



# The National Registry of Emergency Medical Technicians

## Inactive to Active Form

### IMPORTANT INFORMATION

You have two options to return to Active status.

#### Option one:

You can submit an electronic request through your My Certification page. You must have an approved agency affiliation on your account to submit an electronic request.

- Go to My Certification role.
- Select Inactive to Active at the bottom of the left-hand side of the page.
- Select Request Active Status.
- Select your agency/employer and then select Submit Active Request
  - For EMR and EMT providers, your training officer will approve your active request.
  - For AEMT and Paramedic providers, your medical director will approve your active request.

#### Option two:

You can complete and submit the Inactive to Active paper form that is attached for your convenience. Email the completed form to [support@nremt.org](mailto:support@nremt.org) with subject line: *Completed inactive form*.



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# Inactive to Active Form

Applicant Information			
Registry Number		EMS ID Number	
First Name	Last Name		MI
Street Address			Apt# / Unit
City	State	Zip Code	
Email		Phone	

Disciplinary Action Disclosure	
<b>YES</b>	<b>NO</b> Do you have any disciplinary action(s) on your EMS or other medical license(s) to disclose? Examples include revocation, suspension, reduced ability to provide patient care, and surrender of license in lieu of investigation.
<i>If you answered "yes", please contact the National Registry at <a href="mailto:evaluations@nremt.org">evaluations@nremt.org</a> before proceeding.</i>	

Agency Information		
I certify that the above applicant is presently working or will be employed upon obtaining active status.		
Agency	Training Officer	
Street Address		Apt# / Unit
City	State	Zip Code

Verification of Skill Competence			
Verification of skills competency is a requirement for a registrant to maintain active status and is validated by the agency's designated EMS authority. The expectation of skills competency validation is performed at the local level and affirms that the EMS professional has been verified as competent for level-specific skills and that any necessary remediation has been undertaken.			
<i>As the Training Officer and/or the Medical Director of the above registrant, I do hereby affix my signature attesting to the continued competence in all the skills outlined above.</i>			
_____	_____	_____	
*Medical Director Signature (Training Officer may sign for EMR/EMT Level Only)	Title (*If applicable to your level of certification.)	Date	
_____	_____	_____	
Your Signature	Date	Training Officer Signature	Date