

RECERTIFICATION PROTOCOL  
FOR  
EMERGENCY MEDICAL SERVICES PERSONNEL



UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
BUREAU OF EMERGENCY MEDICAL SERVICES

June 2010

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# OVERVIEW

This booklet is designed to assist Emergency Medical Services (EMS) personnel in understanding and completing the recertification requirements

All recertification requirements outlined in this manual are required for any individual recertifying January 1, 2011 or later. Until then either the 2009 requirements outlined here [http://health.utah.gov/ems/certification/recertification\\_protocol\\_2009-07.pdf](http://health.utah.gov/ems/certification/recertification_protocol_2009-07.pdf) or the requirements outlined in this document will be accepted.

All EMS personnel (EMTs) are **individually responsible** for ensuring their recertification requirement are being completed and submitted to the Utah Department of Health, Bureau of Emergency Medical Services (BEMS). All recertification materials should be submitted to BEMS at one time and no later than 30 days prior to the current expiration date. If paperwork is received later or the information is incomplete, BEMS may not be able to process your recertification before your certification expires. Recertification material is processed in the order it is received.

EMTs may formally work with an authorized EMS agency that may conduct Continuing Medical Education (CME) programs and organize, compile, and submit recertification materials on behalf of the individual.

Although each EMT is **individually responsible** for ensuring their recertification requirement are completed and submitted, however an EMT who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT's completion of the recertification requirements. We strongly encourage Training Officers from EMS agencies to submit a letter verifying completion of requirements for recertification for all affiliated EMTs.

Individuals who are not affiliated with an agency must submit all certification paperwork and all CME documentation to BEMS. The documentation must include the date the training was held, training subject matter, duration of training and proof of attendance. The purpose of CME is to:

1. Reinforce the EMT's understanding of clinical and operational roles and responsibilities.
2. Reinforce skills and knowledge in patient assessment and in all treatment procedures within the scope of the provider.
3. Reinforce skills in the use and maintenance of all equipment required to render emergency medical care at the level of certification.
4. Reinforce opportunities for discussion, skill, practice, and critique of skill performance
5. Reinforce the provider's skills that are not used on a regular basis.
6. Update the EMT's on current best practices.

BEMS may need to adjust recertification periods. If this occurs, the CME requirements will be adjusted for those who are affected. BEMS will recognize the expiration date on the EMS identification card as the official expiration date. If you change your address or name, you must notify BEMS, in writing, of your current information. If BEMS records are not updated with current information, you may not receive important information or your new certification card.

**All EMTs must report any arrests, charges, or convictions they incur during their certification to BEMS within 30 days, of arrest, charge or conviction.**

# EMT-BASIC RECERTIFICATION REQUIREMENTS

An EMT-B seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMS; and either have your photograph taken at the BEMS office or e-mail your photo to BEMS.
2. Submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
3. Maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC. CPR must be kept current during certification;
4. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and
5. Successfully complete the EMT-B written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;
6. Provide documentation of completion of 98 hours of BEMS-approved CME meeting the requirements of subsections (a), (b), and (c). BEMS approved CME is any training within the EMTs scope of practice that meets BEMS training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), BEMS or is a currently running BEMS approved initial training course.
  - a. The EMT-B must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:
    - Preparatory - 4 hours;
    - Anatomy and Physiology - 2 hours;
    - Medical Terminology - 2 hours;
    - Pathophysiology - 4 hours;
    - Life Span Development - 2 hours;
    - Public Health - 1 hour;
    - Pharmacology - 3 hours;
    - Airway Management, Respiration and Artificial Ventilation - 2 hours;
    - Assessment - 12 hours;
    - Medicine - 20 hours;
    - Shock and Resuscitation - 2 hours;
    - Trauma - 22 hours;
    - Special Patient Populations - 4 hours;
    - Pediatrics – 3;
    - EMS Operations - 7 hours;
    - CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)

- b. An EMT-B may complete CME hours through any methodology, but 30 of the CME hours must be practical hands-on training. All CME must be related to the required skills and knowledge of an EMT.
- c. The EMT-B must complete and document the psychomotor skills listed in the current National EMS Education Standards (<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf>), on at least two separate occasions. Completion of these skills may be during actual patient contact or during training. This includes all of the following skills.

**Airway and Breathing**

- Basic Airway Maneuvers
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief - manual
- Oropharyngeal airway
- Sellick's maneuver
- Positive pressure ventilation devices such as BVM
- Suction of the upper airway
- Supplemental oxygen therapy
- Nasal cannula
- Non-rebreather mask

**Assessment**

- Manual B/P

**Pharmacologic interventions**

- Unit-dose autoinjectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)

**Medical/Cardiac care**

- Manual CPR
- AED
- Assisted normal delivery

**Trauma care**

- Manual stabilization
- C-spine injuries
- Extremity fractures
- Bleeding control
- Emergency moves
- Eye irrigation

- 7. Each EMT-B is individually responsible to complete and submit the required recertification material to BEMS. Each EMT-B should submit all recertification materials to BEMS at one time, no later than 30 days and no earlier than one year prior to the EMT-B's current certification expiration date. If BEMS receives incomplete or late recertification materials, BEMS may not be able to process the recertification before the certification expires. BEMS processes recertification material in the order received.
- 8. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-B; however, the EMT-B remains responsible for a timely and complete submission.
- 9. BEMS may shorten recertification periods. An EMT-B whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.
- 10. BEMS may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

## **EMT-B LAPSED CERTIFICATION**

The following is from rule R426-12-206. Please contact BEMS concerning lapsed certifications.

1. An individual whose EMT-B certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the old expiration date.
2. An individual whose certification has expired for more than one year must take an EMT-B course and reapply for initial certification.
3. An individual whose certification has lapsed, is not authorized to provide care as an EMT until the individual completes the recertification process.

## EMT-INTERMEDIATE RECERTIFICATION REQUIREMENTS:

An EMT-I seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMS; and either have your photograph taken at the BEMS office or e-mail your photo to BEMS.
2. Submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
3. Maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC. CPR must be kept current during certification;
4. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and
5. Successfully complete the EMT-I written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;
6. Submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-I skills:
  - a. initiating and terminating intravenous infusion;
  - b. completion of pediatric vascular access skills station;
  - c. insertion and removal of intraosseous needle;
  - d. insertion and removal of endotracheal tube;
  - e. administration of medications via intramuscular, subcutaneous, and intravenous routes; and
  - f. EKG rhythm recognition
7. Provide documentation of completion of 108 hours of BEMS-approved CME meeting the requirements of subsections (a), (b), and (c). BEMS approved CME is any training within the EMTs scope of practice that meets BEMS training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), BEMS or is a currently running BEMS approved initial training course.
  - a. The EMT-I must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:
    - Preparatory - 5 hours;
    - Anatomy and Physiology - 3 hours;
    - Medical Terminology - 2 hours;
    - Pathophysiology - 4 hours;
    - Life Span Development - 2 hours;
    - Public Health - 1 hour;
    - Pharmacology - 5 hours;
    - Airway Management, Respiration and Artificial Ventilation - 4 hours;
    - Assessment - 12 hours;
    - Medicine - 23 hours;

- Shock and Resuscitation - 3 hours;
  - Trauma - 22 hours;
  - Special Patient Populations - 4 hours;
  - Pediatrics – 3;
  - EMS Operations - 7 hours;
  - CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)
- b. An EMT-I may complete CME hours through any methodology, but 35 of the CME hours must be practical hands-on training. All CME must be related to the required skills and knowledge of an EMT-I.
- c. The EMT-I must complete and document the psychomotor skills listed in the current National EMS Education Standards (<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf>), on at least two separate occasions. Completion of these skills may be during actual patient contact or during training. This includes all of the following skills.

**Airway and Breathing**

- Basic Airway Maneuvers
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief - manual
- Oropharyngeal airway
- Sellick’s maneuver
- Positive pressure ventilation devices such as BVM
- Suction of the upper airway
- Supplemental oxygen therapy
- Nasal cannula
- Non-rebreather mask
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask

**Assessment**

- Manual B/P
- Pulse oximetry
- Automatic B/P

**Pharmacologic interventions**

- Unit-dose autoinjectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)

- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
- Oral glucose for hypoglycemia
- Aspirin for chest pain

**Medical/Cardiac care**

- Manual CPR
- AED
- Assisted normal delivery
- Mechanical CPR
- Assisted complicated delivery

**Trauma care**

- Manual stabilization
- C-spine injuries
- Extremity fractures
- Bleeding control
- Emergency moves
- Eye irrigation
- Spinal immobilization
  - Cervical collars
  - Seated
  - Longboard
  - Rapid extrication
- Splinting
  - Extremity
  - Traction
  - PASG
- Mechanical patient restraint
- Tourniquet

8. Each EMT-I is individually responsible to complete and submit the required recertification material to BEMS. Each EMT-I should submit all recertification materials to BEMS at one time, no later than 30 days and no earlier than one year prior to the EMT-I's current

certification expiration date. If BEMS receives incomplete or late recertification materials, BEMS may not be able to process the recertification before the certification expires. BEMS processes recertification material in the order received.

9. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-I; however, the EMT-I remains responsible for a timely and complete submission.
10. BEMS may shorten recertification periods. An EMT-I whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.
11. BEMS may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

### **EMT-I LAPSED CERTIFICATION**

The following is from rule R426-12. Please contact BEMS concerning lapsed certifications.

- (1) An individual whose EMT-I certification has expired for less than one year, may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the individual's old expiration date.
- (2) An individual whose certification has expired for more than one year must take the EMT-B and EMT- I courses and reapply for initial certification.
- (3) An individual whose certification has lapsed, is not authorized to provide care as an EMT-I until the individual completes the recertification process.

# EMT-INTERMEDIATE ADVANCED RECERTIFICATION REQUIREMENTS

An EMT-IA seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMS; and either have your photograph taken at the BEMS office or e-mail your photo to BEMS.
2. Submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
3. Maintain and submit verification of completion of a BEMS-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course; CPR, ACLS, and PALS/PEPP must be current during certification.
4. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and
5. Successfully complete the EMT-IA written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;
6. Submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-IA skills:
  - a. initiating and terminating intravenous infusion;
  - b. completion of pediatric vascular access skills station;
  - c. insertion and removal of intraosseous needle;
  - d. insertion and removal of endotracheal tube;
  - e. administration of medications via intramuscular, subcutaneous, and intravenous routes; and
  - f. EKG rhythm recognition
7. Provide documentation of completion of 108 hours of BEMS-approved CME meeting the requirements of subsections (a), (b), and (c). BEMS approved CME is any training within the EMTs scope of practice that meets BEMS training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), BEMS or is a currently running BEMS approved initial training course.
  - a. The EMT-IA must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:
    - Preparatory - 5 hours;
    - Anatomy and Physiology - 2 hours;
    - Medical Terminology - 1 hours;
    - Pathophysiology - 3 hours;
    - Life Span Development - 1 hours;
    - Public Health - 1 hour;
    - Pharmacology - 2 hours;
    - Airway Management, Respiration and Artificial Ventilation - 2 hours;
    - Assessment - 10 hours;
    - Medicine - 12 hours;

- Shock and Resuscitation - 2 hours;
  - Trauma - 17 hours;
  - Special Patient Populations - 2 hours;
  - Pediatrics – 1;
  - EMS Operations - 7 hours;
  - CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)
  - ACLS - 16 hours (two ACLS renewal courses fulfill this requirement. ACLS refresher courses can only be counted towards the ACLS CME requirement.)
  - PEPP/PALS - 16 hours (two PEPP/PALS renewal courses fulfill this requirement. PEPP/PALS refresher courses can only be counted towards the PEPP/PALS CME requirement.)
- b. An EMT-IA may complete CME hours through any methodology, but 35 of the CME hours must be practical hands-on training. All CME must be related to the required skills and knowledge of an EMT-IA.
- c. The EMT-IA must complete and document the psychomotor skills listed in the current National EMS Education Standards (<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf>), on at least two separate occasions. Completion of these skills may be during actual patient contact or during training. This includes all of the following skills.

### **Airway and Breathing**

- Basic Airway Maneuvers
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief - manual
- Oropharyngeal airway
- Sellick's maneuver
- Positive pressure ventilation devices such as BVM
- Suction of the upper airway
- Supplemental oxygen therapy
- Nasal cannula
- Non-rebreather mask
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask
- Airways not intended for insertion into the trachea
  - Esophageal-tracheal
  - Multi-lumen airway
- Tracheal-bronchial suctioning of an already intubated patient

### **Assessment**

- Manual B/P
  - Pulse oximetry
  - Automatic B/P
  - Blood glucose monitor
- ### **Pharmacologic interventions**
- Unit-dose autoinjectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)
  - Assist patients in taking their own prescribed medications
  - Administration of OTC medications with medical oversight
  - Oral glucose for hypoglycemia
  - Aspirin for chest pain
  - Establish and maintain peripheral intravenous access
  - Establish and maintain intraosseous access in pediatric patient
  - Administer (nonmedicated) intravenous fluid therapy
  - Sublingual nitroglycerin (chest pain)
  - Subcutaneous or intramuscular epinephrine (anaphylaxis)
  - Glucagon (hypoglycemia)
  - Intravenous 50% dextrose (hypoglycemia)
  - Inhaled beta agonists (wheezing)
  - Intravenous narcotic antagonist (narcotic overdose)
  - Nitrous oxide (pain)

## **Medical/Cardiac care**

- Manual CPR
  - AED
  - Assisted normal delivery
  - Mechanical CPR
  - Assisted complicated delivery

## **Trauma care**

- Manual stabilization
- C-spine injuries
- Extremity fractures
- Bleeding control
- Emergency moves

- Eye irrigation
- Spinal immobilization
  - Cervical collars
  - Seated
  - Longboard
  - Rapid extrication
- Splinting
  - Extremity
  - Traction
  - PASG
- Mechanical patient restraint
- Tourniquet

8. Each EMT-IA is individually responsible to complete and submit the required recertification material to BEMS. Each EMT-IA should submit all recertification materials to BEMS at one time, no later than 30 days and no earlier than one year prior to the EMT-IA's current certification expiration date. If BEMS receives incomplete or late recertification materials, BEMS may not be able to process the recertification before the certification expires. BEMS processes recertification material in the order received.
9. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-IA; however, the EMT-IA remains responsible for a timely and complete submission.
10. BEMS may shorten recertification periods. An EMT-IA whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.
11. BEMS may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

## **EMT-IA LAPSED CERTIFICATION**

The following is from rule R426-12. Please contact BEMS concerning lapsed certifications.

- (1) An individual whose EMT-IA certification has expired for less than one year, may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the individual's old expiration date.
- (2) An individual whose certification has expired for more than one year must take the EMT-B and EMT- IA courses and reapply for initial certification.
- (3) An individual whose certification has lapsed, is not authorized to provide care as an EMT-IA until the individual completes the recertification process.

# PARAMEDIC RECERTIFICATION REQUIREMENTS

A Paramedic seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMS; and either have your photograph taken at the BEMS office or e-mail your photo to BEMS.
2. Submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
3. Maintain and submit verification of completion of a BEMS-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course; CPR, ACLS, and PALS/PEPP must be current during certification.
4. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and
5. Successfully complete the Paramedic practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;
6. Submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-IA skills:
  - a. initiating and terminating intravenous infusion;
  - b. completion of pediatric vascular access skills station;
  - c. insertion and removal of intraosseous needle;
  - d. insertion and removal of endotracheal tube;
  - e. administration of medications via intramuscular, subcutaneous, and intravenous routes; and
  - f. EKG rhythm recognition
7. Provide documentation of completion of 128 hours of BEMS-approved CME meeting the requirements of subsections (a), (b), and (c). BEMS approved CME is any training within the EMTs scope of practice that meets BEMS training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), BEMS or is a currently running BEMS approved initial training course.
  - a. The EMT-IA must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:
    - Preparatory - 5 hours;
    - Anatomy and Physiology - 3 hours;
    - Medical Terminology - 2 hours;
    - Pathophysiology - 3 hours;
    - Life Span Development - 1 hours;
    - Public Health - 1 hour;
    - Pharmacology - 2 hours;
    - Airway Management, Respiration and Artificial Ventilation - 2 hours;
    - Assessment - 10 hours;
    - Medicine - 23 hours;
    - Shock and Resuscitation - 3 hours;

- Trauma - 23 hours;
  - Special Patient Populations - 2 hours;
  - Pediatrics – 1;
  - EMS Operations - 7 hours;
  - CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)
  - ACLS - 16 hours (two ACLS renewal courses fulfill this requirement. ACLS refresher courses can only be counted towards the ACLS CME requirement.)
  - PEPP/PALS - 16 hours (two PEPP/PALS renewal courses fulfill this requirement. PEPP/PALS refresher courses can only be counted towards the PEPP/PALS CME requirement.)
- b. A Paramedic may complete CME hours through any methodology, but 42 of the CME hours must be practical hands-on training. All CME must be related to the required skills and knowledge of a Paramedic.
- c. The Paramedic must complete and document the psychomotor skills listed in the current National EMS Education Standards (<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf>), on at least two separate occasions. Completion of these skills may be during actual patient contact or during training. This includes all of the following skills.

### **Airway and Breathing**

- Basic Airway Maneuvers
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief - manual
- Oropharyngeal airway
- Sellick's maneuver
- Positive pressure ventilation devices such as BVM
- Suction of the upper airway
- Supplemental oxygen therapy
- Nasal cannula
- Non-rebreather mask
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask
- Airways not intended for insertion into the trachea
  - Esophageal-tracheal
  - Multi-lumen airway
- Tracheal-bronchial suctioning of an already intubated patient
- Oral and nasal endotracheal intubation
- FBAO – direct laryngoscopy

- Percutaneous cricothyrotomy

- Pleural decompression
- BiPAP, CPAP, PEEP
- Chest tube monitoring
- ETCO<sub>2</sub> monitoring
- NG/OG tube

### **Assessment**

- Manual B/P
- Pulse oximetry
- Automatic B/P
- Blood glucose monitor
- ECG interpretation
- 12-lead interpretation
- Blood chemistry analysis

### **Pharmacologic interventions**

- Unit-dose autoinjectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)
- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
- Oral glucose for hypoglycemia
- Aspirin for chest pain
- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in pediatric patient
- Administer (nonmedicated) intravenous fluid therapy

- Sublingual nitroglycerin (chest pain)
- Subcutaneous or intramuscular epinephrine (anaphylaxis)
  - Glucagon (hypoglycemia)
  - Intravenous 50% dextrose (hypoglycemia)
  - Inhaled beta agonists (wheezing)
  - Intravenous narcotic antagonist (narcotic overdose)
  - Nitrous oxide (pain)
  - Intraosseous insertion
  - Enteral and parenteral administration of approved prescription medications
  - Access indwelling catheters and implanted central IV ports
  - Medications by IV infusion
  - Maintain infusion of blood or blood products
  - Blood sampling
  - Thrombolytic initiation
  - Administer physician approved medications
- Medical/Cardiac care**
  - Manual CPR
  - AED
- Assisted normal delivery
- Mechanical CPR
- Assisted complicated delivery
- Cardioversion
- Manual defibrillation
- Transcutaneous pacing
- Carotid massage
- Trauma care**
  - Manual stabilization
  - C-spine injuries
  - Extremity fractures
  - Bleeding control
  - Emergency moves
  - Eye irrigation
  - Spinal immobilization
    - Cervical collars
    - Seated
    - Longboard
    - Rapid extrication
  - Splinting
    - Extremity
    - Traction
    - PASG
  - Mechanical patient restraint
  - Tourniquet
  - Morgan lens

8. Each Paramedic is individually responsible to complete and submit the required recertification material to BEMS. Each Paramedic should submit all recertification materials to BEMS at one time, no later than 30 days and no earlier than one year prior to the Paramedic's current certification expiration date. If BEMS receives incomplete or late recertification materials, BEMS may not be able to process the recertification before the certification expires. BEMS processes recertification material in the order received.
9. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of a Paramedic; however, the Paramedic remains responsible for a timely and complete submission.
10. BEMS may shorten recertification periods. A Paramedic whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.
11. BEMS may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

## PARAMEDIC LAPSED CERTIFICATION

The following is from rule R426-12. Please contact BEMS concerning lapsed certifications.

(1) An individual whose paramedic certification has lapsed for less than one year, and who wishes to become recertified as a paramedic must complete all recertification requirements and pay a recertification late fee.

(2) An individual whose paramedic certification has expired for more than one year, and who wishes to become recertified as a paramedic must:

- (a) submit a completed application, including social security number and signature to BEMS;
- (b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
- (c) submit to BEMS evidence of having completed 128 hours of Department-approved continuing medical education within the prior four years, following R426-12-503 Paramedic Recertification Requirements (listed above);
- (d) submit a statement from a physician, confirming the applicant's results of a TB examination;
- (e) submit verification of current completion of a BEMS-approved course in CPR, adult and pediatric advanced life support;
- (f) submit a letter of recommendation including results of an oral examination, from a certified off- line medical director, verifying proficiency in paramedic skills;
- (g) successfully complete the applicable BEMS written and practical examinations; and
- (h) pay all applicable fees.

(3) The individuals new expiration date will be four years from the completion of all recertification materials.

(4) An individual whose certification has lapsed is not authorized to provide care as a paramedic until the individual completes the recertification process.

## EMD RECERTIFICATION REQUIREMENTS

(1) BEMS may recertify an EMD for a four year period or for a shorter period as modified by BEMS to standardize recertification cycles.

(2) An individual seeking recertification must:

11. (a) submit the applicable fees and a completed application, including social security number and signature, to BEMS; and either have your photograph taken at the BEMS office or e-mail your photo to BEMS.
- (b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;
- (c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC. CPR must be current during certification;
- (d) successfully complete the applicable BEMS recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed; and
- (e) provide documentation of completion of 48 hours of BEMS-approved CME meeting the requirements of subsections (3), (4), and (5).

(3) The EMD must take the following CME hours by subject throughout each of the prior four years:

- (a) Roles and Responsibilities - 5 hours;
- (b) Obtaining Information from callers - 7 hours;
- (c) Resource allocation - 4 hours;
- (d) Providing emergency care instruction - 2 hours;
- (e) Legal and Liability Issues - 5 hours;
- (f) Critical Incident Stress Management - 5 hours;
- (g) Basic Emergency Medical Concepts - 5 hours; and
- (h) Chief complaint types - 7 hours.
- (i) CPR - 8 hours. Two CPR courses fulfill this requirement. CPR refresher courses can only be counted towards CPR CME requirements.

(4) An EMD may complete CME hours through different methodologies, but 16 hours of the CME must be practical hands-on training. All CME must be approved by BEMS or CECBEMS. All CME must be related to the required skills and knowledge of an EMD. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

(5) Notwithstanding the provisions of subsections (2), (3), and (4), an EMD who has been certified or recertified by the National Academy of Emergency Medical Dispatch (NAEMD) may be recertified by the Department upon the following conditions:

(a) the EMD must, as part of meeting the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);

(b) an individual who takes a NAEMD course offered in Utah must successfully pass a class that follows the CISM section of the Department-established EMD curriculum; and

(c) the individual must:

(i) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(ii) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(iii) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and

(iv) submit documentation of current NAEMD certification.

(6) An EMD who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMD's completion of the recertification requirements. An EMD who is not affiliated with an EMS agency must submit verification of all recertification requirements directly to the Department.

(7) Each EMD is individually responsible to complete and submit the required recertification material to BEMS. Each EMD should submit all recertification materials to BEMS at one time and no later than 30 days and no earlier than one year prior to the EMD's current certification expiration date. If the Department receives incomplete or late recertification materials, BEMS may not be able to process the recertification before the certification expires. BEMS processes recertification material in the order received.

(8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMD; however, the EMD remains responsible for a timely and complete submission.

(9) BEMS may shorten recertification periods. An EMD whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(10) BEMS may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

## **EMD LAPSED CERTIFICATION**

The following is from rule R426-12 and the specific requirements in each of the areas. Please contact BEMS concerning lapsed certifications. An EMS person will be considered lapsed if they have not turned in all recertification requirements to BEMS or completed the recertification requirements by their expiration date.

- (1) An individual whose EMD certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become recertified.
- (2) An individual whose certification has expired for more than one year must take an EMD course and reapply for initial certification.
- (3) The individuals new expiration date will be four years from the old expiration date.
- (4) An individual whose certification has lapsed, is not authorized to provide dispatch services until he has completed the recertification process.

## **EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS**

- (1) BEMS may recertify an EMS Instructor for a two-year period or for a shorter period as modified by BEMS to standardize recertification cycles.
- (2) An individual seeking recertification must:
  - (a) Maintain current EMS certification;
  - (b) Attend the BEMS instruction seminar, once every two years;
  - (c) Submit verification of 30 hours of EMS teaching experience in the prior two years;
  - (d) Submit verification he/she is currently recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association;
  - (e) Submit a completed application and pay all applicable fees;
  - (f) Successfully complete any BEMS-required examination;
  - (g) Submit biennially a completed and signed "EMS Instructor Contract" to BEMS agreeing to abide by the standards and procedures in the current EMS Instructor Manual

### **EMS INSTRUCTOR LAPSED CERTIFICATION**

- (1) An EMS instructor whose instructor certification has expired for less than two years may again become certified by completing the recertification requirements
- (2) An EMS instructor whose instructor certification has expired for more than two years must complete all initial instructor certification requirements and reapply as if there were no prior certification.

## **COURSE COORDINATOR RECERTIFICATION REQUIREMENTS**

- (1) BEMS may recertify a course coordinator for a two-year period or for a shorter period as modified by BEMS to standardize recertification cycles.
- (2) An individual seeking recertification must:
  - (a) Maintain current EMS instructor and EMT-B, EMT-I, EMT-IA, Paramedic, or EMD certification;
  - (b) Maintain current EMS instructor certification;
  - (c) Coordinate or co-coordinate at least one BEMS-approved course every two years;
  - (d) Attend a course coordinator seminar every two years;
  - (e) Submit an application and pay all applicable fees;
  - (f) Successfully complete all applicable examination requirements; and
  - (g) Sign and submit every two years a Course Coordinator Contract to BEMS agreeing to abide to the policies and procedures in the current Course Coordinator Manual.

### **COURSE COORDINATOR LAPSED CERTIFICATION**

A course coordinator whose course coordinator certification has expired for more than one year must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

## **TRAINING OFFICER RECERTIFICATION REQUIREMENTS**

- (1) BEMS may recertify a training officer for a two-year period or for a shorter period as modified by BEMS to standardize recertification cycles.
- 2) A training officer who wishes to recertify as a training officer must
  - (a) Maintain current EMS instructor and EMT-B, EMT-I, EMT-IA, Paramedic, or EMD certification;
  - (b) Attend a training officer seminar every two years;
  - (c) Maintain current EMS instructor certification;
  - (d) Submit an application and pay all applicable fees;
  - (e) Successfully complete all examination requirements; and
  - (f) Submit every two years a completed and signed Training Officer "Letter of Commitment" to BEMS agreeing to abide to the standards and procedures in the then current training officer manual.

### **TRAINING OFFICER LAPSED CERTIFICATION**

A training officer whose training officer certification has expired for more than one year must complete all initial training officer certification requirements and reapply as if there were no prior certification.

## **Frequently Asked Questions**

**Where can I find approved Continuing Medical Education (CME)?** There are several approved methods for completing CME. Many people obtain CME by sitting in on currently running courses. For each hour you spend in a course you can count 1 hour of CME in the topic covered. You will need to get approval from the course coordinator prior to attending and also document your time in the course. There are also many approved online CME resources. A comprehensive list can be found at <http://www.cecbems.org/findCourse.aspx> . Most licensed or designated EMS agencies will have a regularly scheduled CME program. Contacting your local EMS agency may prove to be a great resource for CME. A list of EMS agencies can be found here: <http://health.utah.gov/ems/providers/providerlist.php>.

**I took an EMT-I course but did not certify, can I count these hours towards CME?** You may count some of the hours. Since all of the hours in the EMT-I course do not fall within the EMT-B scope of practice some of the hours are not valid. The following is list of valid EMT-B CME hours if you attended an entire EMT-I course.

<b>Hours</b>	<b>Topic</b>
1	Preparatory
3	Anatomy and Physiology
1	Pharmacology
4	Airway
3	Patient Assessment
2	Communications
3	Assessment
10	Medicine
2	Shock and Resuscitation
5	Trauma
1	Special Patient Populations
2	Pediatric Patients

**37 Total hours**

# CME – National Education Standards Summary Chart