

On A New Course

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

2012 ANNUAL REPORT

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



William E. Brown, Jr.
Executive Director
1989-2012

2012 was another year the NREMT traveled the transition road culminating with the selection of a new Executive Director to lead the NREMT into the future. The Board of Directors completed an extensive search process, selecting Severo (Tré) Rodriguez, III, MS, NREMT-P, LP, AEMCA as the next Executive Director of the NREMT at their November 2012 meeting. Everyone looks forward to fresh ideas and perspectives in accomplishing the important mission of the National Registry of EMTs.

Although transitions to the new levels of practice and job titles consumed much of the time for EMS professionals, the NREMT continued to fulfill the objectives of its strategic plan. Many of the activities focused on improvements in the examinations the NREMT offers for certification. About 100 item writers attended ten item writing meetings that yielded 3,177 items for pilot testing. The Paramedic practical examination scenarios were updated to meet current guidelines. Work done in conjunction with EMS educators, the CoAEMSP, some state directors, and others on a Paramedic Psychomotor Competency Portfolio was completed. Recommendations were made to the Board of Directors regarding implementation of the portfolio sometime near 2016. As is typical for the NREMT, these formative instruments were not copyrighted and are available for Paramedic education programs to use. Finally, more work was completed on a scenario based Paramedic practical examination. A printed form was converted to an HTML format that allows electronic scoring of “teams” of Paramedic candidates on future NRP practical examinations. Much work needs to be accomplished and pilot testing completed before the NREMT will mandate scenario practical examinations for Paramedics. Ideally this will occur sometime in 2016.

The NREMT visited 27 states, Guam, and Mariana Islands in 2012. The focus of many of these visits was centered around a Mark King Initiative (MKI)—a process whereby former NREMTs can regain their National EMS Certification. Implementation of the MKI requires joint cooperation between the State and the NREMT. Much more work and state visits are needed in the future in regards to this important NREMT policy change.

The NREMT research program continued its Fellowship program and accomplished work on a LEADS ten year report. Serving as an EMS Fellow at the NREMT, Melissa Bentley, MS, NREMT-P, completed her qualifying examinations, and is now working on the dissertation required for her PhD. She was promoted to the full-time position of Researcher.

Many EMS providers, physicians, educators, training officers, and state officials came to the NREMT to serve on focus groups for proposed recertification requirements. The input was summed up by them using the metaphor “home run.” Targeting education toward national, local, and individual continued competency requirements was well received. A draft “training officer’s manual,” was reviewed, and discussions led to positive changes. Currently EMS providers are completing “transition courses,” to the new levels of EMS providers, so the new recertification requirements will likely be implemented in 2016 for those due in 2018.

With the selection of a new Executive Director, everyone looks forward to fresh ideas and perspectives in accomplishing the important mission of the NREMT.

Finally, we reviewed our policy that requires applicants to be 18 years of age in order to enter the NREMT, hosted a second EMS Physician Fellowship Education Program, and recognized the Department of Homeland Security as an NREMT designated authority.

What a Difference a Year Can Make

2012 was one of extraordinary change at the National Registry

Thomas R. Loyacono, MPA, NREMT-P
NREMT Chairman

In the fall of 2012, the National Registry selected Severo (Tré) Rodriguez as its new Executive Director after Bill Brown announced his plans to retire in the summer of 2013. Bill is a true visionary who advanced the National Registry from humble beginnings to a vital link in the certification process for the majority of the nation. His contributions to the EMS industry cannot be overstated. Tré brings a unique combination of knowledge and life experiences that make him an ideal person to work with the EMS community and lead the National Registry to the next level. I believe the National Registry will benefit from new ideas, new perspectives, and a willingness to embrace change while holding fast to the principles of public protection on which the organization was founded.

In the Spring 2012 NREMT newsletter, I wrote that my commitment to you was to challenge the National Registry to evaluate the requirements to attain and maintain national certification;

to provide greater opportunities for EMS professionals to attain, regain and retain national certification; and to recognize the commitment to excellence among those who do so.

A new psychomotor examination process continues to be advanced and reviewed. After more than three years of development, an entirely new recertification model has been outlined, focusing on continued competency. The new model supports the National Scope of Practice; allows for greater local and individual flexibility; and lowers the hourly requirements. The pilot of this program was scheduled to launch in 2013 in North Dakota, and you can expect to hear more about this program in the near future.

Finally, many of you have begun receiving recognition certificates for having been continually certified by the National Registry for 20, 30, and 40 years. The 20-year certificates of recognition were authorized some years ago and the National Registry has now committed to producing these tokens of recognition to registrants every ten years. Please note that the certificates are produced during recertification following the date that you become qualified to receive one.

As I move toward the close of my tenure as Chair of the Board, I am encouraged by the progress the National Registry has made and I am excited for its future.

...the NREMT will benefit from new ideas, new perspectives, and a willingness to embrace change while holding fast to the principals of public protection on which the organization was founded.

The Move to Paramedic Education Program Accreditation

Further plans were made to be ready for implementation of the Accreditation Initiative on January 1, 2013. To be eligible for National EMS Certification at the Paramedic level, students who would begin their education on or after January 1, 2013 would have to be enrolled in a Paramedic education program that is CAAHEP accredited.

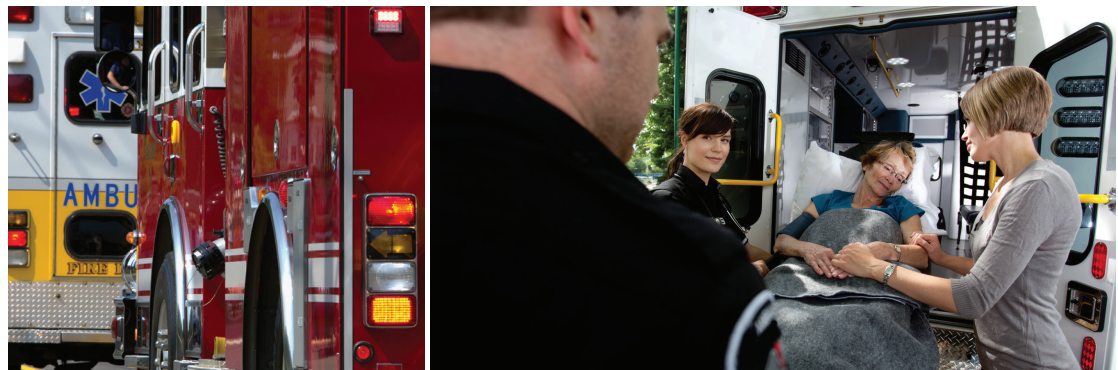
In order to accommodate the dozens of Paramedic educational programs applying for accreditation, the CoAEMSP implemented a Letter of Review (LoR) process. This serves as the official designation that a Paramedic program is in the “Becoming Accredited” process. As a result of this policy, the NREMT recognizes *graduates of programs holding a CoAEMSP LoR*, as well as graduates of CAAHEP accredited programs for the national Paramedic certification examinations.

This means that any student who graduates from a Paramedic education program that *holds or held a LoR anytime during that student’s enrollment is considered eligible for the NREMT Paramedic examinations.*



Paramedic Examination Made Ready for Launch

The new Paramedic examination was made ready for launch in order to transition from EMT-Paramedic to the new Paramedic level beginning January 1, 2013. Work began in 2009 when the National EMS Education Standards were published. The NREMT worked with the Implementation Team to develop the exam, and the NASEMSO Transition Team to identify issues with content and gaps in the items. Continuity between the states and inter-state movement of Paramedics also was addressed by the Transition Team. The National Certification Paramedic exam item pool was built to include all items identified in the National Scope of Practice for the Paramedic level.



Next Decade of LEADS Research Begins, Technology Implemented

With the conclusion of the first ten years of the Longitudinal EMT Attributes and Demographics Study (LEADS), the NREMT has launched the next ten years of the study, refining and expanding on the methodologies learned. LEADS now includes both a census and longitudinal component. The longitudinal component will follow 1,000 EMTs and 1,000 Paramedics from their start into the profession, and track where their career takes them.

In addition, the Research Department moved from paper-pencil surveys to an all-inclusive web-based data collection system. This allows research participants to provide their expert opinions in important studies in such a way that is convenient to their professional and personal lives.



EXAM STATISTICS

"My experience was very good."

"I literally had no trouble in the certification process..."

"I thought it went very smooth and appreciated the professionalism of the testing staff."

"The turnaround time on my exam results was impressive!"

"It was brutal, but it needs to be."

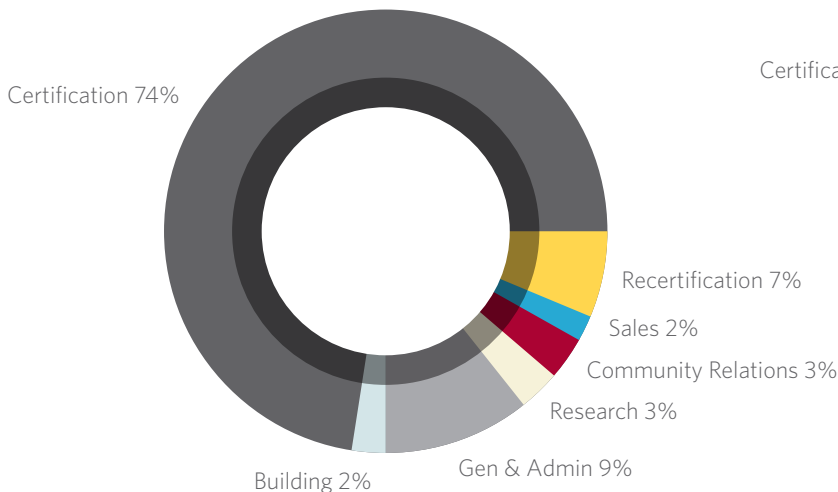
Candidates who take the NREMT certification exams are given the opportunity to provide input on their experiences with the NREMT and the testing process through a brief survey. Updated in January 2012, the survey showed the following statistics:

- 95% of candidates schedule their examination with Pearson VUE on the internet
- 92% are able to test at their preferred center
- 79% travel 50 miles or less to take their examination (91% travel 75 miles or less)
- 79% selected Excellent/Very Good/Good regarding how well their education program prepared them for the exam

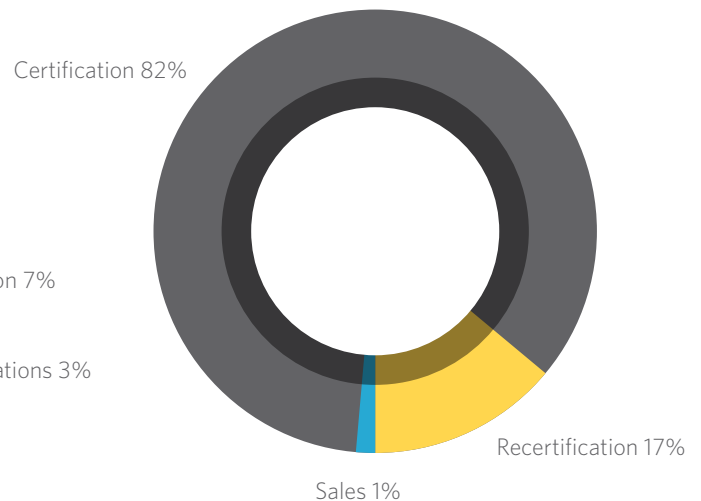
EXAMS IN 2012

| | |
|--------------|----------------|
| EMR | 3,955 |
| EMT | 84,043 |
| I/85 | 2,486 |
| AEMT | 2,845 |
| I/99 | 957 |
| Paramedic | 18,750 |
| TOTAL | 113,036 |

Operating Expenses - \$11,160,354



Operating Revenue - \$11,715,660



FIRST TIME PASS RATE STATISTICS

2012 National Average EMT = 72%

2011 National Average EMT-Basic = 70%

2012 National Average EMT-Paramedic = 74%

2011 National Average EMT-Paramedic = 72%

| | 2012 EMT-Basic | 2011 EMT-Basic | 2012 EMT-Paramedic | 2011 EMT-Paramedic |
|----------------------|------------------------|-------------------|-----------------------|-----------------------|
| Alabama | 68% | 66% | 54% | 64% |
| Alaska | - | - | 91% | 95%# |
| Arizona | 75% | 72% | 75% | 79% |
| Arkansas | 61% | 69% | 54% | 61% |
| California | 73% | 74% | 86% | 82% |
| Colorado | 84% | 81% | 95% | 92% |
| Connecticut | 70% | 67% | 95% | 86% |
| Delaware | 76% | 69% | 100%# | 100%# |
| District of Columbia | 68% | 77% | x | 0%# |
| Florida | 72% | 69% | - | - |
| Georgia | 77% | - | 73% | 75% |
| Hawaii | - | - | 100%# | 100%# |
| Idaho | 71% | 66% | 80% | 85% |
| Indiana | - | - | 66% | 70% |
| Iowa | 65% | 63% | 73% | 67% |
| Kansas | 66% | 66% | 81% | 84% |
| Kentucky | 60% | 59% | 56% | 52% |
| Louisiana | 70% | 72% | 61% | 77% |
| Maine | 66% | 65% | 74% | 88% |
| Maryland | - | - | 67% | 72% |
| Michigan | 67% | 69% | 68% | 58% |
| Minnesota | 79% | 78% | 72% | 76% |
| Mississippi | 62% | 54% | 73% | 57% |
| Missouri | 64% | 65% | 72% | 63% |
| Montana | 77% | 78% | 93% | 85% |
| Nebraska | 68% | 68% | 78% | 77% |
| Nevada | 67% | 59% | 88% | 80% |
| New Hampshire | 69% | 63% | 100% | 96% |
| New Jersey | - | - | 88% | 88% |
| New Mexico | 69%[^] | - | 86% | 82% |
| North Dakota | 78% | 80% | 76% | 82% |
| Ohio | 72% | 73% | 69% | 70% |
| Oklahoma | 66% | 60% | 84% | 67% |
| Oregon | 80% | 77% | 84% | 89% |
| Pennsylvania | - | - | 69% | 64% |
| Rhode Island | 59% | 57% | 50%# | 47%# |
| South Carolina | 72% | 62% | 74% | 78% |
| South Dakota | 71% | 59% | 74% | 78% |
| Tennessee | 69% | 64% | 75% | 58% |
| Texas | 69% | 68% | 67% | 61% |
| Utah | - | - | 81% | 82% |
| Vermont | 76% | 72% | x | 94%# |
| Virginia | 68%[^] | - | 80% | 80% |
| Washington | 81% | 78% | 93% | 93% |
| West Virginia | - | - | 57% | 48% |
| Wisconsin | 68% | 73% | 74% | 75% |

x indicates no candidates for this calendar year

indicates less than 25 candidates testing

- indicates State does not require National EMS Certification at this level

[^] indicates State began requiring National EMS Certification at this level in 2012

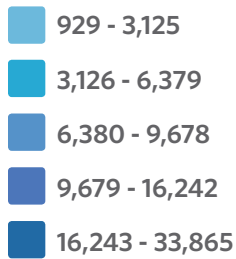
Bold indicates improvement from 2011

In 2012 IL, MA, NC, NY, WY did not require National EMS Certification

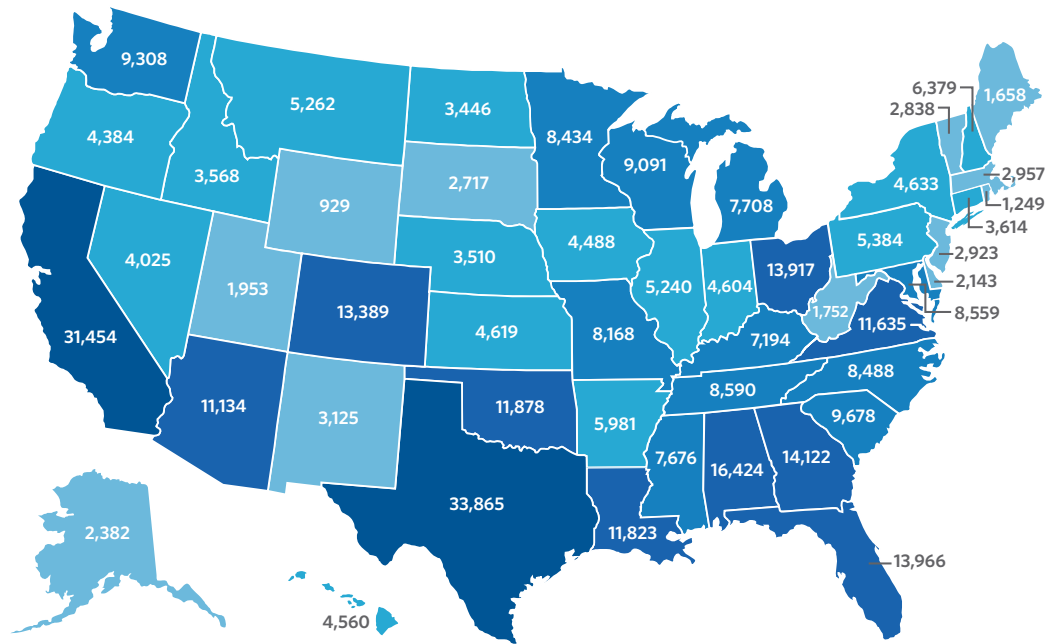
Data reporting date:
March 20, 2013

NATIONALLY CERTIFIED EMS PROFESSIONAL POPULATION

The map illustrates the number of Nationally Certified EMS Professionals in each state.

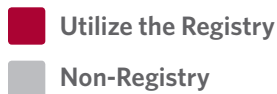


*Excludes military providers
*As of June, 2013



STATE UTILIZATION OF NATIONAL EMS CERTIFICATION

The map illustrates the states that utilize National EMS Certification as part of their licensure process as of December 31, 2012.

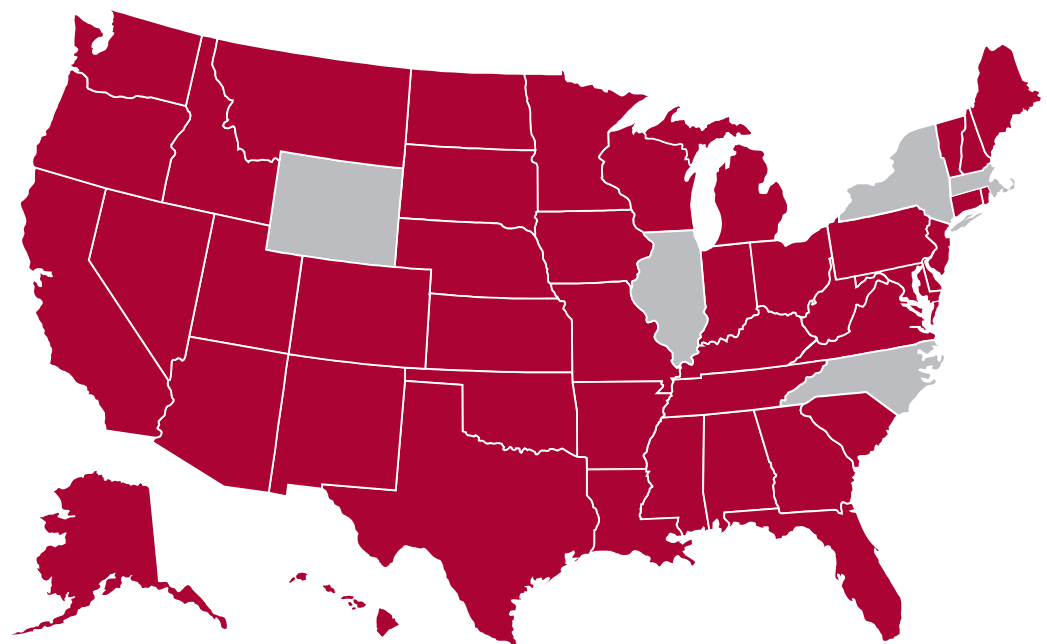


Notes:

Florida used the National Registry for EMT certification only.

New Mexico and Virginia added the use of EMT certification mid-year.

Alaska, Indiana, Maryland, New Jersey, and Pennsylvania used the National Registry for Paramedic certification only.



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Olathe, Kansas

“Never underestimate the importance of the beginning.”

— Eric Thomas, Chapter 14: P.U.S.H. (Push Until Something Happens), *The Secrets To Success*

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