A LETTER FROM THE EXECUTIVE DIRECTOR

Looking to the Future - Through the Past

Nearly 45 years ago the use and demand for Emergency Medical Services and its professionals were rapidly increasing across the United States. Today, as an established profession, we are facing an ever changing healthcare environment spurred by economics and federal law. As we attempt to plan for the future of EMS, we must hold true the elements of our past that have stood the test of time. As our profession has grown, fundamental key elements have been identified to ensure that quality patient care was delivered across the country. Public protection became the centerpiece for EMS, training a cornerstone, competency validation an absolute essential, and research a driving force.

Withstanding the tests of time necessitates change and improvement which our dynamic and complex profession has tackled head on. The implementation of the National EMS Education Standards provides an updated reference to educators. States, territories, and federal organizations across the nation continue to mandate National EMS Certification to ensure public protection through the validation of entry-level competency. New EMS research has allowed us to provide evidence-based critical care to the patients that we serve.

As we continue to prepare for the challenges of the future; public protection, training, competency validation and research will remain our greatest recipe for success. As Nationally Registered EMS providers, we stand ready to meet the demands of our nation and global healthcare partners.

– Severo (Tré) Rodriguez

Have you transitioned… to the National Education Standards?

In order for you to maintain your National Certification you must complete a transition course.

Why do I have to complete a transition course?

Between 2004 and 2006, the National Association of State EMS Officials, in conjunction with other national stakeholder groups, developed and released the National EMS Scope of Practice Model, one of the components of the EMS Education Agenda for the Future: A Systems Approach.

Along with changes in the national scopes of practice, some additional cognitive information and psychomotor skills were incorporated to improve the depth and breadth of EMS education in hopes of producing a better prepared EMS provider. The “old” curricula were revised and updated to reflect current best practices, standards and state of the science. This naturally resulted in “gaps” of knowledge and skills between some previously trained providers and the new graduates. Discussions and meetings were held at the national level to better identify the “gap” material, and methods were developed to help ensure that all providers would be able to function similarly given these new scopes. The National Association of State EMS Officials worked diligently to ensure that all “gap” material was adequately identified before developing the transitional courses. The NREMT Board of Directors then approved plans for transitioning all affected providers by permitting them to apply the transitional education towards the (cont. on page 2)
required refresher and continuing education hours in order to meet NREMT recertification requirements. In cases where the “gap” material was so great and the increased scopes of practice led to a significant increase in the potential risk to the public, validation of skills and cognitive knowledge were also required to assure adequate transition to the new levels (NREMT-Intermediate-85 to NRAEMT; NREMT-Intermediate-99 to NR).

Why Change? According to Cason and Robinson, “Like many other health professions, EMS was developed 30 years ago without a “master plan” to guide its development and evolution. Although many effective components have emerged over the years, these components developed independently and not necessarily with an interrelationship of the pieces. Diverse EMS stakeholders and state and regional needs have led to inconsistent skills and difficulty of reciprocity from state to state.”

These changes in responsibilities and knowledge nationally require each state to review their scopes of practice and assure that providers meet the minimum national standards. The NREMT, in support of the EMS Education Agenda for the Future, is likewise making this “transition.”

Transition to the “New” National EMS Education Standards: Historically, EMS education based on the National Standard Curriculum has centered around a minimum number of hours for course completion. This is a huge paradigm shift to teaching based on the National Education Standards.

“The new education standards are less prescriptive than their predecessor, the National Standard Curriculum (NSC). Accordingly, hours to deliver a particular course will vary. The goal of these new education standards is to focus on outcomes rather than the time spent achieving them.”

The NREMT has worked with the National Association of State EMS Officials’ EMS Education Agenda Implementation Team to develop policies that require you to complete or possess transition education.

CERTIFICATION TRANSITION

<table>
<thead>
<tr>
<th>Certification</th>
<th>First Responder to EMR</th>
<th>Intermediate/85 to AEMT</th>
<th>Intermediate/99 to Paramedic</th>
<th>EMT-Paramedic to Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>(there are 4 recertification cycles or 4 years to complete)</td>
<td>(there are 2 recertification cycles or 4 years to complete)</td>
<td>(there are 2 recertification cycles or 4 years to complete)</td>
<td>(there are 2 recertification cycles or 4 years to complete)</td>
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</tbody>
</table>

However, each of the 50 states in the U.S. may adopt a variety of policies and educational interpretations regarding what you will need to do to complete the “transition.”

Because of the state variations, the NREMT has implemented a standardized reporting process, outlined in this newsletter that you will need to follow to maintain your National EMS Certification and become an EMT, AEMT, or Paramedic. Please note, the education you must complete must be course length, format and locations are under the direction of your State EMS Office.

Conclusion: The NREMT and its Board of Directors is committed to implementation of the EMS Education Agenda for the Future: A Systems Approach.

You must complete a transition course, if you haven’t done so already. Contact your local EMS agency and determine what you will need to do to transition. Please refer to the below chart and see what the deadline would be for you to transition.

Reference: 1. Cason D, Robinson K. EMS Education Agenda: changes that will affect you. JEMS. 2011 Sep;36(9):66-7, 69-71

What two forms of ID are acceptable when I go to test?

The first ID must be an unexpired, government-issued ID that includes a signature and permanently affixed photo (visible signature not required for valid military IDs). Acceptable photo identification is limited to the following: • State-Issued Driver’s License • State-Issued Identification Card • Military Identification Card • Passport

The second ID must be unexpired and include your name and signature. An acceptable secondary ID includes: • U.S. Social Security card • Bank ATM/Debit or credit card • Any acceptable photo ID

Your first and last name on both forms of ID must be exactly the same as the name on record at the NREMT and on your Authorization to Test Letter.

My middle name is spelled out on my ID, but my ATT letter only shows my middle initial. Does that matter when I go to test?

No, Pearson VUE test centers are trained to accept the middle initial. If your name on record at the NREMT and on your Authorization to Test Letter.

Why haven’t I received my email that I’m authorized to test?

Your Authorization to Test Letter will post to your NREMT account, not through your email. Once you log into your NREMT account, click on “Check Initial Entry App Status.” Under the application summary you’ll see a link that says “Print/View Authorization to Test (ATT) Letter.”
Choosing the Wrong Paramedic Education Program Could Cost You Thousands of Dollars—and a Career

As an EMS provider, you may want to advance your career someday by becoming a Paramedic. We want to offer some important advice: make sure the Paramedic education program of the school you choose is accredited! Most students just focus on the credibility of the school itself. But the accreditation of the program is just as important.

Graduating from a program that’s not accredited means you won’t be eligible to take the NREMT national paramedic certification exam. Without national certification, your job opportunities will be greatly reduced. The only way to be eligible to take the NREMT exam would be to start your Paramedic education over again at an accredited program.

Over the past several years, the EMS profession has raised its standards to keep up with other health-related professions. At the NAESMSO (National Association of State EMS Officials) 2010 Annual Meeting, NAESMSO membership voted to support CAAHEP (Commission on Accreditation of Allied Health Education Programs) as the national EMS programmatic accreditor, and all Paramedic education programs be nationally accredited by January 1, 2013 in order for graduates of these programs to be eligible to take the NREMT Paramedic exam. Research actually shows that students graduating from an accredited program have an increased success rate on the national certification exam.

Plus the investment made in their education is secure because the program they graduated from meets a pre-defined national standard of quality.

How does accreditation work?

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the accrediting agency that carries out its accrediting activities in cooperation with the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The CAAHEP Board is the accrediting body that awards or denies accreditation to a program after reviewing accreditation recommendations made by the CoAEMSP. Accreditation protects everyone: the student, the educational program, and the public. Finding an accredited Paramedic education program is easy:

If a program is accredited, it will be on the CAAHEP website: http://www.caahep.org/Find-An-Accredited-Program/

Do yourself and your career a favor—be sure the Paramedic education program you attend—not just the school—is accredited!

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

coaemsp.org

TOP 10 RECERTIFICATION FAQs

1. When I complete the online form, do I still need to mail the form to the NREMT? If you are affiliated with an Agency, and completed your online submission DO NOT print and mail your form to the NREMT. Your Training Officer and Physician Medical Director (if applicable) will sign your form electronically and it will be automatically forwarded to the NREMT. We recommend you print and SAVE a copy for your personal records.

2. How do I affiliate with my Agency? Log into your NREMT account, click “My Certification.” Look in the upper left corner, of the Agency you work for appears under your National Registry number, you are successfully affiliated. It is says “Unaffiliated” then you are not currently affiliated with an Agency.

3. How can I affiliate with my Agency? Follow the steps in Question 2, then click on the “Unaffiliated” link and follow the steps to finish selecting your Agency.

4. What if my Agency is not listed? Please contact your Training Officer to set up the Agency with the NREMT. The entire process will take about 15 minutes.

5. How do I request Inactive Status? Inactive Status can only be requested by Nationally Certified EMS Professionals who have completed at least six (6) months of patient care at their EMS certification level during their first recertification cycle. Registrants who wish to declare Inactive Status must meet the NREMT continuing education recertification requirements. Inactive Status is not for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a healthcare license.

Registrants who request Inactive Status at the EMR, EMT and AEMT levels do not need to obtain verification of skills from their Training Officers. (Physician Medical Director verification - EMT). These registrants must complete all refresher, continuing education and CPR requirements. These registrants are eligible to reapply for examination if they so choose. CPR certification remains a requirement even for those who pass the examination.

Registrants who request Inactive Status at the Paramedic level do not need to obtain verification of skills from their Physician Medical Director. These registrants must complete all refresher, continuing education and both CPR and ACLS requirements. These registrants are eligible to reapply for examination only if they so choose. CPR and ACLS remain a requirement even for those that pass the examination.

6. What are the current recertification requirements? Please click on the level you wish to view:


EMT-Basic https://www.nremt.org/nremt/about/reg_EMTBasicRecertification.asp


Advanced EMT https://www.nremt.org/nremt/about/reg_AdvancedEMTRecertification.asp

7. How do I apply for Recertification if I was previously certified in another state? Please contact the National Registry of Emergency Medical Technicians at www.nremt.org to apply for Recertification.

8. What does the NREMT accept as valid continuing education? The NREMT accepts continuing education that has received official approval through your State EMS office and/or the Continuing Education Coordinating Board of Emergency Medical Services (www.ccebsm.org). Continuing education topics may include subject matter contained within the National Scope of Practice as well as other subject matter specifically related to the emergency medical care of patients. Continuing education may be obtained through a variety of delivery methods including didactic sessions, practical skills, workshops, EMS conferences, and Distructive Education.

9. What is the current recertification form? Emergency Medical Responder (EMR): Your Training Officer/Supervisor can sign the skills portion of the form. Emergency Medical Technician (EMT) and Intermediate/85: Your Training Officer/Supervisor can sign the skills portion of the form.

Intermediate/85, Intermediate/99, AEMT and Paramedic: Your Physician Medical Director must sign the skills portion of the form.

10. How can I contact my Agency? Click on the Agency name in the upper left corner, then select the correct Agency and log into your NREMT account.
The NREMT is working on the 2014 Practice Analysis.

WHAT IS A PRACTICE ANALYSIS?

A practice analysis guides the test development process of our cognitive exams. Every 5 years the NREMT gathers data from randomly selected nationally certified EMS providers from every state through an electronic format (email). This survey is randomized from our database so not every NREMT provider will receive a survey. This survey’s main focus is to assess the frequency and severity of calls EMS providers encounter. Specifically, we look at low frequency and high criticality as a point of measure when reviewing these data. For example, a pediatric cardiac arrest is an infrequent call, which would equate to low frequency but the call has high criticality because of the type of procedures that must be completed during resuscitation. These data allow us to ensure we are testing what is being practiced in the field. If you receive a survey, please complete it. Your expert opinions will help shape future testing for the NREMT.

If you’ve received the survey and have questions, please contact NREMT.

Item Writing

Individual examination items are developed by members of the EMS community who serve on Item Writing Committees convened by the NREMT. Item Writing Committees typically have nine to ten EMS experts as members (physicians, state regulators, educators and providers). They meet over a three-day period to review, rewrite and reconstruct drafted items. Consensus by the committee must be gained so that each question is in direct reference to the tasks in the practice analysis; that the correct answer is the best answer; that each distractor option has some plausibility; and the answer can be found within commonly available EMS resources. Controversial questions are discarded and are not pilot tested. Items are also reviewed for the appropriate reading level and to ensure no bias exists related to race, gender or ethnicity that could cause Differential Item Functioning (DIF – see next article). Following completion of the item writing phase, all items are pilot tested. Pilot items are administered to candidates during actual administration of the certification tests. To the candidates, pilot items are indistinguishable from scored items; however, they do not count for or against the candidate. After at least 400 first-time test takers answer the item, an item analysis is completed. The items that are determined to be functioning properly and psychometrically sound are then placed in “live” item pools which are used to determine pass/fail status.

<table>
<thead>
<tr>
<th>Level</th>
<th>Type of exam</th>
<th>Minimum # of items</th>
<th>Maximum # of items</th>
<th># of pilot items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic</td>
<td>CAT</td>
<td>80</td>
<td>150</td>
<td>20</td>
</tr>
<tr>
<td>AEMT</td>
<td>CBT</td>
<td>N/A</td>
<td>135</td>
<td>35</td>
</tr>
<tr>
<td>EMT</td>
<td>CAT</td>
<td>70</td>
<td>120</td>
<td>10</td>
</tr>
<tr>
<td>EMR</td>
<td>CAT</td>
<td>90</td>
<td>110</td>
<td>30</td>
</tr>
</tbody>
</table>

* CAT = Computer Adaptive Test = exam tailored to how the candidate is performing; candidates can receive any number of items between the minimum and maximum number of items.

* CBT = Computer-based Test (CBT) = candidate receives a fixed number of items.

Differential Item Functioning is an analysis that the NREMT completes on a periodic basis.

DIF is defined as the following: “When credible research reports that differential item functioning exists across age, gender, racial/ethnic, cultural, disability, and/or linguistic groups in the population of test takers in the content domain measured by the test, test developers should conduct appropriate studies when feasible. Such research should seek to detect and eliminate aspects of test design, content, and format that might bias test scores for particular groups.”

An appropriately assembled and diverse Ad Hoc DIF Panel consists of ten members that reflect race, gender, ethnicity and geographic region. This panel most recently met in March 2014 at NREMT offices in Columbus, OH to review and discuss any items that exhibited DIF. Any item for which DIF cannot be reasonably explained was permanently removed from all pools. NREMT staff remains vigilant to discard any similar future submissions. The NREMT staff members who are involved in content development continue to review each item to help ensure that it is free from potential test bias.


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Two years ago, the Department of Defense Military Credentialing and Licensing Task Force was established under the direction of President Obama. This specialized task force was charged with easing the burden for members of our Armed Forces when transitioning to civilian life. According to President Obama, “A lot of returning heroes with advanced skills don’t get hired simply because they don’t have the civilian licenses or certifications that a lot of companies require.”

In 2012, just over 75,000 Active Duty, Guard, and Reserve members served in healthcare support occupations, and from those, almost 10,000 separated from the military. As we work as a nation to answer this White House Act (NDAA of 2012 section 558), the NREMT is committed to assist those members of the Armed Forces who hold a national EMS certification.

Because National EMS Certification is recognized throughout the United States and is mandated in 46 states at one or more levels, National EMS Certification allows members of our armed forces to apply for a state license. The NREMT and our military partners have, and will continue to work together to optimize certification sustainment as these brave men and women transition to civilian life. Lastly, the NREMT will continue to work with national stakeholders to streamline the process for nationally certified military EMS providers to efficiently earn advanced certifications.

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**EMT Re-Entry Pathway Approved**

The NREMT Board of Directors approved a re-entry pathway for Emergency Medical Technicians (EMT). This re-entry pathway provides an opportunity for EMTs to regain their NREMT Certification. The re-entry pathway requires that a previous Nationally Certified or state licensed EMT:

1. Provide documentation of successful EMT course completion; including transition course documentation if required*.
2. Provide documentation of prior National Certification at the EMT level.
3. Provide documentation of prior state licensure as an EMT (if not Nationally Certified).
4. Meet the eligibility requirements for National Certification.
5. Successfully complete an EMT psychomotor exam.
6. Successfully complete the NREMT cognitive examination.

* EMT courses not following the 2009 Education Standards must be accompanied by transition course documentation.