

**EMT-BASIC
Recertification Education Record**

Applicant Name: _____

All recertification requirements must be complete and submitted between the effective date and the expiration date of the current certification. Recertification requires an EMS Bureau approved EMT-Basic Refresher, 24 hours of continuing education and verification of skills.

EMT-Basic Refresher Options (Complete 1) - Attach proof of completion

- Traditional EMS Bureau approved Refresher # _____ Completion Date _____ Instructor _____
- CECEBEMS Approved Refresher Education Online Vendor _____ Completion Date _____
- After 12/31/06 successfully pass the EMT-B NREMT computer adaptive test at a Pearson Vue testing center. Date Complete _____
- Agency Sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau

Continuing Education

| Course Topic | Instructor | Date | Hours | Course Topic | Instructor | Date | Hours |
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| Total | | | | Total | | | |

This is to confirm that this applicant for recertification has completed skills verification and performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee