

INSTRUCTIONS FOR REPORT OF PARAMEDIC CONTINUING EDUCATION

Part of State Form 18220 (R15 / 4-26)
DEPARTMENT OF HOMELAND SECURITY

To renew a paramedic license, the applicant 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 1.

1. An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:
 - a) A minimum of fifty (50) hours of continuing education through a formal paramedic refresher course as approved by the commission or fifty (50) hours of supervising hospital-approved continuing education that includes the following:
 - Sixteen (16) hours in airway, breathing, and cardiology
 - Eight (8) hours in medical emergencies
 - Six (6) hours in trauma
 - Sixteen (16) hours in obstetrics and pediatrics
 - Four (4) hours in operations
 - b) A minimum of twenty-two (22) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. Participation in any course as approved by the commission may be included in this section.
 - c) Attach a current copy of cardiopulmonary resuscitation certification for the professional rescuer. The certification expiration date shall be concurrent with the paramedic certification expiration date.
 - d) Attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic certification expiration date.
 - e) Skill maintenance (with no specified hour requirement) - All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an in- service or in an actual clinic setting. The observed skills include, but are not limited to, the following:
 - Patient medical assessment and management
 - Trauma assessment and management
 - Ventilatory management
 - Cardiac arrest management
 - Bandaging
 - splinting
 - Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy
 - Spinal immobilization
 - Obstetrics
 - Gynecological
 - Communication and documentation
2. A National Registry of EMTs provider may use a current provider card as 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:
 - a) All required affiliation signatures for the individual must be obtained on the agency approved recertification forms;
 - b) The state component hours including audit and review must be listed on the agency approved recertification form;
 - c) The required cardiopulmonary certification(s) for the individual level must be kept and attached to the agency approved recertification form.
 - d) The proof of skills competency section of the agency approved recertification form must be completed with verifying signatures.
3. 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.
4. The paramedic license includes emergency medical technician certification, and the emergency medical technician certification will be considered renewed with an online portal renewal of the paramedic license 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 LICENSED PARAMEDIC

Part of State Form 18220 (R14 / 4-25)
DEPARTMENT OF HOMELAND SECURITY

- I. A licensed paramedic requesting inactive paramedic status shall be currently licensed in Indiana as a paramedic and be an individual who has previously recertified as a paramedic 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 ALS certified provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.
- II. If a paramedic wants to keep an active paramedic, the paramedic shall meet the requirements set forth in 836 IAC 9-1.
- III. Paramedics 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 license:
 - 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. Paramedics 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 ALS provider organization and an Indiana certified 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 ALS provider organization medical director.
- V. A paramedic automatically is in inactive status once they are notified by either their affiliate provider organization or supervising hospital and no other Indiana certified ALS provider organization affiliates for the provider exist that provide for both a provider and supervising hospital affiliation:
 - A. The paramedic must notify the agency within forty-eight (48) hours of being notified of not having an ALS affiliation with either an ambulance provider or medical director.
 - B. The paramedic in inactive status may not practice under their certification as a paramedic.
 - C. The status will remain inactive for the paramedic until they provide the agency with appropriate ALS affiliation paperwork demonstrating they have both an ALS provider agency and supervising hospital.
 - D. The paramedic may function as an emergency medical technician under that scope of practice while their paramedic license is inactive as long as the certification requirements are met for the emergency medical technician.



REPORT OF PARAMEDIC CONTINUING EDUCATION

State Form 18220 (R14 / 4-25)
DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION

| | | |
|--|----------------|--|
| Printed name of paramedic (<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 | |

VIOLATION STATEMENT

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|---|--|--|--|--|
| 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 PARAMEDIC

I, the undersigned paramedic, 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 paramedic | 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 () |

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

By checking the yes box, the applicant is indicating understanding the following.

1. Applicants' NREMT certification is active and current.
2. Applicants' NREMT certification will be used to cover applicants continuing education requirements under 2(a).
3. ***This does not cover the state required components outline in section 1(b)(c)(d)(e) of the instructions page of this packet.***

YES

NO

Attach copy of the front of your current NREMT certification card

PARAMEDIC CATEGORIES

| DATE <i>(month, day, year)</i> | NUMBER OF HOURS | TOPIC | TRAINING OFFICER SIGNATURE | TRAINING OFFICER NAME AND PSID NUMBER |
|---|--------------------|-------|-------------------------------|---|
| Division I - Airway, Breathing, and Cardiology | | | | Required: 16 Hours |
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| Division II – Medical Emergencies | | | | Required: 8 Hours |
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| Division III – Trauma | | | | Required: 6 Hours |
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| Division IV – Obstetrics and Pediatrics | | | | Required: 16 Hours |
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| Division V – Operations | | | | Required: 4 Hours |
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VERIFICATION OF SKILL COMPETENCE

1. *No specific amount of time must be spent on each skill or combination thereof.*
2. *All the following 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.*
 - *Medical Assessment / Management*
 - *Trauma Assessment / Management*
 - *Ventilatory Management*
 - *Cardiac Arrest Management*
 - *Bandaging*
 - *Splinting*
 - *Medication Administration, IV Therapy, IV Bolus and IO Therapy*
 - *Spinal Immobilization*
 - *Obstetrics*
 - *Gynecological*
 - *Communication*
 - *Documentation*
3. *Question should be directed to your organizations designated training officer or IDHS EMS Division at emscertifications@dhs.in.gov.*

SIGNATURE OF EMS MEDICAL DIRECTOR or EMS EDUCATION STAFF

| | | |
|------------------------------|--------------|-----------------------------|
| Signature | Printed Name | Date (month, day, year) |
| License number / PSID number | State | Telephone number () |