THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS Inactive to Active Request Form Please Read Instructions

Registry Number		Social Security Number	-	-	
Last Name		First Name			/id. nit.
Mailing Address					
City		State	Zip Code	-	
E-mail		Phone		-	
CRIMINAL CONVICTION STATEMENT YES NO During your inactive period, were you convicted of a criminal conviction? YES NO During your inactive period, were you subject to limitation, suspension from, or under revocation or probation 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? If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status and disposition of the case.					
EMPLOYER CERTIFICATION					
I certify that the applicant named above is prese or will be employed upon obtaining active status		Agency:			
Authorized Agent Signature	Date	City:	State:	Zip Code:	
Printed Name of Authorized Agent Daytime Phone Number:					
SKILL COMPETENCY VERIFICATION				Direct Obs.	Other
				Direct Obs.	Other
1. PATIENT ASSESSMENT / MANAGEMI 2. VENTILATORY MANAGEMENT SKILL Endotracheal Intubation*, Chest Decom	S / KNOWLEDGE: Adji	uncts, Oxygen Delivery, Alte	rnative Airways*		Other
1. PATIENT ASSESSMENT / MANAGEMI 2. VENTILATORY MANAGEMENT SKILL	S / KNOWLEDGE: Adju pression* / Cricothyroto	uncts, Oxygen Delivery, Alte omy*	rnative Airways*		Other
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National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION"



Dear Nationally Certified EMS Professional:

The National Registry of EMTs is pleased to provide you with the necessary paperwork to facilitate your request to return your certification to active status. It is very important that you complete the Inactive to Active Request form in its entirety.

In order to process your request you must:

- 1. Complete all sections of the Inactive to Active Request form.
- 2. Obtain all required signatures where indicated.
- 3. E-mail the completed form to the NREMT at the address listed below.

E-mail documentation to:

support@NREMT.org

Please allow 4–6 weeks for your application to be processed. If you do not receive your updated National Certification card or your form is not returned within 6 weeks, you should call the recertification office at (614) 888-4484. It is certainly our pleasure to serve you and we look forward to your continued success in EMS.