



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



The National Registry of Emergency Medical Technicians

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	

Criminal Conviction And Disciplinary Action	
YES	NO
During your inactive period, were you convicted of a criminal conviction?	
During your inactive period, were you subject to limitation, suspension from, or under revocation or probation of your right to practice in a healthcare occupation or voluntarily surrendered a healthcare license in any state or to any agency authorizing the legal right to work?	
<i>If you answered "yes" to either question, Please contact the National Registry at evaluations@nremt.org 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			
<p>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.</p> <p><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></p>			
_____ *Medical Director Signature (Training Officer may sign for EMR/EMT Level Only)		_____ Title (*If applicable to your level of certification.)	
_____ Your Signature		_____ Training Officer Signature	
_____ Date		_____ Date	