INSTRUCTIONS FOR REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

Part of State Form 52319 (R6 / 8-20)
DEPARTMENT OF HOMELAND SECURITY

I. Certification as an emergency medical technician will be valid for a period of two (2) years.

II. To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report forty (40) hours of continuing education according to the following:

   A. Participate in a minimum of thirty-four (34) hours of any combination of lectures, critiques, skills proficiency examinations, continuing education courses, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.

   B. Participate in a minimum of six (6) hours of audit and review.

   C. Participate in any update course as prescribed by the commission.

   D. Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.

III. Notwithstanding any other provisions of 836 IAC 4-4-2, a person also certified as an emergency medical technician basic advanced, emergency medical technician intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection II.

IV. An individual who fails to comply with the continuing education requirements described in 836 IAC 4-4-2 shall not exercise any of the rights or privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certification.

V. An individual requiring a valid emergency medical technician card to work should submit their continuing education document at least thirty (30) days prior to the certificate’s expiration date.

VI. In applying for recertification, individuals agree to comply with all recertification requirements, rules, and standards of the Indiana Emergency Medical Services Commission. The individual bears the burden of demonstrating and maintaining compliance at all times. The Indiana Emergency Medical Services Commission considers the individual to be solely responsible for his/her certification.

Reset Form

REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

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DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION		
Printed name of EMT *(last, first, middle initial)*		Public safety identification number (PSID)
Home address *(number and street, city, state, and ZIP code)*		
Home telephone number ( )	E-mail address	
Have you been trained in NIMS / ICS? ☐ Yes ☐ No	If yes, level of NIMS / ICS training	Would you be willing to assist in a disaster? ☐ Yes ☐ No

VIOLATION STATEMENT		
Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? ☐ Yes ☐ No	If yes, have you reported it to the IDHS Compliance Officer? ☐ Yes ☐ No	If yes, on what date did you report it? *(month, day, year)*

SIGNATURE OF EMT	
I, the undersigned EMT, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.	
Signature of EMT	Date *(month, day, year)*

CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS		
Name of provider	Provider certification number	Telephone number ( )
Street address *(number and street, city, state, and ZIP code)*		
Signature of Chief Executive Officer / Training Officer		Date *(month, day, year)*
Name of provider	Provider certification number	Telephone number ( )
Street address *(number and street, city, state, and ZIP code)*		
Signature of Chief Executive Officer / Training Officer		Date *(month, day, year)*

SECTION IA: EMT CATEGORIES

Thirty- four (34) hours of any combination of lectures, critiques, skills proficiency exams, continuing education or teaching session consistent with the EMT curricula. Continuing Education activities may also include any update course required by the Commission.

DATE *(month, day, year)*	NUMBER OF HOURS	TOPIC	SIGNATURE	PRINTED NAME AND PSID NUMBER

SECTION II: AUDIT AND REVIEW

If candidate is not affiliated with an ambulance provider, additional hours maybe added to the continuing education hours to complete these six (6) hours.

DATE *(month, day, year)*	NUMBER OF HOURS	TOPIC	SIGNATURE	PRINTED NAME AND PSID NUMBER

SECTION III: VERIFICATION OF SKILL COMPETENCE			
1. No specific amount of time is required on any skill. *2. All signatures must be original.*			
SKILL	**DATE** *(month, day, year)*	**SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF**	**PRINTED NAME AND PSID NUMBER**
A. Patient Assessment / Management – Trauma			
B. Patient Assessment / Management – Medical			
C. Cardiac Arrest Management			
D. Bag / Valve / Mask (BVM) Ventilation of an Apneic Adult Patient			
E. Supraglottic Airway Device			
F. Spinal Immobilization (Supine)			
G. Bleeding Control / Shock Management			