

INDIANA DEPARTMENT OF HOMELAND SECURITY

302 West Washington Street, Room E208 Indianapolis, IN 46204 Telephone: (800) 666-7784 Fax: (317) 233-0497 E-mail: psidquestions@dhs.in.gov

Certification website: www.in.gov/dhs District fire training website: www.indianafiretraining.com



INSTRUCTIONS:

- 1. Use this form to report continuing education activity for the two (2) year certification; this form will serve as the application for recertification.
- 2. To remain certified each Emergency Medical Responder (EMR) must submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take twenty (20) hours of continuing education activity according to the following:
 - a. Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review, which reviews subject matter presented within the approved EMR curriculum.
 - b. Participate in a minimum of four (4) hours of review in defibrillation and airway management as presented in the approved EMR curriculum.
- 3. To renew EMR certification, please log in to the Indiana Safety Personnel Portal: https://acadisportal.in.gov/AcadisViewer/Login.aspx.

SUGGESTED METHODS TO OBTAIN HOURS

The following are some activities which are recognized as meeting the requirements for EMR in-service training during each year of the individual's certification:

- 1. Participation in workshops and seminars related to the skills of an EMR. Examples: CPR courses and seminars, rescue and extrication workshops.
- 2. Scheduled department training meetings to review and evaluate procedures, operation policies and communication.
- 3. Scheduled training meetings when a guest speaker presents material which is related to emergency care procedure, medical-legal requirements, or other topics which are directly related to the EMR's scope of practice.
- 4. Demonstration-practice session utilizing available EMR emergency care equipment.
- 5. Participation in community exercise disaster drills.
- 6. Audio visuals (film, video tapes, DVD, CD) which are presented to illustrate and review proper emergency care procedure.
- 7. Assisting other Emergency Responder training courses.
- 8. Appearing as a guest lecturer or conducting a demonstration related to a topic within the scope of the EMR course.
- 9. Textbook reading assignments followed by short quizzes to review important concepts.
- 10. Workbook assignments which are submitted to the training coordinator monthly.
- 11. Training in the use of / application of cervical collars and long backboard devices. (EMRs are not allowed to use a Kendrick Extrication Device (KED) or similar device; therefore, in-service hours will not count.)

The following are <u>not acceptable</u> for in-service for EMR:

- 1. Training in advanced life support procedures. Example: IV therapy, ECG monitoring
- 2. Training in complex basic life support procedures. Example: Use of equipment not part of the EMR training course.
- 3. Administrative work for an ambulance service.
- 4. Experience riding with an ambulance service.

	Α	PPLICANT I	INFORMATION		
Legal name				Public safety identification number (PSID)	
Level of certification	Date of expiration (month, day, year)		Affiliation		
Emergency Medical Responder					
Address (number and street, city state, and ZI	(P code)				
Driver's license number	E-mail address	i			
Have you ever been arrested for or convicted of a crime that has not been expunged by a court (excluding minor traffic violations)?			If yes, has this been reported to the Indiana Department of Homeland Security?		
been expunged by a court (excluding minor traffic violations)?		□No	☐ Yes ☐ No		
Identify continuing education activi	ity completed during the	two (2) yea	r certification period.		
Торіс			Name of Instructor	Hours	Date (month, day, year)

I hereby apply for recertification as an EMR according to the rules established by the State of Indiana Emergency Medical Services Commission. All requirements for recertification have been successfully completed. By placing my name in the applicant box below and submitting this completed form, I attest, under the penalty of perjury, that the report is a true and an accurate account of my in-service training and education.

Signature	Date (month, day, year)
	i e e e e e e e e e e e e e e e e e e e