



**National Registry of  
Emergency Medical Technicians®**  
THE NATION'S EMS CERTIFICATION™

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# Recertification Guide

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**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS, INC.**

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***Suggested Citation:*** National Registry of Emergency Medical Technicians (2019). *Recertification Guide*. Retrieved from <https://www.nremt.org>

## **INTRODUCTION**

The vision of the National Registry of Emergency Medical Technicians Certification Team is to “provide customer support to Training Officers, Medical Directors, and providers while validating that the EMS Professionals have maintained continued competence through education and practice for quality patient care to ensure public safety.” Embracing this vision, it is the intent of the Certification Team to present this guide to serve as a resource for agencies, training officers, medical directors, and other stakeholders who may benefit.

The National Registry is committed to the protection of the public by offering ongoing improvements in the recertification process and updating requirements that will favorably impact EMS for many years to come. Specifically, the National Continued Competency Program incorporates the use of evidence-based medicine, gives state and local agencies the freedom to dictate a portion of their education requirements, and provides a foundation for EMS professionals to embrace life-long learning.

The National Registry of EMTs wishes to extend our sincere gratitude to the State EMS Offices, Agencies, Training Officers, Medical Directors, and EMS Professionals who are committed to maintenance of provider certification through the established

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## **BRIEF HISTORY OF NATIONAL EMS CONTINUED COMPETENCY**

Since the registration of the first nationally certified EMS professional in 1971, EMS practice has evolved significantly. Over the last four decades, the EMS profession has advanced from fundamental methods of care and transportation, to the delivery of more advanced emergency medicine in the out-of-hospital environment. It is with the changes in the EMS Scope of Practice, the Practice Analysis, development and inclusion of evidence-based guidelines, and shifting community-based needs which help drive the importance of continued competency and maintenance of certification.

The 2007 release of the National EMS Scope of Practice Model identified four levels of provider care:

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician
- Paramedic

Further, in 2009 the National EMS Education Standards were completed. These standards outlined education necessary to bring entry-level providers to a competency level recognized in the National EMS Scope of Practice Model.

The National Registry utilized the Traditional Model of recertification since the 1980s when recertification requirements were based on the premise that all providers completed the same “clock hours” of training. While there was some flexibility to adapt some training to local needs, the recertification process did not provide a formal pathway for adaptability. Refresher content areas did not prescribe training over areas of practice where significant change had occurred. Lastly, there was no ability for medical directors and systems to focus training on needs identified by the continuous quality improvement process. As a result, the need for a new, more contemporary model of recertification was created.

## **PRINCIPLES AND APPLICATION OF THE CONTINUED COMPETENCY PROGRAM**

In 2010, a task force met to consider revisions of the National Registry recertification process. The task force was a multi-disciplinary group comprised of representatives of the major regulatory, medical oversight and operational components of Emergency Medical Services.

During the 2000’s continued competency was being addressed as a necessity for all medical specialties. The ongoing work of the American Board of Medical Specialties (ABMS) was reviewed by the task force. In summary, the National Registry continued competency task force selected five key principles identified by ABMS that were adopted and included in the recertification process for National EMS Certification.

These 5 principles include:

1. Professional Standing
2. Practice Performance
3. Life-Long Learning
4. Individual Continuing Education
5. Self-Assessment\*

*\*Self-Assessment was originally adopted and included in the early stages of the NCCP recertification model and is no longer required.*

## ***1. Professional Standing***

For an individual to hold National EMS Certification, the individual must not be barred from licensure/certification in any state. Holding a current valid license/certification is a critical element to assure the public that EMS providers have not faced any action that would bar them from practice. The National Registry requires disclosure of any criminal convictions or licensure/certification limitations as part of the certification and recertification requirements.

The National Registry has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public. All applicants for certification or recertification must disclose any criminal conviction as required on an application.

The National Registry may deny an applicant eligibility to sit for a certification examination, deny certification, suspend or revoke an individual's certification, or take other appropriate action with respect to the applicant's certification or recertification based on an applicant's felony criminal convictions and all other criminal convictions (whether felony or misdemeanor) relating to crimes involving physical assault, use of a dangerous weapon, sexual abuse or assault, abuse of children, the elderly or infirm and crimes against property, including robbery, burglary and felony theft.

You may review further information related to this policy at [https://content.NationalRegistry.org/static/documents/Criminal%20Convictions%20Policy\\_Nov\\_2018.pdf](https://content.NationalRegistry.org/static/documents/Criminal%20Convictions%20Policy_Nov_2018.pdf)

## ***2. Practice Performance***

Each EMS system across the nation has evolved to meet the individual needs of the community or region it serves. National EMS Certification requires competency and education at the local level to best serve specific state and community needs. Continued competency to practice may be validated by psychomotor or skills assessments and other performance measurement tools. Validation of practice performance is the responsibility of the provider's EMS supervisor or training officer at the EMR and EMT levels and validated by the provider's physician medical director at the Intermediate, AEMT and Paramedic levels for active certification.

## ***3. Life-Long Learning***

Initial education/training is intended to provide entry-level knowledge and skills for an EMS provider. Building on the foundation of initial education, life-long learning aids providers in adapting to the continuous changes in patient care, education, protocols and other influencing factors of EMS practice.

The improvement of patient care and providing quality care should be the goal of every EMS professional regardless of location. Life-long learning is part of continued competency, therefore a requirement of the National Continued Competency Program, and is a key component to an EMS professional's career.

## ***4. Individual Continuing Education***

A continuous competency program must focus on the entire clinical domain of out-of-hospital emergency care. Continuing education focused on areas of need of the EMS professional has the potential to improve knowledge, better skills, and positively affect patient outcomes. Individual continuing education embraces the principle of life-long learning.

### 5. Self-Assessment (not currently utilized in NCCP)

In the pilot phase of the new National Continued Competency Program, the National Registry launched a low-stakes self-assessment covering four broad domains of out-of-hospital emergency care to include Airway, Respiration & Ventilation; Cardiology & Resuscitation; Medical, Obstetrics & Gynecology; and Trauma. Because this self-assessment was low-stakes and the culture around self-assessment was not widely accepted in the EMS community the reliability of aggregated data to inform individual providers, agencies and states could not be optimized. While it is the vision and hope of the National Registry that the EMS community will embrace the importance and utility of self-assessment data, at the current time, the National Registry will not require a self-assessment component as part of national EMS recertification.

## OVERVIEW OF THE NATIONAL CONTINUED COMPETENCY PROGRAM

The National Continued Competency Program (NCCP) has three components:

- National Component
- Local Component
- Individual Component

The following table lists the required number of hours of continuing education for each level of National EMS Certification, the specific component, and the allowable distributive education (Table 1). Each of the components is explained in detail in the following sections.

**Table 1. NCCP Hour Requirements**

Level	# CEU Hours	National (NCCR)	Local (LCCR)	Individual (ICCR)	Total (All)
EMR	<b>Total (per Component)</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>16</b>
	Allowable Distributive Education (DE)	3	3	4	10
EMT	<b>Total (per Component)</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>
	Allowable Distributive Education (DE)	7	7	10	24
AEMT	<b>Total (per Component)</b>	<b>25</b>	<b>12.5</b>	<b>12.5</b>	<b>50</b>
	Allowable Distributive Education (DE)	8	8	12.5	28.5
NRP	<b>Total (per Component)</b>	<b>30</b>	<b>15</b>	<b>15</b>	<b>60</b>
	Allowable Distributive Education (DE)	10	10	15	35

## NATIONAL COMPONENT

The National Component replaces the material taught in the traditional DOT refresher and represents 50% of the overall requirements necessary to renew National EMS Certification. Requirements for the National Component are updated every four years based upon input obtained from national EMS stakeholders. Topics chosen are influenced by:

- Evidenced-based medicine
- Changes in the National EMS Scope of Practice Model
- Science-based position papers that affect EMS patient care
- Patient care tasks that have low frequency yet high criticality
- Peer-reviewed articles that feature contemporary trends in EMS

The National Registry endorses the latest NCCP Model, which is the 2016 requirements. Topics identified are approved and incorporated into the National Continued Competency Program by the National Registry Continued Competency Committee. Education applied to the National Component must be either State EMS Office recognized or CAPCE accredited. The topic requirements for the National Component are on the following pages.

Registrants may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the National Component as distributive education (DE; i.e., CAPCE Designation F3\*\*, video review, directed studies, etc.).

The maximum number of DE hours allowed for each level of certification for the national component can be found in Table 2.

**Table 2. Maximum Number of DE Allowed for the National Component**

Level	Maximum Allowable DE for National Component (time in hours)
<b>EMR</b>	<b>3</b>
<b>EMT</b>	<b>7</b>
<b>AEMT</b>	<b>8</b>
<b>NRP</b>	<b>10</b>

\*\*NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

2016 National Component

2016 NCCP National Component					
Broad Topics	Subtopics	EMR	EMT	AEMT	NRP
ARV	Ventilation				
	Capnography	N/A	N/A	N/A	
	Oxygenation				
	<b>Total ARV Hours</b>	<b>1</b>	<b>1.5</b>	<b>2.5</b>	<b>3.5</b>
Cardiology	Post-Resuscitation				
	VADs	N/A			
	Stroke				
	Cardiac Arrest				
	Pediatric Cardiac Arrest				
	CHF	N/A	N/A	N/A	
	ACS	N/A	N/A		
	<b>Total Cardiology Hours</b>	<b>2.5</b>	<b>6</b>	<b>7</b>	<b>8.5</b>
Trauma	Trauma Triage	N/A			
	CNS Injury				
	Hemorrhage Control	N/A			
	Fluid Resuscitation	N/A	N/A		
	<b>Total Trauma Hours</b>	<b>0.5</b>	<b>1.5</b>	<b>3</b>	<b>3</b>
Medical	Special HC Needs	N/A			
	OB Emergencies				
	Infectious Disease				
	Medication Delivery	N/A	N/A		
	Pain Management	N/A			
	Psychiatric				
	Toxicological/Opioids				
	Neurological/Seizures				
	Endocrine/Diabetes				
	Immunological				
	<b>Total Medical Hours</b>	<b>3</b>	<b>6</b>	<b>7.5</b>	<b>8.5</b>
Operations	At-Risk Populations	N/A			
	Ambulance Safety	N/A			
	Field Triage				
	Hygiene/Vaccinations				
	Culture of Safety				
	Pediatric Transport	N/A			
	Crew Resource Mgmt	N/A			
	Role of Research	N/A			
	Evidence Based Guidelines	N/A			
	<b>Total Operations Hours</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>6.5</b>
<b>TOTAL National Component Hours</b>		<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>

ARV: Airway, Respirations, Ventilations

Updated 6/25/19

N/A: Indicates the subtopic is not required for that level of certification

## LOCAL COMPONENT

The local component is developed and delivered at the local or state EMS level and represents 25% of the recertification requirements for all provider levels. The topics may be determined by State EMS Offices and EMS region directors (where applicable), however, if the state allows, agency-level administrators (Medical Directors and Training Officers) may dictate this component. Education applied to the Local Component must be either State EMS Office recognized or CAPCE accredited. Sources that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)
- Run reviews and/or grand rounds
- Community based needs assessment

Registrants may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 2/3 of the local component as distributive education (DE; i.e., CAPCE Designation F3\*\*, video review, directed studies, etc.).

The maximum number of DE hours allowed for each level of certification for the local component can be found in Table 3.

**Table 3. Maximum Number of DE Allowed for the Local Component**

Level	Maximum Allowable DE for Local Component (time in hours)
<b>EMR</b>	<b>3</b>
<b>EMT</b>	<b>7</b>
<b>AEMT</b>	<b>8</b>
<b>NRP</b>	<b>10</b>

\*\*NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.

## INDIVIDUAL COMPONENT

The Individual Component represents 25% of the required continuing education. To satisfy these requirements, an individual may select any State EMS Office recognized or CAPCE accredited EMS-related education.

There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a registration cycle. Individuals may complete the Individual Component as distributive education (DE; i.e., CAPCE Designation F3\*\*, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the Individual Component can be found in Table 4.

**Table 4. Maximum Number of DE Allowed for the Individual Component**

Level	Maximum Allowable DE for Individual Component (time in hours)
<b>EMR</b>	<b>4</b>
<b>EMT</b>	<b>10</b>
<b>AEMT</b>	<b>12.5</b>
<b>NRP</b>	<b>15</b>

\*\*NOTE: CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.

## RECERTIFICATION METHODS

To apply for recertification, you need to:

Demonstrate cognitive competency through continuing education or examination.  
Submit recertification payment and any additional fees (paper processing fee, reinstatement fee, etc.).  
Complete and submit the recertification application and meet all other recertification requirements.

*All other recertification requirements include: criminal conviction and licensure limitation statements, verification of skills, Training Officer and Physician Medical Director signature (if applicable).*

All materials must be submitted electronically or postmarked by March 31 (EMR is September 30) of the expiration year. There is a reinstatement period available from April 1 to April 30 (EMR is October 1 to October 31) of the expiration year for an additional \$50 processing fee.

There are two methods that may be used to meet continued cognitive competency requirements:

Recertification by examination  
Documentation of continuing education

### ***Recertification by Examination (RBE)***

The recertification by examination option allows you to demonstrate cognitive competency without having to obtain and document continuing education. This option is available beginning April 1 (EMR is October 1), up to 1 year prior to your current expiration date. You may attempt RBE only one time per certification cycle\*.

To schedule your recertification by examination:

- Log in to your account on the National Registry website. Select the My Certification role.
- Click on the “Recert by Exam” tab and then “Application”.
- Complete the application page and submit your application.
- Apply payment.
- Print your ATT and schedule your RBE.
  - After 24-48 hours, log in to your account under the My Certification role. Select the “Recert by Exam” tab and “App Status/Results” to print your Authorization to Test (ATT) letter.
  - Follow the directions on the letter to schedule your exam with Pearson Vue.
- Take and pass the exam by March 31 (EMR- September 30) of your expiration year.
- After passing, print your Cognitive Competency by Exam form.
  - Login to the My Certification role on your National Registry account. This form can be found under the Recert by Exam tab, App Status/Results.
- Submit the form to National Registry.
  - For inactive status, select inactive status, sign the form and submit for processing.
  - For active status, you will need to be affiliated with an agency and have a Training Officer and/or Medical Director, respective to provider level, validate skills competency.

**\*NOTE:** If you are unsuccessful on the Recertification by Examination or do not complete the process of Recertification by Examination, you will be required to demonstrate cognitive competency through continuing education for recertification prior to March 31 of your expiration year.

## ***Continuing Education Method***

The continuing education option allows the provider to demonstrate continued cognitive competency by documenting the hours of continuing education completed during the certification cycle. All education must be either State EMS Office recognized or CAPCE accredited.

You will use the National Registry online recertification process to track continuing education hours, affiliate with an agency, validate skills competency, and submit an electronic recertification application online for faster, more efficient processing.

The NCCP Model does not require CPR (BLS) and Advanced Cardiac Life Support (ACLS). If documented, those standardized course hours may be applied to the National, Local, or Individual Components.

In addition to general continuing education courses, the following are maximum allowances per course that can be applied towards the National Continued Competency Program (National, Local, and Individual Components).

- Hour-for-hour credit can be applied for standardized courses
  - See the Standardized Course Guide for common standardized courses mapped to the National Component topics.
    - Note: this is not a complete list, you can map other courses accordingly.
  - Check with the organization or instructor of the standardized course you took for hour-for-hour credit claimed. Some organizations do report to CAPCE in which that credit should be used or imported to your record.
- Credit can be applied for college courses that relate to your role as an EMS professional.
  - 1 college credit = 8 hours of continuing education
  - Examples include, but not limited to, anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, medical terminology, etc.
- Hours from the following courses can be applied hour-for-hour: Advanced Trauma Life Support, EMS Program or Course Instruction, Critical Care, and Wilderness EMS Training at or above your current provider level.

The following **cannot** be applied towards continuing education for recertification:

- Performance of duty or volunteer time with agencies
  - Paid or volunteer working or duty hours for any organization, agency, or medical facility
- Clinical rotations
  - Clinical rotations which are not part of an EMS Course Program
- Instructor methodology courses
  - Includes all courses to become an instructor or courses to achieve instructor level certifications
- Management/leadership courses
  - Includes business management and leadership, Fire/EMS administrative courses
- Preceptor hours
  - Courses in which an individual takes to become a preceptor or preceptor methodologies
- Serving as a skills examiner
  - Includes skills examiner for National Registry psychomotor examinations

Duplicate Courses assigned to the same recertification application are **not** accepted.

Duplicate courses consist of the following:

- Refresher or National Component Course
  - Multiple Refresher or National Component Courses which consist of the same content as another course and at least one of the following:
    - attended or instructed at the same education vendor, program, or agency
    - course was taught by the same instructor
    - same method of education (classroom, self-paced, virtual instructor led, etc.)
    - same course title
- Standardized Courses
  - Any two of the same titled standardized courses, regardless of method, education vendor or organization, instructing or attending the course are considered duplicate courses.
- Continuing Education Courses
  - Courses which consist of the same content as another course in addition to at least one of the following:
    - attended or instructed at the same education vendor, program, or agency
    - course was taught by the same instructor
    - same method of education (classroom, self-paced, virtual instructor led, etc.)
    - same course title

A single course may be assigned to two or more components or topic areas on the same application. The course completion date, or the final date on the certificate or other proof of education, should be used for the course entry and should match every topic or component in which the course is assigned.



## ACTIVE AND INACTIVE CERTIFICATION STATUS

### *Active Status*

Verification of skills competency is a requirement for a registrant to maintain active status and is validated by the agency's designated EMS authority. The expectation of skills competency validation is performed at the local level and affirms that the EMS professional has been verified as competent for level-specific skills and any necessary remediation has been undertaken.

Training Officers are responsible for the validation of skill competency at the basic levels of certification for both Nationally Registered Emergency Medical Responder (NREMR) and EMTs (NREMT).

Physician Medical Directors are responsible for the validation of skill competency for the advanced level providers consisting of Nationally Registered Advanced Emergency Medical Technicians (NRAEMT) and Paramedics (NRP).

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical testing, skills training or review, etc.)

### *Inactive Status*

Inactive status is designated for Nationally Certified EMS professionals who are not affiliated with an agency in which out-of-hospital skills are utilized. A provider may remain in the inactive certification status indefinitely if the national certification is maintained and requirements of recertification are met prior to the expiration of their certification cycle. Inactive status may be helpful for EMS professionals who:

- are not actively engaged in ambulance/rescue service or health/patient care activity.
- must be inactive for a period of time – such as, moving, illness, pursuit of education, family responsibilities, etc.

Inactive status is **not** for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a health care license. It is also **not** for individuals who are unable to meet recertification requirements prior to their expiration date.

Individuals who wish to declare inactive status must continue to meet the National Registry requirements for cognitive competency via recertification by examination or continuing education in subsequent cycles.

### *Return to Active Status*

Nationally certified EMS professionals may request return to active status at any time. The registrant must meet active status requirements of an agency affiliation and a continued competency skill attestation by training officer or physician medical director (certification level appropriate) to return to active status.

Please visit the General Policies for more information on Inactive Status and Returning to Active Status, or click the following link <https://www.NationalRegistry.org/rwd/public/document/policy-inactive>.

## GENERAL CERTIFICATION POLICIES

National Registry certification policies are established to assure the public, EMS licensing or authorizing agencies, employers and other healthcare providers that certified EMS professionals have demonstrated the required knowledge and skills to practice safety and effectively.

Policies related to certification include:

- Terms of Certification Policy
  - Establishes requirements for eligibility for certification and recertification
- Code of Conduct
  - Outlines values, compliance, and professional standards as a condition of certification and recertification
- Criminal Convictions
  - This policy establishes eligibility requirements for National Certification related to criminal convictions and applies to eligibility requirements for both initial and recertification.
- Reconsideration of Eligibility Policy
  - Specifies the circumstances under which reconsideration of eligibility or reinstatement of certification is allowed
- Appeals Policy
  - Defines the appeals process for individuals in cases of adverse decisions
- Recertification Audits
  - The National Registry reserves the right to investigate recertification materials at any time. This policy explains the random sampling of individuals audited, process, and failure to submit documentation to support the education claimed on the recertification applications.
- Certificant Personal Information Policy
  - Outlines public and personal or private information and authorized sharing of information
- Disciplinary Actions Policy
  - Specifies the situations which may lead to action against a certification
- Reporting of Possible Misconduct
  - This policy articulates the importance of reporting misconduct information to the National Registry and to outside the process for reporting
- Examinations Irregular Behavior
  - Specifies situations which constitute irregular behavior during an examination and may lead to action against a certification.
- Lapsed Certification
  - Explains how to regain a certification that expired
- Inactive Status
  - Defines the inactive status requirements and process to return to active status certification
- Transition Policy
  - Outlines the dates and requirements for alignment or certification levels with the EMS Education Agenda for the Future: A Systems Approach
  - Transition of all levels occurred on respective recertification cycles between March 31, 2015 and March 31, 2019.

For the most recent and updated version of the certification policies:

<https://www.nremt.org/rwd/public/document/policies>

## *Audits*

Recertification applications submitted to the National Registry are randomly selected for audit. If a provider's application was randomly selected, the provider must provide documentation for all courses listed on the recertification form within **30 days of being selected for the audit**. Documentation may consist of course completion certificates, training rosters, copies of certification or standardized course cards, or other proof as applicable.

The National Registry reserves the right to investigate recertification materials **at any time**. Nationally certified EMS professionals must retain proof of all education submitted for recertification for a period of 3 years. Failure to submit verification or documentation when audited will result in denial of eligibility to recertify or may result in a certification being revoked.

Please visit the National Registry audit policy for more information. <https://www.NationalRegistry.org/rwd/public/document/policy-audits>.

## TRANSITION POLICY

The National Registry Board of Directors is committed to implementation of the EMS Education Agenda for the Future: A Systems Approach. As part of the system proposed in this agenda, the 2007 National EMS Scope of Practice Model defined four nationally recognized provider levels. All nationally certified EMS professionals must meet the minimum requirements of knowledge and skills outlined in the National EMS Scope of Practice Model.

Former Level	New Level
National Registry First Responder	Emergency Medical Responder (NREMR)
National Registry-Basic (National Registry-B)	Emergency Medical Technician (NREMT)
National Registry-Intermediate/85 (National Registry-I/85)	Advanced Emergency Medical Technician (NRAEMT)
National Registry-Intermediate/99 (National Registry-I/99)	Paramedic (NRP)
National Registry-Paramedic (National Registry-P)	

Transitions to EMR, EMT, AEMT, and NRP have already occurred with designated schedules between the 2015 to 2017 recertification cycles. Any provider who did not satisfy transition requirements were recertified at the next lower level, for example, an EMT-B, would have been recertified as an EMR.

Intermediate/99 to Paramedic completed transition within the respective recertification cycle by 3/31/2018 or 3/31/2019. See below (next page) for the detailed requirements for Intermediate/99 to Paramedic.

For more information on the National Registry Transition Policy and specific requirements for other levels, please visit <https://www.NationalRegistry.org/rwd/public/document/policy-transition>.

## Intermediate/99 (I/99) to Paramedic (NRP) Transition Policy

Transition	Time to Complete Transition
Intermediate/99 to Paramedic	3 recertification cycles (6 years - complete by Mar. 31, 2018/2019)

All nationally certified Emergency Medical Technician-Intermediate/99s have three registration cycles (six years) to complete the transition requirements for EMT-I/99 to Paramedic. To obtain National EMS Certification as an NRP, after completing a state-approved transition course, all NREMT-I/99s must successfully complete the NRP computer delivered cognitive examination.

### I/99 to Paramedic Transition Requirements:

- Successful completion of a state approved transition course that issues a certificate that has within its title:
  - NREMT-Intermediate/99's name
  - Transition course completion date
  - The certificate must contain the following statement: "has completed a state approved EMT-Intermediate/99 to Paramedic transition course.
  - Name of the sponsoring agency
  - Signature of the individual responsible for training
- NREMT Intermediate/99s must complete an online application, including submission of an application fee (currently \$110) and successfully complete the NRP cognitive examination prior to their 2018 or 2019 expiration date.
- Intermediate/99s who are unable to successfully complete the NRAEMT cognitive exam by their 2018 or 2019 expiration date will be issued National EMS Certification at the AEMT level and will have 2 years from date of I/99 lapse to obtain NRP certification provided they meet all National Registry requirements currently in effect.
- All Intermediate/99s transitioning will have a maximum of six attempts to successfully complete the NRP cognitive exam.
- Any Intermediate/99 transitioning who fails six attempts will be required to successfully complete a full AEMT initial education program to regain eligibility to apply for NRAEMT.

NREMT-Intermediate/99s who submit a complete recertification application but do not include successful completion of a state-approved transition course from EMT-I /99 to Paramedic will be issued National EMS Certification as an Advanced Emergency Medical Technician (NRAEMT) upon reaching their expiration date of March 31, 2018 or 2019.

## **ACCEPTABLE CONTINUING EDUCATION METHODOLOGIES**

### ***APPROVAL OF CONTINUING EDUCATION (CE)***

The National Registry of Emergency Medical Technicians accepts state EMS office recognized and CAPCE accredited education and does not endorse any one specific organization for initial or continuing EMS Education.

The Commission on Accreditation for Prehospital Continuing Education (CAPCE) has established a system for evaluating continuing education offerings and assuring potential attendees/participants of the quality of such activities. This process validates the educational integrity of activities and awards accredited continuing education hours to participants. CAPCE requires the sponsoring agency to submit an application for approval of an activity for continuing education credit. All education submitted for recertification must be accredited by CAPCE or the recognized by the state EMS office.

### ***CONTINUING EDUCATION***

Continuing Education may occur at the EMS system level with multiple EMS providers present or by individuals seeking to meet the recertification requirements. This guide includes types of education individuals or systems may use to deliver or obtain the education requirements.

When an EMS system hosts education for groups of EMS providers, multiple provider levels may receive the education. Education does not have to be offered separately at each level. When groups of different levels of providers are present, the Training Officer may structure the course so that fundamental information is offered to all providers and then advanced level information regarding interventions can be offered to advanced providers toward the end of the educational offering as an example. When topics are unique to a level only those providers need to be present.

Individuals seeking to meet the requirements may do so via offerings within their EMS systems or by other methods. Other methods may include, but not limited to:

- Structured Continuing Education
- Conferences and Symposiums
- Standardized Courses (ACLS, PHTLS, ITLS, etc.)
- Distributive Education (within DE hour allowances of the National and Local Component)
- Case Reviews
- Grand Rounds
- Directed Studies
- Teaching or Instructing EMS Courses

### **Explanation of Acceptable Education Methodologies**

#### ***Structured Continuing Education***

Structured continuing education is delivered via lecture presented by physicians, nurses with EMS experience, state-approved EMS instructors, or providers with expertise in the subject matter. Many states have rules detailing who may deliver structured continuing education. When a state does have these rules, all nationally certified EMS professionals must follow the rules of their state(s) in order for the National Registry to accept their education.

### ***Organizationally Structured Continuing Education***

An organization, or agency, may provide state recognized or CAPCE accredited continuing education in the form of a full component or individual courses to meet National, Local, or Individual Component requirements. In an organizationally structured approach, the organization's Training Officer or designated educator can access the National Registry website to enter continuing education information directly into the EMS professionals' account. The individual EMS professional can also enter continuing education information/hours directly into their own account.

### ***Individually Structured Continuing Education***

Individually structured continuing education may be achieved by the EMS professional who is familiar with the National Continued Competency Program requirements and actively completes individual courses in continuing education topics that are required for recertification. EMS professionals who choose to personally structure their education requirements must be sure to cover all requirements of the NCCP.

When the EMS professional utilizes the personally structured approach, the individual should enter continuing education information into their account on the National Registry website.

Some individuals are unaffiliated with an EMS agency or choose the inactive status. These individuals can meet the National Continued Competency Requirements via personally structured formal continuing education outlined above.

### ***Conferences and Symposiums***

Most conferences and symposiums are lecture-based programs hosted by services, educational institutions, hospitals, or state/regional EMS organizations. Conference coordinators may offer topics included in the National Continued Competency Requirements. It is suggested the lecturer reviews the Instructional/Educator Guidelines provided by the National Registry specifically for the topic instructed. Education utilized for National Registry recertification by continuing education must be state or CAPCE approved.

### ***Standardized Courses***

A number of organizations have developed standardized continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes.

For a list of common Standardized Courses and suggested assignments to the National Component, please refer to the Standardized Course Guide. Please note, this is not a full list of all standardized courses available or recognized. The National Registry does not review course curriculum or perform educational course reviews for compliance to model specific recertification requirements.

Nationally Recognized Standardized Courses can be used to fulfill topics in the National, Local, and Individual Components.

### ***Distributive Education***

Distributive education (DE) is defined by the Commission on Accreditation for Prehospital Continuing Education (CAPCE) as "...an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time. CE activities that are offered online, via CD-ROM or video, or through reading journal articles or listening to audio tapes are usually considered by CAPCE as distributed learning" (CAPCE, 2015). CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

To be used effectively, these programs must be developed by credible sources, be medically accurate and educationally sound. These programs should be accredited by state, CAPCE, or other accrediting bodies and include some form of outcome measurement. Please note, certain states may authorize or endorse the use of specific vendors or sources of education, including the use of CAPCE approved education.

Distributive education is an acceptable method of attaining continuing education requirements for recertification. However, no more than 1/3 of the total hours for National Component and 2/3 of the total hours for Local Component can be used as distributive education. All required hours of the Individual Component may be completed through distributive education.

### ***Case Reviews/Run Review***

Case reviews are frequently cited as part of the continuous quality improvement process. Often termed "run reviews," a case review should entail events leading up to the incident, patient assessment and management accomplished by the team, and information regarding the patient. Selection of cases should be determined by system administrators and medical directors. Case reviews may include skill labs when appropriate. Case reviews are for educational purposes and not designed to criticize providers. Case reviews must protect patient privacy at all times.

### ***Grand Rounds***

Grand Rounds are often used by physicians and typically take place in a hospital or agency setting. EMS providers may attend these "Grand Rounds," with the understanding that all treatments discussed during the Grand Round may not be within their scope of knowledge and practice.

### ***Directed Studies***

Directed studies, i.e., "literature reviews," can be a valuable learning experience. The review should be defined by an EMS Training Officer or Medical Director. Directed studies need to be hour-for-hour. A properly conducted directed study that is awarded one hour should take one hour to complete.

Directed studies are considered distributive education (DE). No more than 1/3 of the total hours for National Component and 2/3 of the total hours for Local Component can be used as DE. All of the Individual Component may be completed through distributive education.

### ***Teaching or Instructing EMS Courses***

Teaching topics within the National Continued Competency Program is the same as taking or attending the topic. Instructing topics obtain the same credit as learners on an hour-for-hour basis. Instructor hours may be used for instructional EMS programs, full courses, individual topics, EMS certificate courses, and standardized courses. All course instruction or teaching must be EMS related and state or CAPCE approved.

## **AVAILABLE RESOURCES AND HELPFUL INFORMATION**

The National Registry website, newsletters, emails, mail, and message center, among other forms of official communication, should be monitored and frequently accessed for the most up to date information for agencies and training centers. Additional resources available include the **Education Update** or Instructional Guidelines, role specific dashboards, [National Registry YouTube Channel](#), posted documents, **and social media – Facebook, Twitter, LinkedIn, and Instagram.**

### ***Training Officers***

The National Registry provides resources specific to the role of Training Officers and training agencies or organizations. The Training Officer resource page can be found at <https://www.NationalRegistry.org/rwd/public/document/training-officers>.

Training Officers should frequently visit their Training Officer role under the National Registry login to access agency rosters, input courses, review provider transcripts and applications, approve skills verifications at the NREMR and NREMT levels, and many other features.

### ***Physician Medical Directors***

The National Registry provides resources specific to the role of Physician Medical Directors and training agencies or organizations who require an active role with their Medical Director. The Medical Director can be found at <https://www.NationalRegistry.org/rwd/public/document/medical-directors>.

Physician Medical Directors are encouraged to frequently visit their Medical Director role under the National Registry login to access agency rosters, review provider transcripts and education, approve skills verifications at the NRAEMT and NRP levels, and many other features.

### ***Individuals who are Recertifying***

Several resources are available to individuals recertifying. These resources can be found on the My Certification dashboard after login to the National Registry website. Other resources not requiring a login can be found on the National Registry NCCP Recertification page, on the level specific EMS Certification (Recert) pages, and feel free to check out the Training Officer and Medical Director pages are those are also available for public view.

Level specific recertification information along with FAQs can be found <https://www.nremt.org/rwd/public/document/recertification>

## FREQUENTLY ASKED QUESTIONS

### ***Who do I contact if I need help with my recertification application or have questions?***

Email [support@nremt.org](mailto:support@nremt.org) or call 614-888-4484.

This contact information is for any agency training officer, medical director, individual recertifying, or general public. The National Registry is open to receive calls between 8:30AM and 5:00PM EDT.

### ***Why does my agency need to have an account on the National Registry website?***

The National Registry encourages online submission of recertification application. National Registry certificants can affiliate with the agency, submit an electronic recertification application and have their education and skills approved by the agency's designated Training Officer or Medical Director, respective to their certification level. Having the agency registered with National Registry also provides additional access to information, dashboards, online roles and roster review, timely communications, and additional ways to better serve their providers. Online agencies and application submissions significantly reduce processing times and increase accuracy.

### ***What are the requirements of an agency to request affiliation with National Registry?***

The requirements for an agency to affiliate with National Registry are that the agency must employ individuals who are Nationally Certified and submit electronic recertification applications. The Training Officer of the agency creates the new agency and National Registry will approve the request if appropriate. The agency must have providers who work or volunteer using their EMS skills.

### ***Can a Training Officer or certified individual have an affiliation with more than one agency?***

Yes, as a Training Officer you can have an affiliation with more than one agency. A provider can have multiple affiliations as well.

### ***What education is accepted for the National Registry recertification?***

The National Registry accepts state EMS office recognized and CAPCE accredited education. The NCCP Model has distributive education limits. Please check with National Registry and your state EMS office for additional information on accepted state approved or any Local Component requirements, or state exceptions.

### ***What is the intended use of the Education Updates or Guidelines?***

The Education Updates are guidelines or suggested lesson plans for the National Component topics and subtopics along with available skills sheets. Please note, you are not required to use the lesson plans verbatim and not required to use or turn in skills assessment sheets with recertification applications. Level specific Education Updates can be found: <https://www.nremt.org/rwd/public/document/nccp>

***What do I do if a provider is audited?***

The provider will receive an audit letter providing detailed instructions. All audit material must be submitted and audit successfully passed before the provider's expiration date.

It is the responsibility of the provider to maintain accurate demographic information, including name, address, email and phone number for audit notification, important messages, and account updates. It is not the responsibility of National Registry if the audit notification by mail, email, message center, and/or phone contact is not received by the provider.

***Can I submit all my providers as one group for recertification?***

**GROUP ELECTRONIC SUBMISSION**

From the Training Officer's Role and Dashboard, you can use the Agency Roster to approve and submit skills verifications for NREMR and NREMT levels. You can also approve and submit the provider application for active status recertification.

The Physician Medical Director must approve skills verifications for the NRAEMT and NRP provider levels for active status certification; however, you may still submit recertification without the skills verification, in the inactive status, as this can be accomplished at a later time as to not delay a provider from recertifying.

**GROUP PAPER SUBMISSION**

It is the preference of National Registry to not send all group or agency providers in a single envelope, box, or check. Recertification applications, recertification fees, etc., should be sent individually in separate envelopes to the address on the application. This is to ensure that everyone is processed based on received application and fees and reduces the chance of error in processing. If there are any questions or concerns on how to submit a group or agency for processing, please contact the Certification Team at support@nremt.org. Please allow up to 8 weeks for processing paper recertification applications from the time mailed.

## GLOSSARY

**Active Status** - Active status means the EMT is 'actively' working and providing patient care. To renew with an 'active status', EMTs are required to be affiliated with an EMS Agency or Service with a Training Officer and a Medical Director.

**Affiliation** -Your affiliation is the EMS agency/organization you work for that will be verifying your continuing education and skills competency. You may submit an affiliation request from your "My Certification" tab.

**Agency** - Your agency is the EMS organization that you work for. This agency will be responsible for verifying your continuing education and skills competency. You will need to submit a request to become electronically affiliated with your agency from your "My Certification" tab.

**Distributive Education** - Distributive Education (DE) is a method of delivering EMS education where the educator and student are not able to interact in real time. Examples include online courses, journal article reviews, and videos.

**Inactive Status** - Inactive Status is for Nationally Certified EMS Professionals who are currently not providing patient care at their certification level. Registrants who wish to declare inactive status must continue to meet the National Registry continuing education recertification requirements. Inactive status is **not** for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a health care license.

**Lapsed** - If you do not complete the recertification process by your expiration date, your National EMS Certification will lapse. If your certification has lapsed within a two-year period or you are currently state-licensed as an EMS provider, you can obtain National Certification by completing a state-approved Refresher course and successfully completing the cognitive and psychomotor examinations. If your EMS certification expired more than two years ago, see the eligibility requirements for re-entry.

**Medical Director** - Agencies who have ALS providers are required to have a physician Medical Director affiliated electronically. The physician Medical Director is responsible for verifying the continued competence of skills for ALS providers at the time they renew their National EMS Certification.

**NCCP** - National Continued Competency Program (NCCP) is a recertification model that allows flexibility at the local and individual levels. The NCCP is comprised of three components: national, local and individual.

**Training Officer** - A Training Officer is an individual responsible for managing the education requirements of an EMS agency. This person may be nationally certified, but this is not a requirement.

## REFERENCES

CAPCE. (2017). *Answers to Frequently Asked Questions*. Retrieved from <https://www.cccbems.org/Home/FAQ>