by integrity and a strong belief in God. Because of Bill's leadership, EMS has gained professional respect and will remain a vital component of the future of healthcare in the United States."

Phil Dickison, PhD
Chief Officer, Examinations
National Council of State Boards of Nursing

Awards Received *(partial list)*

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|---|---|--|--|
| 2009 | The National Association of EMS Educators, Lifetime Achievement Award | National Association of EMS Physicians, Lifetime Achievement, Ronald D. Stewart Award for Outstanding Contributions in Pre-Hospital Emergency Care | EMS; his efforts resulting in the betterment of the profession of EMS and NASEMSO; and successfully establishing universal benchmarks affecting EMS providers across the country |
| NAEMT – Rocco V. Morando, Lifetime Achievement Award | | | |
| 2010 | 2012 | NASEMSO Resolution of Esteem and Respect—presented November 2012—in honor of Bill’s numerous and outstanding contributions to | |
| The inaugural Youngstown State University, Bitonte College of Health and Human Services, Health Profession Alumni of the Year | International Association of Fire Chiefs, Medal for Meritorious Service JEMS, Lifetime Achievement Award | | |

During Bill’s tenure as Executive Director, a total of 1,302,321 providers have received National EMS Certification—that’s 1 in 300 Americans who have the ability to provide emergency medical services to fellow citizens.

“I am not exactly sure when I first met Bill Brown, however, it was sometime in the 1980’s. From the first time we met, I knew this would be an individual who would challenge me to carefully consider my personal and professional outlook of every aspect of EMS.”

During the various EMS curriculum revision projects of the 1990’s I quickly discovered that Bill was an individual that would continuously “tick” me off, however, I quickly learned that we were both more than willing to get right back to the task at hand to address the EMS needs of a nation.

Bill has been a friend for over three decades. I look forward to remaining his friend for the many decades before us. Congrats to Bill on his accomplishments to the EMS community.”

Walt Alan Stoy, Ph.D., EMT-P
Professor and Director, Emergency Medicine Program
School of Health and Rehabilitation Sciences, University of Pittsburgh

“Bill is truly an EMS icon. From his service in Vietnam to his retirement, he has been a superstar. His work in making the National Registry what it is today is an accomplishment no one else could have attained. The Registry has a high level of credibility with all of EMS because of his work in building a reputable professional organization. Bill has also been my good friend and mentor. I will miss him professionally, and hope to keep up our friendship after his retirement.”

W. Ann Maggiore
Attorney
Butt Thornton & Baehr PC
Albuquerque, New Mexico

35 Years of Lessons Learned

In a farewell presentation at the National Association of EMS Educators (NAEMSE) Annual Symposium, Bill reflected on the lessons he learned serving in the military, as a college student, husband and father, educator, and Executive Director. This is a partial list of those ‘lessons learned’, of which readers can glean wisdom and inspiration.

- Your life is best conducted by serving others. This requires personal sacrifice, physical fitness, competency, and risk taking
- The balance of life must include family, spiritual growth and physical fitness
- A part of leadership requires you to “think outside the box”
- A person’s life-space defines them and their orientation
- Networking helps you find answers
- Staying calm and using your manners when responding to someone helps resolve issues
- A person’s talent and his/her ability to focus are two separate gifts
- Don’t judge a book by its cover
- EMS is local
- Data beats opinions
- Stay with your mission
- Be fiscally responsible
- Great minds with solid breadth need to be on the Board of Directors
- EVERYTHING can be improved
- A really worthwhile National change takes 10 years
- Few things reach perfection at launch
- Research, research, research
- Confidence is NOT competence
- YOU are the first and most important step in public protection

NREMT Board Selects New Executive Director Severo Rodriguez



The National Registry of Emergency Medical Technicians (NREMT) Board of Directors announces the selection of Severo (Tré) Rodriguez, III, MS, AEMCA, NREMT-P as the new Executive Director.

Mr. Rodriguez began his employment with the NREMT in January and will assume the role of Executive Director upon the retirement of William E. Brown, Jr. in May.

The selection was made after a fourteen month national search process, led by Immediate Past Chairman, Dr. Peter Glaeser. The Search Committee included NREMT Board members, staff and legal counsel.

On behalf of the Board, Chairman Tommy Loyacono stated, "The Board of Directors is excited about Tré's appointment as our next Executive Director. He has worked in EMS for his entire life as a clinical provider, an educator and an administrator. He has a unique combination of knowledge and life experiences that we believe

make him an ideal person to work with our national partners and lead the National Registry to the next level."

Mr. Rodriguez is a native of Texas. He was certified as a Paramedic in the state of Texas in 1993 and Nationally Certified in 1994. He was nominated to the NREMT Board of Directors in 2008. Mr. Rodriguez has extensive experience in EMS education in Texas, Florida and Ontario. He is currently completing his doctoral studies in Learning Management.

"These are exciting and challenging times for our Nations' EMS systems," Mr. Rodriguez commented. "I look forward to working with the great staff of the NREMT and our national partners to optimize EMS based care through national EMS certification."

National EMS Memorial Bike Ride aka Muddy Angels is a Worthy Event



Each May during EMS Week, men and women from the EMS community come together in the form of a long distance cycling event to honor fellow EMS colleagues who have become sick or injured while performing their duties, and those who have died while helping to save others. This year, the East Coast Route is scheduled for May 18-24, with a closing ceremony on May 25.

Also known as the Muddy Angels, the National EMS Memorial Bike Ride (NEMSMBR) focuses attention on the accomplishments of all EMS personnel, while educating the community at large about the need for improved safety standards, injury prevention, disability tracking and death benefits for EMS personnel and their families.

NREMT Executive Director Bill Brown and NREMT staff have regularly supported and participated in the Memorial Bike Ride, and encourage others to do the same. For more information go to muddyangels.com.



Left to Right: NREMT Executive Director Bill Brown and first NREMT Research Fellow Jon Studnek PhD on the 2012 EMS Memorial Bike Ride.

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