



## EMPLOYER INFORMATION

Organization in which you are currently employed or volunteer as an EMR:

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Training Officer: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

By completing this section, you are indicating that you currently perform EMR skills within an emergency medical service, rescue service or patient care facility.

Recertification Form

# EMR

## CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

YES  NO

Since your last certification, have you had a criminal conviction or an Uniform Code of Military Justice action or court martial?

YES  NO

Since your last certification, have you ever been subject to limitation, probation, suspension from, or under revocation 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?

## ATTENTION

If you answered yes to either question above, you can **NOT** use this form.  
You must use the online recertification application process.

## AFFIRMATION

I hereby affirm that all statements on this application are true and correct. I understand that false statements may be sufficient cause for revocation by the National Registry.

### I also understand (please initial each box):

- that this application for renewal of my EMS certification may be selected for audit at any time during my recertification cycle, including AFTER I receive my renewed National Registry certification.
- that email, USPS mail and the message center in my National Registry account are the primary sources of communication from National Registry, and I may receive communication from any or all of these sources regarding audits.
- if selected for audit, within 30 days I must submit documentation that adequately and accurately reflects the EMS education submitted on the recertification application, including but not limited to: course titles, course dates, hours of education, etc.

\_\_\_\_\_  
Your Signature (**must be original**)

\_\_\_\_\_  
Date

## ADDITIONAL SIGNATURES (FOR ACTIVE STATUS ONLY)

As an EMR Training Officer/Supervisor, I hereby attest to the registrant's continued competence in all the skills required by the state of licensure and local jurisdictions.

\_\_\_\_\_  
Training Officer/Supervisor/Medical Director Signature  
(**must be original and different from registrant**)

\_\_\_\_\_  
Date

**DOCUMENT YOUR CONTENT UPDATE AND SKILLS VERIFICATION ON NEXT PAGE**

**EMR CONTENT UPDATE — (16 HRS REQUIRED)**

**NATIONAL — 8 HOURS**

topic	hours	date	method
Airway, Respiration and Ventilation	1		
Cardiovascular	2.5		
Trauma	0.5		
Medical	3		
Operations	1		

**LOCAL — 4 HOURS**

topic	hours	date	method

**INDIVIDUAL — 4 HOURS**

topic	hours	date	method