

# INSTRUCTIONS FOR REPORT OF ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) CONTINUING EDUCATION

Part of State Form 56924 (8-20)  
DEPARTMENT OF HOMELAND SECURITY

- I. To renew a certification, a certified advanced emergency medical technician shall keep a written report of continuing education on a form approved by the agency or other format approved by the agency for every two (2) years that meets or exceeds the minimum requirement in subsection A.
  - A. An applicant shall report a minimum of fifty (50) hours of continuing education consisting of the following:
    1. A minimum of twenty-five (25) hours of advanced emergency medical technician national continued competency education curriculum continuing education hours in the following national component categories:
      - a. Airway, respiration, ventilation: two and a half (2.5) hours
      - b. Cardiovascular: seven (7) hours
      - c. Trauma: three (3) hours
      - d. Medical: seven and a half (7.5) hours
      - e. Operations: five (5) hours
    2. A minimum of twelve and a half (12.5) state component of advanced emergency medical technician national continued competency education curriculum continuing education hours with ten (10) hours being advanced life support audit and review sessions. The commission may direct additional state component training. The affiliated provider organization, or in the absence of provider designation, the supervising hospital shall approve any additional hours to meet the state component.
    3. A minimum of twelve and a half (12.5) hours of individual/local continuing education that covers material from the emergency medical technician or advanced emergency medical technician curricula and is approved by the provider organization, or in the absence of provider designation, the supervising hospital.
    4. Written evidence of certification in cardiopulmonary resuscitation at the healthcare provider level that is valid on the date of the emergency medical services re-certification.
    5. Skill competency (with no specified hour requirement). The individual must comply with the skills competencies process as approved by the affiliated provider organization medical director. A signature of the medical director attesting to the advanced emergency technician skills competencies for the individual is required at recertification.
  - B. An applicant for re-certification shall complete the on-line recertification verification in the individual's on-line portal account, including:
    1. All recertification requirements in this section must be met before the on-line verification including using agency approved forms to record continuing education, obtaining required signatures, and submitting within the current certification expiration period but no more than ninety (90) days before the expiration.
    2. All recertification personnel are subject to random audit and, if selected with notification by the on-line portal for audit, the applicant must supply written verifications, with signatures to the agency within seventy-two (72) hours or the recertification will be deemed untimely filed and the initial certification expired. The applicant will also be subject to sanction(s) for failure to comply within the seventy-two (72) hour period.
    3. If a criminal arrest or conviction was not timely reported pursuant to section 2 of this rule, then the individual status shall be placed under review and the applicant shall submit all requested paperwork associated with the arrest or conviction to the agency for the recertification to be processed as well as face sanction(s) for the late notification.
  - C. A National Registry of EMTs provider may use a current provider card as prima facie evidence of compliance with the national and individual components of the national continued competency program (NCCP) certification requirements for the certification or licensure level at which the provider is certified or licensed. However, the following requirements must be met for recertification:
    1. All required affiliation signatures for the individual must be obtained on the agency approved recertification forms;
    2. The state component hours including audit and review must be listed on the agency approved recertification form;
    3. The required cardiopulmonary certification(s) for the individual level must be kept and attached to the agency approved recertification form.
    4. The proof of skills competency section of the agency approved recertification form must be completed with verifying signatures.
  - D. If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification.
  - E. The advanced emergency medical technician certification includes emergency medical technician certification and the emergency medical technician certification will be considered renewed with an on-line portal renewal of the advanced emergency medical technician certification although the portal system may take up to thirty (30) days to update for the lower level certification after renewal submission.

## **INACTIVE STATUS FOR A CERTIFIED ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)**

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- I. An advanced emergency medical technician requesting inactive advanced emergency medical technician status shall be currently certified in Indiana as an advanced emergency medical technician and be an individual who has previously recertified as an advanced emergency medical technician in Indiana at least one (1) time. The individual's certification must be in good standing with the commission at the time inactive status is requested. Applicants for inactive status do not have to be affiliated with an advanced emergency medical technician provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.
- II. If an advanced emergency medical technician wants to keep an active emergency medical technician certification, the advanced emergency medical technician shall meet the requirements set forth in 836 IAC 4-7.
- III. Advanced emergency medical technicians on inactive status must collect the following continuing education hours during the inactive period, and the continuing education hours must be reported to the commission prior to the expiration date of the certificate:
  - A. Collect and report continuing education requirements listed in section (5) of this rule.
  - B. Collect and report twelve (12) additional continuing education hours.
- IV. Advanced emergency medical technicians with an inactive status wishing to return to active status must meet the following requirements:
  - A. Comply with subsection (b) during inactive status.
  - B. Be affiliated with an Indiana certified advanced emergency medical technician provider organization and an Indiana certified advanced emergency medical technician supervising hospital by submitting a signed application for advanced life support.
  - C. Submit in writing a verified statement attesting to the applicant's competency in skills listed in section 5(b)(5) of this rule signed by the advanced emergency medical technician provider medical director.
- V. An advanced emergency medical technician automatically is in inactive status once they are notified by either their affiliate provider organization or supervising hospital and no other advanced emergency medical technician affiliates for the provider exist that provide for both a provider and supervising hospital affiliation:
  - A. The advanced emergency medical technician must notify the agency within forty-eight (48) hours of being notified of not having an advanced life support affiliation with either an ambulance provider or medical director.
  - B. The advanced emergency medical technician in inactive status may not practice under their certification as an advanced emergency medical technician.
  - C. The status will remain inactive for the advanced medical technician until they provide the agency with appropriate affiliation paperwork demonstrating they have both a provider agency and supervising hospital.
  - D. The advanced emergency medical technician may function as an emergency medical technician under that scope of practice while their advanced certification is inactive as long as the certification requirements are met for the emergency medical technician.



# REPORT OF ADVANCE EMERGENCY MEDICAL TECHNICIAN (AEMT) CONTINUING EDUCATION

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PERSONAL INFORMATION		
Printed name of EMT ( <i>last, first, middle initial</i> )		Public safety identification number (PSID)
Home address ( <i>number and street, city, state, and ZIP code</i> )		
Home telephone number ( )	E-mail address	
Have you been trained in NIMS / ICS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, level of NIMS / ICS training	Would you be willing to assist in a disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No

VIOLATION STATEMENT		
Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reported it to the IDHS Compliance Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you report it? ( <i>month, day, year</i> )

SIGNATURE OF AEMT	
I, the undersigned AEMT, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.	
Signature of AEMT	Date ( <i>month, day, year</i> )

CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS		
Name of provider	Provider certification number	Telephone number ( )
Street address ( <i>number and street, city, state, and ZIP code</i> )		
Signature of Chief Executive Officer / Training Officer		Date ( <i>month, day, year</i> )
Name of provider	Provider certification number	Telephone number ( )
Street address ( <i>number and street, city, state, and ZIP code</i> )		
Signature of Chief Executive Officer / Training Officer		Date ( <i>month, day, year</i> )

CURRENT AFFILIATIONS – SUPERVISING HOSPITAL	
Name of hospital	Telephone number ( )
Street address ( <i>number and street, city, state, and ZIP code</i> )	
Signature of EMS Coordinator	Date ( <i>month, day, year</i> )
Name of hospital	Telephone number ( )
Street address ( <i>number and street, city, state, and ZIP code</i> )	
Signature of EMS Coordinator	Date ( <i>month, day, year</i> )

SIGNATURE OF EMS MEDICAL DIRECTOR		
Signature of physician	Printed name of physician	Date ( <i>month, day, year</i> )
License number	State	Telephone number ( )
Signature of physician	Printed name of physician	Date ( <i>month, day, year</i> )
License number	State	Telephone number ( )

**SECTION IA: AEMT CATEGORIES**

*Complete all sections below with signatures, dates, and topics.*

DATE <i>(month, day, year)</i>	NUMBER OF HOURS	TOPIC	SIGNATURE	PRINTED NAME AND PSID NUMBER
<b>Division I - Airway, Respirations, Ventilations</b>				<b>Required: 2.5 Hours</b>
<b>Division II – Cardiovascular</b>				<b>Required: 7 Hours</b>
<b>Division III – Trauma</b>				<b>Required: 3 Hours</b>
<b>Division IV – Medical</b>				<b>Required: 7.5 Hours</b>
<b>Division V – Operations</b>				<b>Required: 5 Hours</b>

**SECTION IB: CPR CERTIFICATION**

*Attach a copy of the front of your current provider card or certification.*



**SECTION III: VERIFICATION OF SKILL COMPETENCE**

1. No specific amount of time must be spent on each skill or combination thereof.
2. All skills must be directly observed by the EMS Medical Director or EMS educational staff of the Supervising Hospital, either at an in-service or in an actual clinical setting. All signatures must be original.

SKILL	DATE <i>(month, day, year)</i>	SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF	PRINTED NAME AND PSID NUMBER
<b>A. Medical Assessment / Management</b>			
<b>B. Trauma Assessment / Management</b>			
<b>C. Ventilatory Management</b>			
<b>D. Cardiac Arrest Management</b>			
<b>E. Bandaging and Splinting</b>			
<b>F. Medication Administration, IV Therapy, IV Bolus, and IO Therapy</b>			
<b>G. Spinal Immobilization</b>			
<b>H. Pediatric IO</b>			