

New York State Department of Health
Bureau of Emergency Medical Services

Pilot EMS Recertification Program



*Renewal of EMS Certification
through Continuing Education*

5 Year Certification



September 2002

Pilot EMS Recertification Program

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Pilot EMS Recertification Program

Renewal of EMS Certification through Continuing Education

What is the 5-year Pilot Recertification Program?

The 5-year Pilot Recertification Program allows an EMT, EMT-Intermediate, EMT-Critical Care or EMT-Paramedic, who is in continuous practice, demonstrates competency and completes appropriate continuing education, to renew their certification for 5 years without taking a certification exam.

In December 2001 Governor Pataki signed Chapter 563 of the Laws of 2001. This law calls for the Commissioner of Health to develop a pilot program in the counties of Delaware, Fulton, Hamilton, Montgomery, Otsego, Schoharie, Nassau, and Suffolk. It allows an EMT/AEMT, with a participating agency, who is in "continuous practice," and has "demonstrated competence in applicable behavioral and performance objectives," and has "demonstrated completion of appropriate continuing education, to renew their certification for five years." Participants must complete "at least 130 hours of Emergency Medical Services training including but not limited to pediatrics, geriatrics, environmental emergencies, legal issues, emergency vehicle operation, and medical emergencies".

This program is **NOT AN EXTENSION OF THE THREE-YEAR** Pilot Program. It is a separate program with different requirements.

The law prohibits the participation of any employee of a municipal ambulance service in cities with a population over one million.

The law has a "sunset clause" and will be repealed July 1st 2008. As of June 30, 2008 the Department of Health will not accept any further applications to participate in the pilot program. Participants already registered in the program will be allowed to complete the requirements and renew their current certification. The Law also allows the Commissioner of Health to limit the participation to 1000 providers. Individual applications will only be received as part of a package with the agency registration form at the beginning of the program. If the 1000 registrant threshold is not reached an agency may submit additional individual registrations until the program is full (1000 registrants). The Department of Health will register the first 1000 participants whose applications are received by mail. These applications must accompany the agency registration for their participating EMS agency. The Department is not responsible for lost or missing documents mailed to the Department.

How does an Agency apply?

Agencies interested in participating in the 5-year Pilot Recertification Program need to file an "Agency Participation Form" (EMS-5A) and include the "Participant Registration Form" (EMS-5P) for each individual in their agency eligible to participate.

The Agency must make a commitment to support the program. It must agree to assist its members to achieve success by providing or directing them to opportunities for in-service training, drills, audiovisuals, magazines, books, journal clubs, and/or other continuing education activities. **The Agency must agree to maintain records of the continuing education activities of its members.**

Agencies may wish to work together and consolidate their efforts to provide a quality continuing education program. They may wish to affiliate with a local college, course sponsor or their county EMS coordinator's office. These efforts are encouraged. If this option is chosen, a written agreement

between the agencies must be filed with the Bureau of EMS outlining specific details on who will be responsible for each piece of the program and where the records will be kept. Each agency must maintain its own "agency" file with a listing of the agency's participants and their progress in the program. Individual participant files may be kept at a central location when multiple agencies collaborate.

The Agency's Medical Director must agree to support the pilot program. The Medical Director should assist with in-service training and other continuing education activities. For ALL providers, the Medical Director or his/her designee must verify that they have maintained appropriate skill proficiency.

Who can participate?

*EMTs, EMT-Intermediates, EMT-Critical Care Technicians and EMT-Paramedics may participate in the Pilot Program if they are **currently certified, actively providing prehospital care and members of a participating agency.** Participation is limited to those providing care with participating agencies in Delaware, Fulton, Hamilton, Montgomery, Nassau, Otsego, Schoharie and Suffolk counties ONLY. Each participant must complete a "Participant Registration Form" (EMS-5P) which will be submitted with the agency registration as a package.*

Participation is voluntary. An EMS Agency may not require a member/employee to participate in the pilot program. Any participant that chooses to withdraw from the program will expire on the date listed on their most recently issued EMT card. The participant must then recertify through a traditional recertification course.

Participants must be "in continuous practice." To participate in the 5-year pilot program the EMT/AEMT must be currently certified and actively providing prehospital care with the certified agency registered in the program. "Continuous Practice" is defined by the participant's agency and must include patient contact time. Each applicant is responsible to submit, to the New York State Department of Health Bureau of Emergency Medical Services, a completed 5-year Pilot Recertification Form for the certification level they wish to recertify, **postmarked no less than 45 days prior to the actual date their certification expires.** Failure to submit the recertification form will result in removal from the program and will require recertification through a traditional recertification course. **Participants cannot allow their certification to expire during the program. Expired certifications are not eligible for renewal in this program.**

It is the responsibility of the individual seeking recertification to ensure that their recertification application is submitted to the Department of Health (DOH) as outlined in the paragraph above. Submission to the participant's agency representative does not constitute submission to the DOH.

What does a participant have to do to renew their certification?

To renew certification, an EMT/AEMT must complete no less than 130 hours of continuing education. This meets the criteria of the legislation stating "at least 130 hours of appropriate continuing education" that includes:

1. Refresher Training (review of core content)

Refresher Training is a review of the core content of the initial training program (NYS curriculum objectives and content). While it is ideal for the purpose of remediation, it is not intended to expand on knowledge or skills beyond entry-level training. For each level of provider there are specific minimum requirements for refresher training. **All "Refresher Training" (Core Content) activity must be completed through a New York State Certified EMS Course Sponsor and conducted by a Certified Instructor Coordinator.**

2. *Mandatory CME Topic Hours*

Mandatory Topic hours are topic areas with a required number of hours in addition to the core content material. These hours will be obtained through course sponsorships, conference sessions, or CME classroom lecture settings.

3. *CPR Certification*

CPR certification must be at the professional provider level and must be current. It must be equivalent to the American Heart Association's Basic Life Support for Healthcare Providers or the American Red Cross: CPR for the Professional Rescuer. It must include:

- Adult 1 & 2 Rescuer CPR
- Adult Obstructed Airway
- Child 1 & 2 Rescuer CPR
- Child Obstructed Airway
- Infant CPR
- Infant Obstructed Airway
- Automatic External Defibrillation (AED)

4. *ACLS Certification for EMT-Paramedics*

EMT-Paramedics must maintain current Advanced Cardiac Life Support certification and provide verification of maintenance.

5. *Additional EMS related continuing education*

Additional continuing education in varying EMS related topics provides the opportunity to keep up with the ever-changing field of emergency medicine and prehospital care. Attending lectures, EMS conferences, nationally recognized continuing education courses, approved self-study, journal clubs, structured call audits/case reviews, "grand rounds," and other directed studies allows the participant to keep up with these rapid changes.

6. **Verification of skill proficiency**

Verification of proficiency in skills must be achieved by direct observation of the Medical Director or their designee (e.g. CIC, CLI) utilizing DOH practical exam sheets. Skill Verification may be done through a currently certified New York State EMS course sponsorship if the agency medical director agrees. Documentation of this agreement must be kept on file at the agency. Skill verification is not a pass / fail test. Any weaknesses identified must be remediated and re-demonstrated. Documentation must be kept in the individual's training file. Hours completed demonstrating/reviewing skills may be used in the "additional hours" category and may be up to one hour per skill. This does not limit the amount of time to spend on skills if needed but you may only use up to one hour for credit.

What are the different continuing education requirements for each provider level?

The EMT, EMT-I, EMT-CC and EMT-Paramedic each have specific requirements for completing the 130 hours of continuing education. The following illustrates the requirements for the five years to achieve the 130 hour total.

EMT-Basic

28 hours of Refresher Training (review of core content)

- Preparatory (2)
- Airway (3)
- Patient Assessment (4)
- Medical/Behavioral (6)
- Trauma (6)
- OB, Infants and Children (4)
- Geriatrics (2)
- Operations (1)

20 Mandatory Topic Hours

- Emergency Vehicle Operation (4)
- Hazardous Materials (3)
- Domestic Preparedness (4)
- Pediatrics (3)
- Geriatrics (3)
- State BLS Protocol Review (3)

82 hours of additional continuing education

EMT-Intermediate

36 hours of Refresher Training (review of core content)

- Preparatory (2)
- Roles/Responsibilities (2)
- Medical/Legal/Terminology (2)
- Airway (Basic and Advanced) (5)
- Patient Assessment (5)
- Medical/Behavioral (4)
- Trauma (4)
- OB, Infants and Children (4)
- Geriatrics (2)
- Operations/EMS System /Communications (3)
- Shock Management/I.V. Therapy (3)

EMT-Intermediate (Continued)

20 Mandatory Topic Hours

- Emergency Vehicle Operation (4)
- Hazardous Materials (3)
- Domestic Preparedness (4)
- Pediatrics (3)
- Geriatrics (3)
- State BLS Protocol Review/Regional Protocol Review (3)

74 hours of additional continuing education

EMT-Critical Care Technician

36 hours of Refresher Training (review of core content)

- Preparatory (5)
 - Foundation of the EMT-Critical Care Technician
 - Overview of Human System
 - Emergency Pharmacology
 - Medication Administration
- Airway Management (5)
- Medical (12)
 - Respiratory Emergencies
 - Cardiac Emergencies
 - Diabetic Emergencies
 - Allergic Reaction
 - Poisoning and Overdose Emergencies
 - Neurological Emergencies
 - Abdominal Emergencies
 - Environmental Emergencies
 - Behavioral Emergencies
 - Gynecological Emergencies
- Trauma (8)
 - Trauma Systems/Mechanism of Injury
 - Hemorrhage and Shock
 - Burns
 - Head, Thoracic, Spinal and Abdominal Trauma
- Special Considerations (4)
 - Obstetric Emergencies
 - Neonatal Resuscitation
 - Pediatrics
 - Geriatrics
- Ambulance Operations (2)

EMT-Critical Care Technician (Continued)

20 Mandatory Topic Hours

- Emergency Vehicle Operation (4)
- Hazardous Materials (3)
- Domestic Preparedness (4)
- Pediatrics (3)
- Geriatrics (3)
- State BLS Protocol Review/Regional Protocol Review (3)

74 hours of additional continuing education

EMT-Paramedic

48 hours of Refresher Training (review of core content)

- Preparatory (6)
 - EMS Systems and Roles and Responsibilities
 - The Well-Being of the EMT-Paramedic
 - Illness and Injury Prevention
 - Medical/Legal Issues
 - Ethics
 - General Principles of Pathophysiology
 - Pharmacology
 - Venous Access and Medical Administration
 - Therapeutic Communications
 - Life Span Development
- Airway Management & Ventilation (6)
- Trauma (10)
 - Trauma Systems/Mechanism of Injury
 - Hemorrhage and Shock
 - Soft Tissue Trauma
 - Burns
 - Head and Facial Trauma
 - Spinal Trauma
 - Thoracic Trauma
 - Abdominal Trauma
 - Musculoskeletal Trauma
- Medical (18)
 - Pulmonary
 - Cardiology
 - Neurology
 - Endocrinology
 - Allergies and Anaphylaxis
 - Gastroenterology
 - Renal/Urology
 - Toxicology
 - Hematology
 - Environmental Conditions
 - Infectious and Communicable Diseases
 - Behavioral and Psychiatric Disorders
 - Gynecology
 - Obstetrics

EMT-Paramedic (Continued)

- Special Considerations (6)
 - Neonatology
 - Pediatrics
 - Geriatrics
 - Abuse and Assault
 - Patients with Special Challenges
 - Acute Interventions for the Chronic Care Patient
- Operations (2)
 - Ambulance Operations
 - Medical Incident Command
 - Rescue Awareness and Operations
 - Hazardous Materials Incidents
 - Crime Scene Awareness

27 Mandatory Topic Hours

- Emergency Vehicle Operation (4)
- Hazardous Materials (3)
- Domestic Preparedness (4)
- Pediatrics (6)
- Geriatrics (6)
- State BLS Protocol Review/Regional Protocol Review (4)

55 hours of additional continuing education activities

Core Credit Hours for ACLS, PALS, BTLS / PHTLS, AMLS

Paramedic and Critical Care EMTs may use these courses to complete some of the core content hours. Because these courses carry a two-year certification you may receive credit for the hours listed below every two years (Once during a 3-year certification period and twice during a 5-year certification period). These credited hours apply to the two-day course ONLY, Not the one-day refresher courses. The hours listed below are the hours credited for taking each course once.

ACLS

Airway Management & Ventilation	4 Hours
Medical	8 Hours

PALS

Medical	2 Hours
Special Considerations	4 Hours

BTLS / PHTLS

Airway Management & Ventilation	2 Hours
Trauma	10 Hours

AMLS

Airway Management & Ventilation	3 Hours
Medical	7 Hours
Trauma	2 Hours

What type of continuing education is accepted?

Continuing education programs should include many different learning activities. Topics must be relevant to EMS and/or prehospital care. You must be able to document attendance and participation.

A maximum of 25 hours total may be credited for *self-study* activities through documented continuing education via publications, video and/or Internet training.

A maximum of 16 hours may be credited for teaching CPR.

The CIC of record teaching an EMT/AEMT course can use the course to complete the "refresher training" requirement for the level of the course once per year. (E.g. teaching EMT-B = 10 Hours, AEMT-I = 14 hrs, etc.)

A maximum of 20 hours may be credited for national continuing education programs like PHTLS, BTLS, PALS, ACLS, MALS, Auto Extrication courses, etc. (This over and above hours used for core content)

A maximum of 3 hours per year may be credited for any one specific topic. (Not including the above national courses)

Examples of Self Study Activities:

- Magazine articles (JEMS, Emergency Medical Services)
- Videos (Pulse/EMU, FETN, etc)
- Interactive CD
- Web-based courses

Examples of Other Continuing Education Activities

- Journal Clubs
- Structured Call Review/Audits, Grand Rounds
- Agency Drills or in-service training
- Lectures, Seminars, EMS Conferences
- Nationally recognized continuing education programs
 - Pediatric Courses (PALS/APLS, PPCC, PEPP)
 - Trauma Courses (PHTLS, BTLS)
 - Adult and Geriatric Medical Emergencies (MALS)
 - Ambulance Driving (CEVO, EVOC, Defensive Driving)
 - OSHA required training
 - HAZMAT
- Directed Studies
 - Literature review
 - Research
 -

Continuing education credit can only be received for time the candidate actually participates in the activity. As an example if an 8-hour course ends 2 hours early, the participant can only receive credit for 6 hours.

How will the 5-year Pilot Recertification Program be Evaluated?

As a pilot study, the program must evaluate the impact of the program on the quality of patient care, and the effectiveness of the program in retaining EMTs/AEMTs.

The evaluation process will include a minimum of the following:

- Surveys and Questionnaires
 - Participants
Participants will be surveyed to determine their experience with the program. (E.g. ease and convenience in comparison to traditional refresher programs, scope and breadth of learning, and impact on decision to recertify)
 - Agency Chief Officers
The leadership of participating EMS Agencies will also be surveyed to determine their experience with the program. (E.g. helping to retain more EMTs/AEMTs on-line, notice of any differences in providers who are participating in the program versus those who are not, difficulty providing in-service training, drills and other continuing education activities)
 - Agency Medical Directors
Medical Directors will be surveyed on their participation and experience with the program. (E.g. is the continuing education being offered is adequate to maintain or improve the quality of patient care? Is there a difference in the care provided by participants versus non-participants?)
 - Receiving Hospitals
Emergency Department staff will be interviewed to determine their awareness of the program and evaluation of prehospital care provided by agencies in the program. Integration with hospital quality improvement activities. Hospital provision of continuing education for EMS providers. Participation rate of EMS providers at call reviews, EMS grand rounds, lecture series, etc.
 - REMAC
The Department will work with the local REMAC to determine their evaluation of the program. (E.g. impact on the quality of patient care, impact on volume of patient care complaints or protocol violations, participation rate by agencies and providers in quality improvement activities)
- Random Audits

The Department or its designee will conduct audits of randomly selected participants to review and verify their participation in continuing education activities. Attendance records and other documentation will be reviewed for each item listed on the participant's renewal form. Some interviews will be scheduled with participants and/or others involved in the continuing education program.

The Department or its designee will audit (visit) some continuing education programs.

- Random Testing

The Department or its designee will test randomly select participants. Testing will be in the form of quizzes or written examination and/or skills examinations. These tests will be used to compare the knowledge and performance of participants in the pilot program with non-participants. The results of the test for any specific individual will remain confidential and will not effect the certification of the individual.

- Comparison: Participants/Non-Participants

A sample group of Participants versus Non-Participants will be used to compare percentages of patient care complaints, protocol violations and disciplinary actions. All information on specific individuals and agencies will remain confidential.

Is there funding available for the pilot program?

Currently funding is available for the refresher training (review of core content material) portion of the 5-year Pilot Recertification Program. Reimbursement is available to currently certified New York State EMS Course Sponsors who offer the core content material for the pilot program.

- Reimbursement Rate
 - EMT-Basic \$300.00
 - EMT-Intermediate \$375.00
 - EMT-Critical Care \$400.00
 - EMT-Paramedic \$500.00

Course Sponsors may voucher, in a manner prescribed by the New York State Department of Health Bureau of Emergency Medical Services, for students who complete the requirement of core hours. Completion of the requirement would entitle the sponsor to the total for the level listed above. This funding is for the "core content" hours. There is no additional funding available for the other CME hours required.

Information for Course Sponsors

Do I Need to File a Course Application For Pilot Refresher Core Material Classes?

Yes. Submit a course application with the appropriate level refresher check. **WRITE ON THE TOP OF THE APPLICATION *PILOT CORE COURSE***. Submit a schedule of the sessions and topics covered with dates and times as usual. Leave the testing dates (practical and written) blank. This course will be assigned a course number, which you will use to submit your voucher for reimbursement when all sessions are complete.

Do I Need to Wait Until the Student is Recertified to Voucher for reimbursement?

NO. As soon as the scheduled sessions are completed you may submit a voucher accompanied by a list of the students who have completed **ALL** sessions (name and EMT number) for reimbursement.

Can I have Pilot Students Attend Sessions in Regular Refresher or Original Class?

YES. You must still file a separate application. Simply attach the schedule for the class you are going to use and enter a learning contract with the pilot students that identify the sessions they must attend to complete their obligation.

Can I Seek Reimbursement for Practical Skills Testing of Pilot Students?

NO. The reimbursement rate for the pilot does not include practical skills testing. You may wish to provide this for pilot students based on an agreement between your sponsorship and the agency(s) that the student(s) are registered under in the program. There is no state reimbursement for this service.

How Much Time Do I Have To Complete The Requirements?

You will have until the end of your current certification to complete the requirements of this program and submit the appropriate recertification form to the Department of Health.

Can I use CME hours that I have completed before entering the program?

Yes. You may use CME and/or refresher training that you can provide documentation for dating back five years from your current expiration date.

For example: If your current card expires on 6/30/03 you can use training that you can provide documentation verifying your attendance dating back to 6/30/98.

This means if you completed core content material hours or attended a traditional refresher program in the five years preceding your current expiration date (as described above) you will be able to use this to complete the requirement on your first recertification attempt in this program. As stated above you must be able to provide documentation verifying your attendance for these hours. This applies to any training in the other categories needed to complete the required hours as well.

I only have a short time left on my current card, should I enter this program?

You must make that decision based on the amount of previous training you can show verification for and what you will need to do to complete ALL required hours (previously documented hours + hours yet to be completed). **You MUST meet the required number of hours and submit the recertification form to DOH no less than 45 days PRIOR to your current Expiration Date.**

Other Frequently Asked Questions

Can Instructors participate in the Pilot Program?

Yes, Certified Instructor Coordinators (CIC) and Certified Lab Instructors (CLI) may participate in the pilot program but they are also required to take the State's written certification examination prior to renewing their CIC/CLI. Certified Instructors must achieve a score as required by instructor certification guidelines in order to renew their instructor certification. The CIC/CLI must contact the EMS Testing Number at 1-800-628-0193 to schedule an exam. It is recommended that the CIC/CLI schedule the examination at least six months prior to the expiration of their instructor certification.

Do I have to take the State Written Certification Exam?

Pilot participants are not required to take the State written certification examination to recertify their provider certification.

However, the course sponsor may require pilot participants to take the quizzes, exams, and practical evaluations that traditional refresher students take. This will evaluate proficiency in the topic areas covered. Participants MUST take any of the quizzes, exams and/or practical evaluations required by the sponsor.

I have attended EMS conferences and other continuing education activities already, can any of my previous activities count towards the pilot program?

Yes, all continuing education activity you have participated in counting back 5 years from your current expiration date is eligible credit for the pilot recert program. (E.g. if you expire on 6/30/2003 you may use continuing education completed dating back to 6/30/98. This will include any core material covered under the 3-year pilot if you were in that program or core material covered in a FULL refresher course.) You must be able to document your attendance and provide information on the topic, date, time and instructor.

Do I get extra time added to my new card if I mail my renewal application in more than nine months before my certification expires?

NO. However, if you mail in your recertification packet with nine or less months left on your certification the remaining time will be added to your new card.

When do I get my 5-year card?

Upon completion of the requirements for the level of certification that you wish to renew and receipt of properly completed application and recertification form, you will be issued a new Certification card with a 5-year expiration date.

If I take a full refresher course without taking the state exam with the class, will that meet all the requirements for the 5-year Pilot Recertification?

NO. You may apply content hours toward the core requirement but it will not cover the entire requirement of the "additional" hours.

What do I send in when it is time to recertify?

Send in the appropriate cover sheet and recertification form for the level at which you are recertifying and a copy of any required cards (E.g. CPR, ACLS, PALS, etc.). **DO NOT SEND IN YOUR ENTIRE TRAINING FILE.** Anything other than the appropriate forms or a cover letter verifying attendance at a "Core material" course will be destroyed. This should be kept in your training file at your agency.

Who should I contact if I have any other questions And Where do I send all paperwork and communication for the program?

**Bureau of Emergency Medical Services
New York State Department of Health
433 River Street, Suite 303
Troy, New York 12180**

Phone: 518-402-0996

Fax: 518-402-0985

Email: ems@health.state.ny.us

Print Neatly in UPPER CASE Letters - Complete ALL Information

Agency Code

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Agency Name

Address

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City

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State

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Zip Code

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County

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(First Four Letters)

Business Phone

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(Area Code)

Agency Contact / Program Coordinator

First Name

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Last Name

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Address

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City

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State

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Zip Code

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Home Phone

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(Area Code)

Work Phone

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(Area Code)

E-Mail Address

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As a participating agency in the 5-Year Pilot Recertification Program, This agency will ensure the following:

- ♦ An Agency File listing all participants in the program and their progress will be kept on site and up to date within 30 days.
- ♦ An Individual File for each participant containing record of CME to include sign in sheets, quizzes, practical evaluation records and any items needed to verify completion of CME recorded. This file will be kept on site or by a third party contracted by the agency. If a contracted third party maintains these files, a copy of the contract and the physical location of the files must accompany this application.
- ♦ The Bureau of Emergency Medical Services or its designee may inspect all files pertaining to the program upon reasonable request.
- ♦ Guidelines for the Continuing Education Recertification Program published by the New York State Department of Health Bureau of Emergency Medical Services are met.
- ♦ Ensure that each participant recertification request and all necessary documentation is forwarded to the Bureau of Emergency Medical Services no less than 45 days before the participant's current certification expires.

 Printed Name of Agency Agent

 Signature of Agency Agent

 Date

Medical Director

First Name

MI

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Last Name

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Phone

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(Area Code)

NYS License Number

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As Medical Director for this Agency's 5-Year Pilot Program I accept responsibility for:

- ♦ Medical Oversight of content for in-house CME sessions (Those not conducted by a NYS Instructor as part of Core Material review)
- ♦ Completion of core material review by all participants
- ♦ Verification of skills proficiency for all participants

 Printed Name of Medical Director

 Signature of Medical Director

 Date

Personal Affirmation - DO NOT sign if you have any criminal convictions

I affirm that in accordance with the requirements of 10NYCRR Part 800.8(e), I have not been convicted of or am not currently charged with any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of 10NYCRR Part 800.

Applicant's Signature _____

Date _____

Read Carefully Before Signing

I have read and agree to the following requirements for participating in the 5-Year Pilot Recertification Program:

Participation is contingent on maintaining current New York State certification as an EMT-B, AEMT-I, AEMT-CC or EMT-P. I will submit a 5-Year Pilot Recertification Form (DOH-XXXX) to the Bureau of Emergency Medical Services no later than 45 days prior to the expiration of my certification. (The Bureau is not responsible for lost or missing documents while in transit to the Bureau).

Participation is strictly voluntary. If I decide, at any time, not to complete the 5-Year Pilot Recertification Program, in order to recertify, I MUST enroll in and complete a New York State EMT/AEMT refresher course, and pass state administered practical and written certifying examinations.

I understand that as a participant in this program I may be required to complete surveys or questionnaires regarding my participation. The Bureau of Emergency Medical Services or its designee may randomly audit this program and view records pertaining to my participation in continuing education activities. This audit may also include written testing and practical skills evaluation. The Bureau or its agent may also contact the REMAC, Medical Director(s), receiving hospital personnel, officers of my EMS agency, and others to discuss my participation. I also understand that if I am a CIC/CLI I must take a written certification examination at the level I am certified to teach and score at least 80% to renew my instructor certification.

Participant Signature _____

Date _____

Print Name _____ EMT # _____

Agency Name _____ Agency Code _____

**New York State Department of Health
Bureau of Emergency Medical Services**

**5-Year Pilot Program EMT-Basic
Certification Renewal Cover Sheet**

Return Completed Application to:

Pilot Recert Program
Bureau of EMS
433 River Street, Suite 303
Troy, New York 12180

DOH Review:

_____ Meets NYS-EMS guidelines for re-registration
_____ Application did not meet the following criteria:

DOH Review by: _____ Date: _____

Mandatory Topic Hours 20

TOPIC	REQUIRED HOURS	HOURS EARNED	DATE COMPLETE
Emergency Vehicle Operation	4		
Hazardous Materials	3		
Domestic Preparedness	4		
Pediatrics	3		
Geriatrics	3		
State BLS Protocol Review	3		

CPR Certification

As the participant's CPR Instructor I hereby verify that the participant has satisfactorily completed and shows competence in:
Adult, Child and Infant 1& 2 rescuer CPR and Obstructed Airway management

Printed Name of Instructor _____ Signature of Instructor _____ Date _____

*** A COPY OF THE CARD ISSUED MUST ACCOMPANY THIS APPLICATION IF THE INSTRUCTOR DOES NOT SIGN***

Additional 82 Hours of Continuing Education

Date	Topic	Hours	Date	Topic	Hours
TOTAL HOURS			TOTAL HOURS		

Skill Competency Verification

SKILL	Direct Observation
Patient Assessment (Medical and Trauma)	
Airway / Ventilation (Simple Adjuncts, Supplemental Oxygen Delivery, Bag Valve-Mask)	
Hemorrhage Control & Splinting	
Spinal Immobilization (Seated, Supine)	
Cardiac Arrest / Automatic External Defibrillator (AED)	

As the Physician Medical Director (or Designee) for the Participant's Continuing Education Program I hereby affix my signature attesting to proficiency in all skills outlined above.

Printed Name of Medical Director / Designee _____

Signature of Medical Director / Designee _____

Date _____

I hereby affirm that all statements on this recertification form are true and correct, including all copies of cards, certificates and other required verification. It is understood that false statements or documents submitted with the intent to falsely recertify may be grounds for revocation of certification and applicable civil and criminal penalties. It is also understood that the Bureau of Emergency Medical Services or its designee may conduct an audit of the activities listed herein at any time.

Signature of Participant _____

Signature of Sponsoring Agency Contact / Coordinator _____

Date _____

Date _____

Print Name _____ EMT # _____

Agency Name _____ Agency Code _____

**New York State Department of Health
Bureau of Emergency Medical Services**

**5-Year Pilot Program EMT-
Intermediate Certification Renewal
Cover Sheet**

Return Completed Application to:

Pilot Recert Program
Bureau of EMS
433 River Street, Suite 303
Troy, New York 12180

DOH Review:

_____ Meets NYS-EMS guidelines for re-certification
_____ Application did not meet the following criteria:

DOH Review by: _____ Date: _____

MANDATORY TOPIC HOURS - 20

Topic	Hours Required	Hours Earned	Date
Emergency Vehicle Operation	4		
Hazardous Materials	3		
Domestic Preparedness	4		
Pediatrics	3		
Geriatrics	3		
State BLS Protocol Review/Regional ALS Protocol Review	3		

Additional 74 Hours of Continuing Education

Topic	Hours	Date	Topic	Hours	Date
Total Hours					

Skill Competency Verification

Skill	Direct Observation
Patient Assessment (Medical and Trauma)	
Airway/Ventilation (Basic Adjuncts, Advanced Adjuncts, Supplemental Oxygen Delivery)	
Cardiac Arrest Management	
Hemorrhage Control & Splinting	
IV Therapy	
Spinal Immobilization (Seated and Supine)	

As the Physician Medical Director (or Designee) for the Participant's Continuing Education Program I hereby affix my signature attesting to proficiency in all skills outlined above.

Printed Name of Medical Director / Designee _____ Signature of Medical Director / Designee _____ Date _____

I hereby affirm that all statements on this recertification form are true and correct, including all copies of cards, certificates and other required verification. It is understood that false statements or documents submitted with the intent to falsely recertify may be grounds for revocation of certification and applicable civil and criminal penalties. It is also understood that the Bureau of Emergency Medical Services or its designee may conduct an audit of the activities listed herein at any time.

Signature of Participant _____

Signature of Sponsoring Agency Contact / Coordinator _____

Date _____

Date _____

Print Name _____ EMT # _____

Agency Name _____ Agency Code _____

**New York State Department of Health
Bureau of Emergency Medical Services**

**5-Year Pilot Program EMT-Critical
Care Certification Renewal Cover
Sheet**

Return Completed Application to:

Pilot Recert Program
Bureau of EMS
433 River Street, Suite 303
Troy, New York 12180

DOH Review:

_____ Meets NYS-EMS guidelines for re-certification

_____ Application did not meet the following criteria:

DOH Review by: _____ Date: _____

**NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

**EMT-CRITICAL CARE
RECERTIFICATION FORM
5 Year Pilot Recertification Program**

Print Neatly in UPPER CASE Letters - Please Complete ALL Information

EMT Number

Social Security Number
 - -

Last Name

First Name

MI

Address

City

State

Zip Code
 -

Enter Agency Code of Your Participating Agency

I affirm that in accordance with the requirements of 10NYCRR Part 800.8(e), I have not been convicted of or am not currently charged with any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of 10NYCRR Part 800.

Applicant's Signature _____ Date _____

EMT-Critical Care Refresher Training - 36 Hours

DIVISION	Required Hours	Hours Earned	Date Completed	CIC Signature	CIC Number
Preparatory	5				
Airway	5				
Medical/Behavioral	12				
Trauma	8				
Special Considerations	4				
Operations	2				
TOTALS	36				

CPR Certification

As the participant's CPR Instructor I hereby verify that the participant has satisfactorily completed and shows competence in:
 Adult, Child and Infant 1& 2 rescuer CPR an Obstructed Airway management

Printed Name of Instructor _____

Signature of Instructor _____

Date _____

*** A COPY OF THE CARD ISSUED MUST ACCOMPANY THIS APPLICATION IF THE INSTRUCTOR DOES NOT SIGN***

Mandatory Content Hours - 20

Topic	Hours Required	Hours Earned	Date
Emergency Vehicle Operation	4		
Hazardous Materials	3		
Domestic Preparedness	4		
Pediatrics	3		
Geriatrics	3		
State BLS Protocol / Regional ALS Protocol Review	3		

Additional 74 Hours of Continuing Education

Topic	Hours	Date	Topic	Hours	Date
Total Hours					

Skill Competency Verification

Skill	Direct Observation
Patient Assessment (Medical and Trauma)	
Airway/Ventilation (Basic Adjuncts, Advanced Adjuncts, Supplemental Oxygen Delivery)	
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge)	
Hemorrhage Control & Splinting	
IV Therapy / Medication Administration	
Spinal Immobilization (Seated and Supine)	

As the Physician Medical Director (or Designee) for the Participant's Continuing Education Program I hereby affix my signature attesting to proficiency in all skills outlined above.

Printed Name of Medical Director/Designee _____

Signature of Medical Director/Designee _____

Date _____

I hereby affirm that all statements on this recertification form are true and correct, including all copies of cards, certificates and other required verification. It is understood that false statements or documents submitted with the intent to falsely recertify may be grounds for revocation of certification and applicable civil and criminal penalties. It is also understood that the Bureau of Emergency Medical Services or its designee may conduct an audit of the activities listed herein at any time.

Signature of Participant _____

Signature of Sponsoring Agency Contact / Coordinator _____

Date _____

Date _____

Print Name _____ EMT # _____

Agency Name _____ Agency Code _____

**New York State Department of Health
Bureau of Emergency Medical Services**

**5-Year Pilot Program EMT-
Paramedic Certification Renewal
Cover Sheet**

Return Completed Application to:

Pilot Recert Program
Bureau of EMS
433 River Street, Suite 303
Troy, New York 12180

DOH Review:

_____ Meets NYS-EMS guidelines for re-registration

_____ Application did not meet the following criteria:

DOH Review by: _____ Date: _____

Print Neatly in UPPER CASE Letters - Please Complete ALL Information

EMT Number

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Social Security Number

				-			-				
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Last Name

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First Name MI

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Address

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City State

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--	--

Zip Code Enter Agency Code of Your Participating Agency

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I affirm that in accordance with the requirements of 10NYCRR Part 800.8(e), I have not been convicted of or am not currently charged with any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of 10NYCRR Part 800.

Applicant's Signature _____

Date _____

CPR Certification

As the participant's CPR Instructor I hereby verify that the participant has satisfactorily completed and shows competence in:
 Adult, Child and Infant 1& 2 rescuer CPR an Obstructed Airway management

Printed Name of Instructor _____ Signature of Instructor _____ Date _____

*** A COPY OF THE CARD ISSUED MUST ACCOMPANY THIS APPLICATION IF THE INSTRUCTOR DOES NOT SIGN ***

ACLS Certification

Issue Date _____ Expiration Date _____

A Copy of Current Card MUST Accompany This Application

EMT-Paramedic Refresher Training - 48Hours

Topic	Required Hours	Hours Earned	Date
Preparatory	6		
Airway Management & Ventilation	6		
Trauma	10		
Medical	18		
Special Considerations	6		
Operations	2		

Mandatory Content Hours - 27

Topic	Required Hours	Hours Earned	Date
Emergency Vehicle Operations	4		
Hazardous Materials	3		
Domestic Preparedness	4		
Pediatrics	6		
Geriatrics	6		
State BLS Protocol / Regional ALS Protocol Review	4		

Additional CME Hours - 55

Topic	Hours	Date	Topic	Hours	Date

Skill Competency Verification

Skill	Direct Observation
Patient Assessment (Medical and Trauma)	
Airway/Ventilation (Basic Adjuncts, Advanced Adjuncts, Supplemental Oxygen Delivery)	
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge)	
Hemorrhage Control & Splinting	
IV Therapy / Medication Administration	
Spinal Immobilization (Seated and Supine)	

As the Physician Medical Director (or Designee) for the Participant's Continuing Education Program I hereby affix my signature attesting to proficiency in all skills outlined above.

Printed Name of Medical Director/Designee _____ Signature of Medical Director/Designee _____ Date _____

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Signature of Participant _____

Signature of Sponsoring Agency Contact / Coordinator _____

Date _____

Date _____