



## **RECERTIFICATION – INSTRUCTIONS**

- 1 Complete the Paramedic recertification application. Be sure to obtain the necessary signatures.
- 2 Enclose the \$25 non-refundable recertification application fee and an additional \$5 paper application processing fee (\$30 total) via check or money order payable to the National Registry of EMTs (US funds only).
- Mail your completed application and fees to the National Registry before your expiration date.
- Allow 8 weeks for your application to be processed. Monitor your account at NREMT.org to see your status. Your expiration date will change once you have successfully recertified.

### Mail recertification application and payment to:

National Registry of EMTs P.O. Box 772000 Detroit, MI 48277-2000 All documentation must be postmarked to the National Registry office by March 31. All mail sent to the P.O. Box is forwarded to a destination that maintains a confidentiality agreement with the National Registry. **The National Registry** is not responsible for lost mailings.

## **IMPORTANT INFORMATION**

### **RESPONSIBILITIES OF SUBMISSION**

Recertification is considered an individual responsibility. If you expect your employer to complete and submit your application and processing fee and they fail to do so, **your certification will lapse**.

### APPROVING SIGNATURES (FOR ACTIVE STATUS ONLY)

Your Training Officer/Supervisor must sign the application verifying your continuing education. You cannot verify your own education. Please be sure to obtain all necessary signatures before submitting your application.

#### **INCOMPLETE APPLICATION SUBMISSION**

Incomplete applications will be returned to the address listed on your National Registry account. The corrected application must be sent back to the National Registry within 30 days of the date it is returned to the registrant.

#### AUDITS AND FRAUDULENT SUBMISSIONS

The National Registry conducts random audits of applications. Inaccurate documentation or submission may lead to revocation of EMS certification or other action deemed appropriate by the National Registry. The National Registry will report all cases of falsified documents to the EMS professional's state EMS office for potential state action.

COMPLETE THE FORM IN ITS ENTIRETY. ALL	OW 8 WEEKS FOR PROCESSING.
Registry Number	Social Security Number – – – –
Last Name	First Middle Initial
Mailing Address	
City	State ZIP Code
Email Copyright © 2019 National Rec	Phone – – – – – – – – – – – – – – – – – – –

EMPLOYER INFORMATI	ON		Recertification Form	
Organization in which you are currently employed or volunteer as a Paramedic:				
Agency:			NRP	
Address:		ZIP Code:		
City:	State:	ZIP Code:		
Training Officer:			<b>INACTIVE STATUS</b>	
Daytime Phone Number:			Request Inactive Status	
By completing this section, y	you are indicating that you curr Il service, rescue service or pat	ently perform Paramedic skills	Inactive status is for those who are currently not providing patient care at their certification level.	
CRIMINAL CONVICTION	AND DISCIPLINARY ACTI	ON STATEMENTS		
YES NO		have you had a criminal conviction	n or an Uniform Code of	
YES NO Since your last certification, have you ever been subject to limitation, probation, suspension from, or under revocation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?				
	r question above, you can <b>NO1</b> ertification application process.			
AFFIRMATION				
I hereby affirm that all statements on this application are true and correct. I understand that false statements may be sufficient cause for revocation by the National Registry.				
I also understand (please initial each box): that this application for renewal of my EMS certification may be selected for audit at any time during my recertification cycle, including AFTER I receive my renewed National Registry certification.				
that email, USPS mail and the message center in my National Registry account are the primary sources of communication from National Registry, and I may receive communication from any or all of these sources regarding audits.				
if selected for audit, within 30 days I must submit documentation that adequately and accurately reflects the EMS education submitted on the recertification application, including but not limited to: course titles, course dates, hours of education, etc.				
Your Signature (must be o	original)	Date		
ADDITIONAL SIGNATUR	ES (FOR ACTIVE STATUS	ONLY)		
As a Paramedic Training Officer/Supervisor, I hereby attest to the quality and quantity of the listed continuing education.				
Training Officer/Superviso (must be original and dif	r/Medical Director Signature ferent from registrant)	e Date		
As a physician medical director of Parmedic training/operations, I hereby attest to the continued competence in all the skills required by the state of licensure and local jurisdictions.				
Physician Medical Directo (must be original and dif	•	Date		
DOCUMEN	NT YOUR CONTENT UPD	DATE AND SKILLS VERIFIC	ATION ON NEXT PAGE	

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# PARAMEDIC CONTENT UPDATE - (60 HRS REQUIRED)

## NATIONAL - 30 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	3.5		
Cardiovascular	8.5		
Trauma	3.0		
Medical	8.5		
Operations	6.5		

# LOCAL - 15 HOURS

topic	hours	date	method

# INDIVIDUAL - 15 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 35 hours (10 national, 10 local and 15 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.