

THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

EMT - Intermediate/99 Recertification Form 2010

Please read instructions enclosed

Registry Number <input style="width: 200px; height: 20px;" type="text"/>	Social Security Number <input style="width: 150px; height: 20px;" type="text"/> - <input style="width: 50px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/>
Last Name <input style="width: 350px; height: 20px;" type="text"/>	First Name <input style="width: 250px; height: 20px;" type="text"/> Mid. Init. <input style="width: 20px; height: 20px;" type="text"/>
Mailing Address <input style="width: 900px; height: 20px;" type="text"/>	
City <input style="width: 350px; height: 20px;" type="text"/>	State <input style="width: 50px; height: 20px;" type="text"/> Zip + 4 <input style="width: 100px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/>
Email <input style="width: 550px; height: 20px;" type="text"/>	
Home Phone <input style="width: 50px; height: 20px;" type="text"/> - <input style="width: 50px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/>	
Area Code	

FELONY STATEMENT

YES **NO** Since your last certification, have you been convicted of a felony?

YES **NO** Since your last certification, have you ever been subject to limitation, suspension from, or under revocation or probation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.

EMPLOYER INFORMATION

Organization in which you currently serve as an EMT-Intermediate/99:

Agency: _____

Address: _____

City _____ State _____ Zip Code _____

Training Officer _____

Daytime Phone # _____

By completing this section you are indicating you are currently performing EMT-Intermediate 99 skills in either the emergency ambulance/rescue or patient/health care setting.

INACTIVE STATUS REQUEST

Request inactive status*

If this is your first time to recertify, you must have worked at least 6-months performing as an (EMT-Intermediate 99) and using your skills in either the emergency ambulance/rescue or patient/health care setting. You will need to submit proof of employment.

FOR OFFICE USE ONLY

<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> 50	<input type="radio"/> 50
<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> T.O.	<input type="radio"/> T.O.
<input type="radio"/> \$\$	<input type="radio"/> \$\$
<input type="radio"/> 61	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EMT INTERMEDIATE/99 REFRESHER TRAINING - (36 HOURS REQUIRED)

Submit course completion certificate of state approved DOT National Standard EMT Intermediate/99 Refresher completed within this recertification cycle

OR

Official letter from your Training Officer/Medical Director verifying completion of all mandatory and flexible core content including completion dates and hours and method used

OR

Use the summary sheet outlining Core Content by applying dates, hours & method used in the respective areas. Attachment **must** be verified with the EMS Professional's signature and must include copies of all certificates that make up the refresher components

CPR CERTIFICATION

As the EMS Professional's CPR Instructor/Training Officer, I hereby verify the EMS Professional has been examined and performed satisfactorily so as to be deemed competent in each of the following:

Adult 1 & 2 Rescuer CPR	Child Obstructed Airway
Adult Obstructed Airway	Infant CPR
Child CPR	Infant Obstructed Airway

CRR Instructor/Training Officer Verifying Signature _____
 Submit copy of card and/or verify with appropriate signature.

EMT's CPR EXP DATE Month - Year

Dear Emergency Medical Services Colleague:

The NREMT is currently conducting a research survey of EMS professionals. The purpose of this study is to learn more about your perception of research in EMS as well as your experience with Emergency Department (ED) crowding and ambulance diversion.

Your participation in this study is completely voluntary. The NREMT does not mandate/require participation in this project, as such there are no direct benefits or penalties associated with your choice to participate or not participate. You will receive no payment for participating in the study. If you choose to participate, please complete the following survey and return it to the NREMT with your re-certification paperwork. We anticipate the survey will take 10-15 minutes to complete.

Because your privacy is very important to us, the information that you give in the study will be anonymous. Your name will not be collected or linked to the data. This survey will be physically separated from all re-certification paperwork and demographic information prior to processing your re-certification or providing researchers with electronic survey responses. Because of the nature of the data, if you are from an area with low numbers of nationally certified EMS professionals it may be possible to identify you; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

If you have questions about the study, contact Antonio R. Fernandez at (614) 888-4484 or afernandez@nremt.org. If you have questions regarding your rights as a project participant, you may contact Dr. Greg Gibson at (614) 888-4484 or ggibson@nremt.org. Thank you for your participation.

Please answer the following items about your current EMT job. If you have more than one current EMT job, answer these questions about the EMT job with the most patient transports per week. If you have recently changed jobs, answer these questions about the EMT job you have spent the most time on in the last 12 months.

<p>1. What is the 5-digit zip code of the community in which you do most of your EMT work?</p> <p><i>If the EMS agency with which you are primarily affiliated does not transport patients in the United States please enter 00000.</i></p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9	<p>2. Which one of the following best describes the type of EMS service for which you do most of your work?</p> <p> <input type="radio"/> Fire-based <input type="radio"/> County or municipal (for example, third service) <input type="radio"/> Private, for profit <input type="radio"/> Private, not for profit <input type="radio"/> Hospital-based <input type="radio"/> Military or US Federal Government <input type="radio"/> I am not affiliated with any organization <input type="radio"/> Other </p>
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<p>4. Are you a volunteer EMT?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	<p>3. About how many EMS calls do you respond to during a typical week?</p> <p> <input type="radio"/> 0 <input type="radio"/> 10-19 <input type="radio"/> 30-39 <input type="radio"/> 1-9 <input type="radio"/> 20-29 <input type="radio"/> 40 or more </p>																																																		
<p>6. How many years have you been an EMT?</p> <p> <input type="radio"/> I am not an EMT <input type="radio"/> 3 - 4 years <input type="radio"/> 11 - 15 years <input type="radio"/> Less than one year <input type="radio"/> 5 - 7 years <input type="radio"/> 16 - 20 years <input type="radio"/> 1 - 2 years <input type="radio"/> 8 - 10 years <input type="radio"/> 21 or more years </p>	<p>7. Which best describes your primary role at your main EMT job?</p> <p> <input type="radio"/> Clinician (EMT or Paramedic) <input type="radio"/> Administrator <input type="radio"/> Educator <input type="radio"/> Fire Suppression <input type="radio"/> Manager <input type="radio"/> Sales Representative <input type="radio"/> Supervisor <input type="radio"/> Other _____ </p>																																																		
<p>8. What is the highest level of education that you have completed?</p> <p> <input type="radio"/> Didn't complete high school <input type="radio"/> High school graduate/ GED <input type="radio"/> Some college <input type="radio"/> Associate's Degree (A.A., A.S.) <input type="radio"/> Bachelor's Degree (B.A., B.S.) <input type="radio"/> Graduate Degree (M.A., M.S., Ph.D.) </p>	<p>9. At what level are you currently practicing?</p> <p> <input type="radio"/> First Responder <input type="radio"/> EMT-Paramedic <input type="radio"/> EMT-Basic <input type="radio"/> Permanently not practicing <input type="radio"/> EMT-Intermediate <input type="radio"/> Temporarily not practicing </p>																																																		

10. Please share your ideas about medical research in the following questions:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
Research in EMS care is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigators involved in medical research will act in the patient's best interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right of research subjects to make their own choices is more important than the interests of the general community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are times when it is so important to learn about a potential new treatment that it would be okay to enroll patients in a study before they are able to consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough safeguards in place to assure that research is done in an ethical manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMTs/paramedics should have the individual right to refuse to enroll patients in EMS research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**NREMT RECERTIFICATION SURVEY
USE NO. 2 PENCIL - BUBBLE IN THE SELECTED RESPONSE**

10 Continued. Please share your ideas about medical research in the following questions:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
The EMS medical director should be able to decide if his agency will participate in protocols that direct EMTs/paramedics to enroll patients in research trials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The EMS company/agency should be able to decide if its EMTs/paramedics will participate in protocols that direct EMTs to enroll patients in research trials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I personally would be willing to be enrolled in a research project/clinical trial before I was able to consent if I was seriously injured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have not had a job in the last 12 months in which you performed EMS works, please do not answer the remaining questions. Thank you for your participation! If you have had a job in the last 12 months in which you performed EMS works, please continue.

Definitions:

ED crowding refers to high census in ED, limited bed availability or otherwise limited capacity to manage additional patient load. This may potentially be related to boarding, high patient volume, high patient acuity, or other factors.

Ambulance diversion refers to hospitals requesting that EMS not bring emergency patients to their facility for any reason—this may be done through a central authority or on an individual hospital basis.

11. In the past 12 months, was ambulance diversion allowed in your area?

Yes No

12. Please indicate how often you have personally observed or experienced each of the following:

	Never	Rarely (1-5 times/year)	Occasionally (up to once/mo)	Frequently (1-3 times/mo)	Often (> 3 times/mo)	N/A
I was delayed by ambulance diversion and my patient's vital signs deteriorated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was delayed by ambulance diversion and it had no impact on my patient's vital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was delayed by ambulance diversion and my patient experienced prolonged or increased pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient transport time was prolonged as a result of ambulance diversion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had to take a patient to a different hospital than they requested because of ambulance diversion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My EMS system's hospital bed availability system helped in finding a bed for my patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EDs and hospitals in my area communicate their diversion status to EMS in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During the past 12 months, how many times has ED crowding caused you to personally observe or experience each of the following:

	Never	Rarely (1-5 times/year)	Occasionally (up to once/mo)	Frequently (1-3 times/mo)	Often (> 3 times/mo)	N/A
Delay in patient turnover to receiving hospital staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative impact on disaster or mass casualty incident readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Does your EMS system use a real-time (updated at least daily) mechanism that monitors ED and/or hospital bed availability on a daily basis?

Yes No I don't know

15. Does your EMS system use a mechanism that monitors ED and/or hospital bed availability in disaster situations?

Yes No I don't know