INSTRUCTIONS FOR REPORT OF PARAMEDIC CONTINUING EDUCATION

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

I. Certification as a paramedic will be valid for a period of two (2) years.

II. To renew a certification, a certified paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements below.

A. An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

1. Section IA - Forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of supervising hospital-approved continuing education that includes the following:

a. Sixteen (16) hours in airway, breathing, and cardiology

b. Eight (8) hours in medical emergencies

c. Six (6) hours in trauma

d. Sixteen (16) hours in obstetrics and pediatrics

e. Two (2) hours in operations

2. Section IB - 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.

3. Section IC - Attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic certification expiration date.

4. Section II - Twenty-four (24) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in any course as approved by the commission may be included in this section.

5. Section III - 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:

a. Patient medical assessment and management

b. Trauma assessment and management

c. Ventilatory management

d. Cardiac arrest management

e. Bandaging and splinting

f. Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy

g. Spinal immobilization

h. Obstetrics and gynecological scenarios

i. Communication and documentation

REPORT OF PARAMEDIC CONTINUING EDUCATION

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PERSONAL INFORMATION	
Printed name of paramedic *(last, first, middle initial)*	Public safety identification number (PSID)
Home address *(number and street, city, state, and ZIP code)*	
Home telephone number ( )	E-mail address

VIOLATION STATEMENT		
Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? ☐ Yes ☐ No	If yes, have you reported it to the IDHS Compliance Officer? ☐ Yes ☐ No	If yes, on what date did you report it? *(month, day, year)*

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 *(month, day, year)*

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

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

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

SECTION IA: PARAMEDIC CATEGORIES				
DATE *(month, day, year)*	**NUMBER OF HOURS**	**TOPIC**	**TRAINING OFFICER SIGNATURE**	**TRAINING OFFICER NAME AND PSID NUMBER**
Division I - Airway, Breathing, and Cardiology				**Required: 16 Hours**
Division II – Medical Emergencies				**Required: 8 Hours**
Division III – Trauma				**Required: 6 Hours**
Division IV – Obstetrics and Pediatrics				**Required: 16 Hours**
Division V – Operations				**Required: 2 Hours**

SECTION IB: CPR CERTIFICATION	SECTION IC: ACLS CERTIFICATION
Attach a copy of the front of your current provider card or certification.	*Attach a copy of the front of your current provider card or certification.*

SECTION II: ADDITIONAL HOURS OF CONTINUING EDUCATION

Twelve (12) hours must be obtained as Audit and Review.

DATE *(month, day, year)*	**NUMBER OF HOURS**	**TOPIC**	**TRAINING OFFICER SIGNATURE**	**TRAINING OFFICER NAME AND PSID NUMBER**

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** *(month, day, year)*	**SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF**	**PRINTED NAME AND PSID NUMBER**
A. Medical Assessment / Management			
B. Trauma Assessment / Management			
C. Ventilatory Management			
D. Cardiac Arrest Management			
E. Bandaging and Splinting			
F. Medication Administration, IV Therapy, IV Bolus, and IO Therapy			
G. Spinal Immobilization			
H. Obstetrics and Gynecological			
I. Communication and Documentation			