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

## EMT-Paramedic RECERTIFICATION FORM

**Continuing Education Recertification Program** 

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## **EMT-Paramedic Refresher Training - 48Hours**

Topic	Required Hours	Hours Earned	CIC Initials
Preparatory	6		
Airway Management & Ventilation	6		
Trauma	10		
Medical (see sub categories)			
Pulmonary and Cardiology	6		
Neurology/Endocrinology/Allergies & Anaphylaxis	3		
Gastroentaerology/Renal & Urology/Toxicology/Hematology	3		
Environmental Conditions/Infectious & Communicable Diseases/Behavioral	3		
Gynecology and Obstetrics	3		
Special Considerations (see sub categories)			
Neonatology and Pediatrics	3		
Abuse and Assault	1		
Patients w/Special Challenges & Acute Interventions for Chronic Care Patients	2		
Operations	2		
TOTALS	48		

## Additional 24 Hours of Continuing Education – Must include mandatory training for the EMT National Standards

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Topic	Hours	Date	Topic	Hours	Date
EMT National Standards Update	3		•		
Limit National Standards Spaate					

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. This form must be mailed and postmarked no less than 45 days prior to your current expiration date!

Signature of Participant	Signature of Sponsoring Agency Contact / Coordinator
Date	Date

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