Current Maryland Provider Applying for National Registry Certification

April 2016
Candidates have 6 exam attempts
Attempts 1-3 require 15 days between exams
Attempts 4-6 require remediation before exam attempt 4 is approved
  - Questions regarding remediation should be directed to the NREMT
An application must be created for each exam attempt
National Registry Requirements

- 18 years of age or older.
- Successful completion of a state-approved Emergency Medical Technician (EMT)
- The course must meet or exceed the National Emergency Medical Services Education Standards for the Emergency Medical Technician.
National Registry Requirements

- If your initial Emergency Medical Technician (EMT) educational program was completed within the past two years....
  - the Program Director for your EMT course must verify your successful completion of the course on the NREMT website.
  - MIEMSS must verify your successful completion of the practical evaluation
National Registry Requirements

- If your initial Emergency Medical Technician (EMT) educational program was completed more than two years ago:
  - you must hold a current and valid state certification at the EMT level
  - you must submit documentation verifying completion of a state-approved EMT refresher course or 24 hours of equivalent continuing education topic hours within the past two years.
National Registry Requirements

- If your EMT state license has lapsed or your NREMT certification has lapsed for more than two years, see the EMT Re-Entry Policy.
- If you have never held a state license as an EMT or NREMT certification and it has been more than two years from the completion of your EMT course, you must complete an entire state-approved EMT course prior to applying for National Certification.
Re-Entry Policy

Entry and/or re-entry into the NREMT may be granted to a previously state licensed Emergency Medical Technician (EMT) or Nationally Certified Emergency Medical Technician (NREMT) provided you:

1. Officially document completion of an EMT course, including transition course documentation if required, equivalent to the 2009 National EMS Education Standards and Instructional Guidelines for EMT.
2. Provide documentation of prior state licensure as an EMT or NREMT certification.
3. Meet the eligibility requirements for NREMT certification currently in effect to include:
   a. An approved EMT refresher course or 24 hours of equivalent continuing education topic hours within the past two years.
4. Successfully complete a state-approved EMT psychomotor examination within the past 12 months.
5. Successfully complete the NREMT cognitive examination within the past 12 months.
National Registry Requirements

- Proof of current CPR-BLS for Healthcare Providers
  - have a current CPR card or,
  - verification from the Program Director that you hold a current CPR-BLS for Healthcare Providers or equivalent credential and have demonstrated competence in Emergency Medical Technician (EMT) skills.
What do I need to do?

- Go to www.nremt.org
- Create an application
- Completed (within 2 years)
  - a 24hr Refresher, or
  - a 12hr Skills Refresher and 12hr Online didactic
  - 12hr Skills Refresher and 12 hrs state approved didactic content
    - 4 hrs Medical
    - 4 hrs Trauma
    - 4 hrs Local Option
What do I need to do?

- Complete the Psychomotor Evaluation
  - The instructor that conducted your 12 hr skills class (within 1 year) must sign the form verifying successful completion, or
  - Schedule to take the practical skills evaluation with MIEMSS
- Pay the NREMT testing fee
- Await your ATT (Authorization to letter)
- Contact Pearson VUE Center
LET'S GET STARTED..!!

- **Type in:** [WWW.NREMT.ORG](http://WWW.NREMT.ORG)
- On the home page click on: Create New Account
- A New Account must be completed for all providers
- Establish a user name – make note of it.
- Establish a password - make note of it.
- The following slides will explain each step
Click on Create New Account
Create username and password
Write them down!
Complete the Personal information section

Type in your current Email address

Check off Applying to become nationally certified
Answer all three questions
Write your answers down

When all the questions have been answered. Click the Submit button
After clicking the Submit button

- Answer any required information missed
- A note will appear stating account created
- You will be required to sign in.
- Type in your username
- Type in your password
- Click on login
- Now complete your profile information
The NREMT is now collecting additional data for all certified EMS providers. The collection of this information may be used for research, accreditation, state, and federal funding agencies, and policy making.

Please update your profile now.

* Returning users will be prompted to update their profile every 3 years, or sooner if their status has changed. The information on this page will be used for any applications and for any mailings regarding the NREMT. The format that you use to type your name on this page will be used on all future documentation from the NREMT.

*Denotes Required Field.

### Personal Information

- **Social Security #:**
- **Date of Birth:**

  (mm-dd-yyyy)

  (mm/dd/yyyy)

**Note:** The format that you use to type your name on this page will be used on all future documentation from the NREMT.

- **First Name:**
- **Last Name:**

### Mailing Address

- **Address:**
- **City:**
- **State:**
- **Zip:**

Country: United States
*Required information, Complete this page
| Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| White (Not Hispanic or Latino) |

**Employment**:  
- Select -

**Personnel's service status**:  
- Select -

**Primary EMS Job Responsibilities**: Please select your primary EMS job responsibility:  
- None - Seeking employment  
- Patient Care Provider  
- Educator/Preceptor  
- Administrator/Manager  
- First-line Supervisor  
- Other

**Other job responsibilities – choose all that apply**:  
- None - Seeking employment  
- Educator/Preceptor  
- Patient Care Provider  
- Law Enforcement/Police  
- Fire Suppression  
- First-line Supervisor

Please indicate all the states you are licensed in as an EMS provider. This includes Army, Navy, Air Force, and Federal Government:

- [ ] Remove State
- [ ] Add State

What is the initial year of state licensure for your highest level of EMS licensure? This includes Army, Navy, Air Force, and Federal Government:

- [ ]

What is the expiration date (month and year) for your highest level of EMS state license? This includes Army, Navy, Air Force, and Federal Government:

- Month: [ ]  
- Year: [ ]
This must be correct! Read the statement and then click on Accept.
Create New Entry App

- Click on Create Initial Entry app
- Complete each step
- Check the verification box
- Click next
- Repeat this for each Tab
Click on the Create Initial Entry App
Make your selection for the card and certificate and check off.

Click the Next button.
Verify your Personal Information, if correct place a check in the box

Click the next button
Make your selection for the card and certificate and check off

Click the Next button
Select EMT
Verify you have selected the correct Application Registry Level

Click the Next button
Check YES if:
Your EMT class is within 2 years
(Continue with the presentation)

Check NO if:
Your EMT Class is greater than 2 years
SEE BELOW!

Click the Next button

IF YOU SELECTED NO. GO TO THE SLIDE SAYING IF YOU CHECKED NO CONTINUE FROM HERE
Place the date that your course ended
Select Maryland for the Program state

Click the Next button
Select the correct EMS educational program.
Do NOT select MIEMSS.
Answer the Disciplinary Action and Criminal Conviction Statements
Place the date of Module 4 plus 2 years
Example:
Module 4 date is 3/11/16
Date entered is 3/11/18

Click the Next button
Click the Next button

Review Application place a check mark in the Verification box
Click the Submit button

Attestation section
Place a check in the I agree to abide by these terms
After the application is approved

- Teaching Agencies verify course completion
  - Any issues pertaining to the Course Completion contact the Teaching Agency
- MIEMSS verifies the Psychomotor Skill Completion
  - Any issues pertaining to the practical skills contact MIEMSS
- Any other issues contact the NREMT
After the application is approved

- Exam fee needs to be paid by the candidate
- ATT (Authorization to Test) letter should show on the application
- ATT may take up to 24hrs after the course completion has been verified
- Read the instructions for Pearson VUE
IF YOU CHECKED NO..!

Continue from here..!!
Check NO if:
Your EMT Class is greater than 2 years

Click the Next button
Check YES
Create Refresh App

Step 3: Complete Application

Course Dates

Enter Initial Course Completion Date: 1/19/2013

Enter Refresher Course Completion Date:

Enter Refresher Course Hours:

Current State/Previous Certification:

Disciplinary Action and Criminal Conviction Statements:
Place the date of completion of your EMT re-cert class.
Create Refresher EMT Application

Step 3: Complete Application

Course Dates

Enter Initial Course Completion Date: 1/13/2013

Enter Refresher Course Completion Date: 11/21/2015

Enter Refresher Course Hours: 24

Current State/Previous NREMT Certification

Disciplinary Action and Criminal Conviction Statements

CPR Expiration Date

Review Application
Lynda A. Anderson

Course Dates
- Enter Initial Course Completion Date: 1/19/2013
- Enter Refresher Course Start Date: 11/21/2015
- Enter Refresher Course Hours: 24

Current State/Previous NREMT Certification
- Enter your current state EMT license number. If you do not possess a State EMT license, please enter your National EMT Basic / EMT certification number.
- NREMT/State Number: 0208446
- NREMT/State Expiration Date: 6/30/2018
- NREMT/State Licensure State:

Disciplinary Action

CPR Expiration Date

Review Application

Attestation

Maryland Provider ID #

6/30/YR
Or
12/31/YR
Select Maryland
ANSWER THE DISCIPLINARY ACTION AND CRIMINAL CONVICTION STATEMENTS

Step 3: Complete Application

Course Dates
Enter Initial Course Completion Date: 1/19/2013
Enter Refresher Course Start Date: 11/21/2015
Enter Refresher Course Hours: 24

Current State/Previous NREMT
*NREMT/State Number: 0208446
*NREMT/State Expiration Date: 6/30/2018
*NREMT/State Licensure State: MD

Disciplinary Action and Criminal Conviction Statements
Have you ever been subject to limitation, probation, suspension, or revocation of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the legal right to work?
- Select -

Have you ever had a criminal conviction or a court martial?
- Select -

CPR Expiration Date

Review Application

Attestation
CPR Expiration date
As shown on your CPR card
Or
Completion date of your Re-cert Class
Verify that all your information is correct & Place a check in this box
Enter CPR Expiration Date: 3/16/2017

Review Application
You have reviewed your information and verified that it is accurate.

Attestation

I, John Johnson, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the NREMT examination or seeking NREMT certification and registration or my NREMT certification and registration may be revoked in the event that any of the statements made by me on this application or any information submitted by me are false or if I have failed to provide material information.

I also agree to abide by all policies and procedures of the NREMT.

I understand and agree that: (1) the giving or receiving of aid in an examination as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination; (2) the unauthorized possession, reproduction or removal from the testing center of any examination materials, including the nature or content of examination questions or answers, before, during or after the examination;

I agree to abide by these terms.

Read the ATTESTATION &
Place a check in this box Then click on the Submit Button
After the application is approved

- Teaching Agencies verify course completion
  - Any issues pertaining to the Course Completion contact the Teaching Agency (see next slide)
- MIEMSS verifies the Practical Skill Completion
  - Any issues pertaining to the practical skills contact MIEMSS
- Any other issues contact the NREMT
EMT Psychomotor Examination Form

1. You will need to obtain this form from the NREMT
2. It must be completed & signed by the instructor from your 24 hr complete or 12 hr skills refresher course
3. You need to send this form back to the NR
4. DO NOT send it to MIEMSS
WHO TO CONTACT WITH QUESTIONS

- MIEMSS
  - Mark New - 410.706.3208 /410.977.7846 mnew@miemss.org
  - Sue Colburn – 410.706.4345 scolburn@miemss.org
  - MIEMSS Licensure & Certification- 410.706.3666

- NREMT
  - 1.614.888.4484
  - nremt.org