

RECERTIFICATION PROTOCOL for EMERGENCY MEDICAL SERVICES PERSONNEL



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

OVERVIEW.....	4
EMERGENCY MEDICAL RESPONDER (EMR) RECERTIFICATION REQUIREMENTS	5
EMT RECERTIFICATION REQUIREMENTS	6
ADVANCED EMT RECERTIFICATION REQUIREMENTS:.....	8
ADVANCED EMT LAPSED CERTIFICATION.....	10
EMT-INTERMEDIATE ADVANCED RECERTIFICATION REQUIREMENTS.....	10
EMT-IA LAPSED CERTIFICATION	13
PARAMEDIC RECERTIFICATION REQUIREMENTS.....	14
PARAMEDIC LAPSED CERTIFICATION.....	17
EMD RECERTIFICATION REQUIREMENTS.....	17
EMD LAPSED CERTIFICATION	19
EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS.....	20
EMS INSTRUCTOR LAPSED CERTIFICATION	20
COURSE COORDINATOR RECERTIFICATION REQUIREMENTS.....	20
COURSE COORDINATOR LAPSED CERTIFICATION	21
TRAINING OFFICER RECERTIFICATION REQUIREMENTS	21
TRAINING OFFICER LAPSED CERTIFICATION	21

OVERVIEW

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

All Certified EMS personnel are **individually responsible** for ensuring their recertification requirement are being completed and submitted to the Utah Department of Health, Bureau of Emergency Medical Services & Preparedness (BEMSP).

Each EMS provider seeking recertification is individually responsible to complete and submit the required recertification material to BEMSP. Each EMT should submit all recertification materials to BEMSP at one time, no later than 30 days and no earlier than one year prior to the current certification expiration date. If BEMSP receives incomplete or late recertification materials, BEMSP may not be able to process the recertification before the certification expires. BEMSP processes recertification material in the order received.

Certified EMS personnel 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.

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

Although each individual is responsible for ensuring their recertification requirement are completed and submitted, an individual who is affiliated with an EMS organization should have the training officer from that organization submit a letter verifying the EMT's completion of the recertification requirements. It is the responsibility of the Training Officers from EMS agencies to submit a letter verifying completion of requirements for recertification for all affiliated Certified EMS personnel.

Individuals who are not affiliated with an agency must submit all certification paperwork and all CME documentation to BEMSP. The documentation must be organized such a way as to demonstrate compliance with CME subject requirements, and 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. Refresh the individual's understanding of clinical and operational roles and responsibilities.
2. Update skills and knowledge in patient assessment and in all treatment procedures within the scope of the provider.
3. Sustain skills in the use and maintenance of all equipment required to render emergency medical care at the level of certification.
4. Provide 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 Individual's on current best practices.

Upon request BEMSP may shorten recertification periods. An EMS provider 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. This will not exclude required course completion certification (i.e. HCP CPR, PHTLS etc.)

BEMSP 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 Extension of licenses for members of National Guard and reservists.**

BEMSP will recognize the expiration date on the EMS identification card as the official expiration date. If you change your address, e-mail address or name, you must notify BEMSP, in writing, of your current information. If BEMSP records are not updated with current information, you may not receive important information or your new certification card.

A certified EMS individual who has been arrested, charged, or convicted shall notify the Department CCEU and all employers or affiliated entities who utilize the EMS individual's certification within 7 business days. (R-426-5-2700(7))

EMERGENCY MEDICAL RESPONDER (EMR) RECERTIFICATION REQUIREMENTS

An EMR seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.
2. Submit to and pass a fingerprint background investigation (fingerprint collection should be a one-time event. Once they are entered into the Rap Back system);
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 Health Care Provider 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(pursuant to R426-5-700); and
5. Provide documentation of completion of 52 hours of BEMSP-approved CME. BEMSP approved CME is any training within the EMR's scope of practice that meets BEMSP training standards and is approved directly by: the agency Training Officer; the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS); BEMSP; or is a currently running BEMSP approved initial training course. All CME must be related to the required skills and knowledge of an EMR. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

An EMR may complete CME hours through different methodologies, but 13 of the CME hours must be live interactive hands-on training and skills pass-off through an certified EMS instructor.

The EMR must complete and document the psychomotor skills listed in the current National EMS Education Standards at least two times as part of the CME 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

- Eye irrigation

Interventions

- Unit-dose auto-injectors (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

EMT RECERTIFICATION REQUIREMENTS

An EMT seeking recertification must:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.
2. Submit to and pass a fingerprint background investigation (fingerprint collection should be a one-time event. Once they are entered into the Rap Back system);
3. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination(pursuant to R426-5-700); and
4. Provide documentation of completion of 98 hours of BEMSP-approved CME, eight (8) of these hours must be Health Care Provider CPR certification or equivalent training that meets the most current AHA guidelines. BEMSP approved CME is any training within the EMTs scope of practice that meets BEMSP training standards and is approved directly by the agency training officer and medical director, CECBEMS, BEMSP or is a currently running BEMSP approved initial training course that is not being taken for certification; and
5. As a portion of the 98 hours the following documented training completion certificates **may** account for the following CME hours requirements:
 - 8 hours of CPR - (two CPR renewal courses fulfill this requirement.)
 - 16 hours of Trauma – a course completions or renewal course certificate such as PHTLS, ITLS, or department approved equivalent course may be acceptable for the granting of 16 hours.
 - 8 hours of Pediatric Care – a course completion or renewal certificate such as Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) course or a department approved equivalent may be acceptable for the granting of 8 hours.
 - a. An EMT may complete CME hours through any methodology, but 30 of the CME hours must be live interactive hands-on training and skills pass-off through a certified EMS instructor. All CME must be related to the required skills and knowledge of an EMT.
 - b. The EMT must complete and document the psychomotor skills listed on pages 52 & 53 in the current National EMS Education Standards for EMR and EMT (<http://www.ems.gov/pdf/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 additional skills of the EMT:

Airway and Breathing

- Nasopharyngeal airway
- Positive pressure ventilation
- Manually- triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Oxygen humidifiers
- Partial-rebreather mask
- Venturi mask

Assessment

- Pulse oximetry
- Automatic B/P

Pharmacologic Interventions

- 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

- Mechanical CPR
- Assisted complicated delivery

Trauma Care

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

6. Each EMT is individually responsible to complete and submit the required recertification material to BEMSP. Each EMT should submit all recertification materials to BEMSP at one time, no later than 30 days and no earlier than one year prior to the EMT's current certification expiration date. If BEMSP receives incomplete or late recertification materials, BEMSP may not be able to process the recertification before the certification expires. BEMSP processes recertification material in the order received.
7. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT; however, the EMT remains responsible for a timely and complete submission.
8. BEMSP may shorten recertification periods. An EMT 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.
9. BEMSP 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.

EMR and EMT LAPSED CERTIFICATION

The following is a reference to rule R426-5-900. Please contact BEMSP concerning lapsed certifications.

1. An individual whose EMR or EMT certification has expired for less than one year may, within one year after expiration, complete all recertification requirements, pay a late recertification fee, and successfully pass the written NREMT assessment examination to become certified. The individual's new expiration date will be four years from the previous expiration date.

2. An individual whose certification has expired for more than one year must:
 - a. Submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the certification level;
 - b. Successfully complete the applicable NREMT written and BEMSP approved practical examinations;
 - c. Complete all recertification requirements; and
 - d. The individual's new expiration date will be four years from the completion of all recertification materials.
3. An individual whose certification has lapsed is not authorized to provide care as an EMS provider until the individual completes the recertification process.

ADVANCED EMT RECERTIFICATION REQUIREMENTS:

An Advanced EMT seeking recertification shall:

3. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.
4. Submit to and pass a fingerprint background investigation (fingerprint collection should be a one-time event. Once they are entered into the Rap Back system);
5. 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 Health Care Provider CPR and ECC. CPR must be kept current during certification period;
 - b. Pediatric Education for Prehospital Professionals (PEPP) or equivalent that is consistent with the most current version of the American Heart Association Guidelines. Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) certification can be considered as an equivalent and can count for 8 hours of CME.
4. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination(pursuant to R426-5-700);
5. Submit a letter from a certified off-line medical director and cosigned by a certified training officer recommending the individual for recertification and verifying the individual has demonstrated proficiency in the following Advanced EMT 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 supraglottic airway device;
 - e. Administration of medications via intramuscular, subcutaneous, and intravenous routes;
 - f. Life-threatening EKG rhythm recognition;
7. Provide documentation of completion of 108 hours of BEMSP-approved CME since the last certification or recertification. BEMSP approved CME is any training within the AEMTs scope of practice that meets BEMSP training standards and is approved directly by the agency training officer, the CECBEMS, BEMSP or is a currently running BEMSP approved initial training course not being taken for certification; and

- a. As a portion of the 108 hours the following documented training completion certificates **may** account for the following CME hours requirements:
- CPR 8 hours - (a course completion certificate or two CPR renewal course certificates fulfill this requirement.)
 - PALS/PEPP 16 hours or equivalent, (two PALS/PEPP renewal courses or one initial certification course fulfills this requirement).
 - PEAES 8 hours Pediatric Emergency Assessment, Recognition and Stabilization (PEARS certification as an equivalent is an 8 hour course and is counted as 8 hours of CME credit).
 - Advanced Cardiac Care 16 hours - (two ACLS renewal courses or one initial certification course or an equivalent may be acceptable for the granting of 16 hours). Any agency that decides to utilize optional cardiac drugs should require all AEMTs to be ACLS certified.
 - Trauma 16 hours – PHTLS, ITLS or equivalent, (two course renewals or one initial certification course may be acceptable for the granting of 16 hours).
 - Medical 16 hours - AMLS (Advanced Medical Life Support) - or equivalent, (two course renewals or one initial course certificate may be acceptable for the granting of 16 hours).
- b. An Advanced EMT may complete CME hours through any methodology, but 35 of the CME hours must be live interactive hands-on training and skills pass-off through a certified EMS instructor. All CME must be related to the required skills and knowledge of an Advanced EMT.
- c. The Advanced EMT must complete and document the psychomotor skills listed on pages 52 & 53 in the current National EMS Education Standards for EMR, EMT and Advanced EMT (<http://www.ems.gov/pdf/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 additional skills of the Advanced EMT.

Airway and Breathing

- Airways not intended for insertion into the trachea
- Esophageal-tracheal
- Multi-lumen airway
- Tracheal-bronchial suctioning of an already intubated patient

Assessment

- Blood glucose monitor

Pharmacologic Interventions

- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in pediatric patient

- Administer (non-medicated) 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)
- Narcotic Analgesic (pain)

Each Advanced EMT is individually responsible to complete and submit the required recertification material to BEMSP. Each Advanced EMT should submit all recertification materials to BEMSP at one time, no later than 30 days and no earlier than one year prior to the Advanced EMT's current certification expiration date. If BEMSP receives incomplete or

late recertification materials, BEMSP may not be able to process the recertification before the certification expires. BEMSP processes recertification material in the order received.

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

BEMSP may shorten recertification periods. An Advanced EMT 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.

BEMSP 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.

ADVANCED EMT LAPSED CERTIFICATION

The following is a reference to rule R426-5-900. Please contact BEMSP concerning lapsed certifications.

1. An individual whose AEMT certification has expired for less than one year may, within one year after expiration, complete all recertification requirements, pay a late recertification fee, and successfully pass the written certification examination to become certified. The individual's new expiration date will be four years from the previous expiration date..
2. An individual whose certification has expired for more than one year must:
 - a. Submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the certification level;
 - b. Successfully complete the initial AEMT Department written and practical examinations;
 - c. Complete all recertification requirements; and
 - d. The individual's new expiration date will be four years from the completion of all recertification materials.
3. An individual whose certification has lapsed is not authorized to provide care as an EMS, provider until the individual completes the recertification process.

EMT-INTERMEDIATE ADVANCED RECERTIFICATION REQUIREMENTS

An EMT-IA seeking recertification must:

1. Provide documentation that the candidate is actively working for a licensed EMT-IA agency.
2. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.

3. Submit to and pass a fingerprint background investigation (fingerprint collection should be a one-time event. Once they are entered into the Rap Back system);
4. Maintain and submit verification of completion of a BEMSP-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.
5. Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination (pursuant to R426-5-700);
6. Successfully complete the NREMT-I 99 written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration and;
7. Submit a letter from a certified off-line medical director and cosigned by a certified training officer recommending the individual for recertification and verifying the individual has 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; and
8. Provide documentation of completion of 108 hours of BEMSP-approved CME meeting the requirements of subsections (a), (b), and (c). BEMSP approved CME is any training within the EMTs scope of practice that meets BEMSP training standards and is approved directly by the agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMSP), BEMSP or is a currently running BEMSP approved initial training course that is not taken for certification.
 - a. The EMT-IA shall complete 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 - Successful completion of an Advanced Trauma Life support course or equivalent as approved by the BEMSP;
 - Special Patient Populations - 2 hours;
 - EMS Operations - 7 hours;
 - CPR - 8 hours (a course completion certificate or two CPR renewal course certificates fulfill this requirement.)

- ACLS - 16 hours (two ACLS renewal courses or one initial certification course or an equivalent may fulfill this 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 and skills pass-off through a certified EMS instructor. 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 curriculum (<http://www.ems.gov/pdf/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

- Mechanical CPR

- Assisted normal delivery

- 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

Each EMT-IA is individually responsible to complete and submit the required recertification material to BEMSP. Each EMT-IA should submit all recertification materials to BEMSP 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 BEMSP receives incomplete or late recertification materials, BEMSP may not be able to process the recertification before the certification expires. BEMSP processes recertification material in the order received.

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.

BEMSP 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.

BEMSP 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

Please contact BEMSP 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 EMT-IA certification has expired for more than one year will no longer be eligible to certify as an EMT-IA. The individual may challenge and complete the process as a lapsed more than one year AEMT listed in this document or R426-5-900 and fulfill the initial certification requirements. Then if the individual is to work for a licensed EMT-IA agency the individual may retake an EMT-IA course and fulfill the initial certification requirements at that level.

3. An individual whose certification has lapsed is not authorized to provide care as an EMS provider until the individual completes the recertification process.

PARAMEDIC RECERTIFICATION REQUIREMENTS

A Paramedic seeking recertification shall:

1. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.
2. Submit to and pass a fingerprint background investigation (fingerprint collection should be a one-time event. Once they are entered into the Rap Back system);
3. Maintain and submit verification of completion of a BEMSP-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 or their equivalent 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(pursuant to R426-5-700);
5. Submit a letter from a certified off-line medical director and cosigned by a certified training officer recommending the individual for recertification and verifying the individual has demonstrated proficiency in the following Paramedic 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;
 - f. EKG rhythm recognition; and
6. Provide documentation of completion of 144 hours of BEMSP-approved CME. BEMSP approved CME is any training within the EMTs scope of practice that meets BEMSP training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMSP), BEMSP or is a currently running BEMSP approved initial training course not being taken for certification; and
 - a. As a portion of the 144 hours the following documented training completion certificates will account for the following hour requirements:
 - CPR - 8 hours (a course completion certificate or two CPR renewal course certificates fulfill this requirement.)
 - ACLS - 16 hours (two ACLS renewal courses or one initial certification course or an equivalent may fulfill this requirement.)
 - PEPP/PALS - 16 hours (two PEPP/PALS renewal courses or one initial certification course or an equivalent may fulfill this requirement.)
 - Trauma — (PHTLS) Pre-Hospital Trauma Life support course or equivalent as approved by the BEMSP is as yet not a requirement however successful completion of an approved course can be counted for 16 hours of CME;
 - Medical – (AMLS) Advanced Medical Life Support or equivalent as approved by the BEMSP is as yet not a requirement however

successful completion of an approved course can be counted for 16 hours of CME;

- 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.
- d. The Paramedic must complete and document the psychomotor skills listed on pages 52 & 53 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
- ETCO2 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 auto-injectors (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

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

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.

BEMSP 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.

BEMSP 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 R426-5-900 Please contact BEMSP concerning lapsed certifications.

1. An individual whose Paramedic certification has expired for less than one year may, within one year after expiration, complete all recertification requirements, pay a late recertification fee, and successfully pass the NREMT written assessment examination to become certified. The individual's new expiration date will be four years from the previous expiration date.
2. An individual whose certification has expired for more than one year must: submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the certification level; successfully complete the NREMT Cognitive and Psychomotor skills exam and; complete all recertification requirements; and the individual's new expiration date will be four years from the completion of all recertification materials.
3. An individual whose certification has lapsed is not authorized to provide care as an EMS provider until the individual completes the recertification process.

EMD RECERTIFICATION REQUIREMENTS

1. BEMSP may recertify an EMD for a four year period or for a shorter period as modified by BEMSP to standardize recertification cycles.
2. An individual seeking recertification must:
 - a. Submit the applicable fees and a completed application, including social security number and signature, to BEMSP; and either have your photograph taken at the BEMSP office or e-mail your photo to BEMSP.
 - 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 BEMSP 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 BEMSP-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 14 hours of the CME must be live interactive training. All CME must be approved by BEMSP or CECBEMSP. 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 BEMSP. Each EMD should submit all recertification materials to BEMSP 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, BEMSP may not be able to process the recertification before the certification expires. BEMSP 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. BEMSP 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. BEMSP 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 R426-5 and the specific requirements in each of the areas. Please contact BEMSP concerning lapsed certifications. An EMS person will be considered lapsed if they have not turned in all recertification requirements to BEMSP 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. 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:
 - a. Submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in skills at the certification level;
 - b. Successfully complete the initial EMD Department approved written and practical examinations;

- c. Complete all recertification requirements; and
 - d. The individual's new expiration date will be four years from the completion of all recertification materials.
3. An individual whose certification has lapsed, is not authorized to provide emergency medical dispatch services until he has completed the recertification process.

EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS

1. BEMSP may recertify an EMS Instructor for a two-year period or for a shorter period as modified by BEMSP to standardize recertification cycles.
2. An individual seeking recertification must:
 - a. Maintain current EMS certification;
 - b. Attend the BEMSP instruction seminar, every two years;
 - c. Submit a completed application and pay all applicable fees;
 - d. Submit biennially a completed and signed "EMS Instructor Contract" to BEMSP 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. BEMSP may recertify a course coordinator for a two-year period or for a shorter period as modified by BEMSP to standardize recertification cycles.
2. An individual seeking recertification must:
 - a. Maintain current EMS certification;
 - b. Maintain current EMS instructor certification;

- c. Coordinate or co-coordinate at least one BEMSP-approved course every two years;
- d. Attend a course coordinator seminar every two years;
- e. Submit an application and pay all applicable fees; and
- f. Sign and submit every two years a Course Coordinator Contract to BEMSP agreeing to abide to the policies and procedures in the current Course Coordinator Manual.

COURSE COORDINATOR LAPSED CERTIFICATION

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

TRAINING OFFICER RECERTIFICATION REQUIREMENTS

- 1. BEMSP may recertify a training officer for a two-year period or for a shorter period as modified by BEMSP to standardize recertification cycles.
- 2. A training officer who wishes to recertify as a training officer must:
 - a. Submit an application and pay all applicable fees;
 - b. Maintain current EMS certification;
 - c. Maintain current EMS instructor certification;
 - d. Attend a training officer seminar every two years; and
 - e. Submit every two years a completed and signed Training Officer "Letter of Commitment" to BEMSP agreeing to abide to the standards and procedures in the then current training officer manual.

TRAINING OFFICER LAPSED CERTIFICATION

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