

INSTRUCTIONS FOR REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

Part of State Form 52319 (R8 / 4-26)
DEPARTMENT OF HOMELAND SECURITY

- 1) Certification as an emergency medical technician will be valid for a period of two (2) years.
- 2) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report forty (40) hours of continuing education according to the following:
 - a) Participate in a minimum of thirty-four (34) hours of any combination of lectures, critiques, skills proficiency examinations, continuing education courses, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.
 - b) Participate in a minimum of six (6) hours of audit and review.
 - c) Participate in any update course as prescribed by the commission.
 - d) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.
- 3) Notwithstanding any other provisions of 836 IAC 4-4-2, a person also certified as an emergency medical technician basic advanced, emergency medical technician intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection II.
- 4) An individual who fails to comply with the continuing education requirements described in 836 IAC 4-4-2 shall not exercise any of the rights or privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certification.
- 5) An individual requiring a valid emergency medical technician card to work should submit their continuing education document at least thirty (30) days prior to the certificate's expiration date.
- 6) In applying for recertification, individuals agree to comply with all recertification requirements, rules, and standards of the Indiana Emergency Medical Services Commission. The individual bears the burden of demonstrating and maintaining compliance at all times. The Indiana Emergency Medical Services Commission considers the individual to be solely responsible for his/her certification.
- 7) 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.
- 8) 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.



REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

State Form 52319 (R7 / 4-25)
DEPARTMENT OF HOMELAND SECURITY

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 EMT	
I, the undersigned EMT, 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 EMT	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>)

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. <i>This does not cover the state required components outline in section 2(b)(c)(d) of the instructions page of this packet.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Attach copy of the front of your current NREMT certification card

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.*
3. *Questions should be directed to your organizations designated training officer or IDHS EMS Division at emscertifications@dhs.in.gov.*

SKILL	Date (month, day, year)	Signature of Medical Director or Assigned EMS Education Staff	Printed Name and PSID Number
Medical Assessment / Management			
Trauma Assessment / Management			
Cardiac Arrest Management			
Ventilation of Apneic Patient (BVM)			
Supraglottic Airway Device			
Spinal Immobilization (Supine)			
Bleeding Control			
Shock Management			