RECERTIFICATION — INSTRUCTIONS

1. Complete the EMR recertification application. Be sure to obtain the necessary signatures.
2. Enclose the $15 non-refundable recertification application fee and an additional $5 paper application processing fee ($20 total) via check or money order payable to the National Registry of EMTs (US funds only).
3. Mail your completed application and fees to the National Registry before your expiration date.
4. 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 September 30. 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

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. ALLOW 8 WEEKS FOR PROCESSING.

Registry Number ____________ Social Security Number ___ – __ – ____

Last Name ____________ First Name ____________ Middle Initial __

Mailing Address ____________

City ____________ State __ ZIP Code _____ ____

Email ____________ Phone Number ___ – ___ – ____

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Recertification Form
EMR

EMPLOYER INFORMATION

Organization in which you are currently employed or volunteer as an EMR:

Agency: ____________________

Address: ____________________

City: ____________ State: ________ ZIP Code: ________

Training Officer: ____________________

Daytime Phone Number: ____________________

By completing this section, you are indicating that you currently perform EMR skills within an emergency medical service, rescue service or patient care facility.

CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

YES ☐ **NO** ☐ Since your last certification, have you had a criminal conviction or an Uniform Code of Military Justice action or court martial?

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?

ATTENTION STOP

If you answered yes to either question above, you can **NOT** use this form.
You must use the online recertification 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 original)** Date

ADDITIONAL SIGNATURES (FOR ACTIVE STATUS ONLY)

As an EMR Training Officer/Supervisor, I hereby attest to the registrant's continued competence in all the skills required by the state of licensure and local jurisdictions.

____

Training Officer/Supervisor/Medical Director Signature Date
(must be original and different from registrant)

DOCUMENT YOUR CONTENT UPDATE AND SKILLS VERIFICATION ON NEXT PAGE

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EMR CONTENT UPDATE — (16 HRS REQUIRED)

NATIONAL — 8 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	1		
Cardiovascular	2.5		
Trauma	0.5		
Medical	3		
Operations	1		

LOCAL — 4 HOURS

topic	hours	date	method

INDIVIDUAL — 4 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 10 hours (3 national, 3 local and 4 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.

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