



**VERMONT DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE  
Post Office Box 70, 108 Cherry Street  
Burlington, Vermont 05402-0070  
1-800-244-0911 (in VT) or 1-802-863-7310**



## EMT-INTERMEDIATE RECERTIFICATION APPLICATION

This form is to be used by all persons applying for EMT-Intermediate-90 or EMT-Intermediate-03 recertification. If you have transitioned to the Advanced-EMT level, do not use this form. **Please keep a copy of this application for your service's credentialing records.**

### INSTRUCTIONS

**Page 2:**

In the top section of this page please provide your demographic and service affiliation information. To be eligible for Vermont EMS certification, you must have an affiliation with a licensed EMS agency licensed at or above the Intermediate level or be affiliated with a medical facility that requires you to hold this level of EMS certification.

In the middle section of this page, please indicate the certification level at which you are renewing and whether you are doing so through documentation of continuing education or with a National Registry of EMTs certification.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

**Renewing with a National Registry of EMTs Certification:**

If you are renewing your Vermont EMT-I certification with either a NREMT-B or NREMT-I certification, please include a photocopy of your NREMT card. Additionally, please document EMT-I continuing education as described on page 4 even if you hold a NREMT-I certification. This is necessary because the NREMT and VT renewal categories are not aligned. **(NOTE: You may apply your VT EMT-I credits toward your NREMT recertification at the Basic or Intermediate levels).**

If you are applying for an extension because you have not yet received your new National Registry of EMTs certification, you must submit this completed application to the VT EMS office on or before your Vermont EMT-I certification expiration date, and it must include a complete copy of your NREMT renewal paperwork.

**Pages 3, 4 and 5**

**Renewing your Vermont EMT-I certification with documentation of continuing education\*:**

Level	If your certification expires between 3/1/11 and 2/29/12, you owe a:	If your certification expires between 3/1/12 and 2/28/13, you owe a:	If your certification expires after 2/28/13, you must:
EMT-I-90	24 hour EMT-B refresher +10 EMT-I-90 hours (34 hrs) <b>(complete pages 3 &amp; 4)</b>	24 hour EMT-B refresher + 24 additional CE hours + 10 EMT-I-90 hours (58 hrs) <b>(complete pages 3, 4 &amp; 5)</b>	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification (72 hrs)
EMT-I-03	24 hour EMT-B refresher + 16 EMT-I-03 hours (40 hrs) <b>(complete pages 3 &amp; 4)</b>	24 hour EMT-B refresher + 24 additional CE hours + 16 EMT-I-03 hours (64 hrs) <b>(complete pages 3, 4 &amp; 5)</b>	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification (72 hrs)

**\*NOTE: If you once held National Registry certification and let it lapse, you will be required to regain it by your first recertification after March 1, 2013.**

**Page 6:**

Please answer the seven questions and then print and sign your name. Please also fill in the application completion date and your date of birth. Your Head of Service must attest with a signature that you are affiliated with the licensed agency indicated on this application. **The only person authorized to sign as your Head of Service is the person listed on your service's license application.** Your Training Officer must attest with a signature that you completed all required continuing education documented on this application. Your District Medical Advisor must attest that you meet local medical control requirements to function at an advanced level and should be recertified.



Name \_\_\_\_\_

EMT # \_\_\_\_\_

## EMT-Basic Refresher Course

**If your certification is current and is due to expire on or before 2/29/2012:**

1. Record a minimum of 24 hours of refresher education covering the objectives and content in the current National Education Standards for EMT-Basic or EMT. Elective hours must reflect subject matter included in these standards. Indicate whether the CE was lecture (L), skill practice (S) or web-based (W). An EMT may obtain up to 10 hours through web-based CE programs approved by either the Continuing Education Coordinating Board for EMS (CECBEMS) or the Vermont EMS Office. Unsupervised video, ER observation and journal articles will not count.
2. A refresher course can be a Department-approved course or 24 hours of equivalent refresher training that meets the categories below. If you took an approved refresher course, enter the course number and completion date in the box below.
3. If you did not complete a refresher course, have your training officer complete the skill proficiency section.

<b>24-Hour Refresher Course Number:</b> _____	<b>Course Completion Date:</b> _____
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**- OR -**

CE Subject (Hours Required)	Hours Done	Format	Date
Preparatory (1)		L W	
Airway (2)		L S W	
		L S W	
Patient Assessment (3)		L S W	
		L S W	
		L S W	
Medical/Behavioral (4)		L S W	
		L S W	
		L S W	
		L S W	
Trauma (4)		L S W	
		L S W	
		L S W	
		L S W	
OB, Infants & Children (2)		L S W	
		L S W	
Electives (8) – list topics below			
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
		L S W	
<b>TOTAL (24)</b>			

Skill Proficiency Verified	Method		
	DO	QI	O
Bag-valve-mask			
Oxygen administration			
Oral and nasal airways			
Medical assessment			
Trauma assessment			
Pediatric assessment			
CPR			
Automated defibrillation			
Medication administration			
Extremity splinting			
Spine immobilization			
Hemorrhage control			

**CE Formats**

- L Lecture/classroom
- S Skill practice
- W Web-based

**Skill Verification Methods**

- DO Direct observation
- QI Quality improvement prog
- O Other

**- OR -**

Show a current NREMT-Basic certification or higher

Name: \_\_\_\_\_

EMT # \_\_\_\_\_

**EMT-Intermediate 90 and EMT-Intermediate 03 Continuing Education Requirements**

**Effective March 1, 2011 through February 28, 2013**

1. In addition to all requirements for EMT-B recertification, EMT-I-90s must complete at least 10 hours of CE as specified in the upper grid. EMT-I-03s must complete 6 additional hours as specified in the lower grid.
2. If your EMT-I-90 or EMT-I-03 certification is less than two years old, you must submit a prorated number of hours at a rate of 5 hours per year at the EMT-I-90 level or 8 hours per year at the EMT-I-03 level.
3. No more than 5 hours of EMT-I CE may be gained through unsupervised video or CE journals.

Module	Topic	Required Hours	Hours Completed	Date Completed
	<b>EMT-I-90 and EMT-I-03</b>			
<b>Preparatory</b>	Venous Access and Protocol Review	2		
<b>Airway Management</b>	Airway Management	2		
<b>Shock</b>	Fluids, Electrolytes and Shock	2		
<b>Medical Emergencies</b>	Assessment and Management of Diabetes and Neurological Emergencies	2		
	Assessment and Management of Allergic and Poisoning/Overdose Emergencies	2		
	<b>Total for EMT-I-90:</b>	<b>10</b>		

	<b>EMT-I-03 ONLY</b>			
	Anatomy & Physiology and Pharmacology	2		
	Respiratory Emergencies	2		
	Cardiac Emergencies	2		
	<b>Total for EMT-I-03:</b>	<b>16</b>		



**CANDIDATE: Please answer the following questions**

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?  
{EMS Rule 11.1.6.1}  
If yes, please explain: \_\_\_\_\_

YES NO Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a  
criminal proceeding? {EMS Rules Sec. 11} If yes, have you previously disclosed your crime conviction(s) to  
the VT EMS Office? YES NO  
If not disclosed, please explain: \_\_\_\_\_  
If yes, please provide complete copies of documentation for each matter.

YES NO Have you ever had an action taken against any professional license or certification that you have held in  
Vermont or elsewhere? {EMS Rule 11.1.6.10}  
If yes, please explain: \_\_\_\_\_

YES NO Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or  
resigned a license or certification for any reason in Vermont or elsewhere?  
If yes, please explain: \_\_\_\_\_

NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance  
with a plan to pay any and all child support ?{15 V.S.A. Section 795}  
If no, please explain: \_\_\_\_\_

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due?  
{32 V.S.A. Section 3113}  
If no, please explain: \_\_\_\_\_

NO YES Are you free of obligation to pay unemployment compensation contributions or in good standing with  
respect to or in full compliance with a plan to pay any and all unemployment compensation contributions?  
{21 V.S.A. Section 1378}  
If no, please explain: \_\_\_\_\_

I attest the information contained in this certification application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding certification contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

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**HEAD OF SERVICE:** In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

\_\_\_\_\_  
Name of Vermont Licensed Service Head of Service (Please print) Service #

\_\_\_\_\_  
Head of Service Signature Date

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**TRAINING OFFICER:** I attest that to my knowledge this record of continuing education is correct.

\_\_\_\_\_  
Training Officer or District Training Coordinator Signature Date

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**DISTRICT MEDICAL ADVISOR:** I attest that this applicant meets local medical control requirements and should be recertified at the certification level requested in this application.

\_\_\_\_\_  
District Medical Advisor District Number Date