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| Ron GUI NREMT TRAINING OFFICER |  | Submitted: |
| **The Australasian Registry Of Emergency Medical Technicians** |
| IC Paramedic Recertification Form 2020 |
| **Name** |  | **Date of**Birth |  | Registry**Number** |  |
| **Mailing****Address**Post Code: |  | **Phone Number**Country: |  | **Email** |  |
| **Payment****Method** |  | **Payment****Amount** |  | **Payment Status** |  |
| **Employer** |  | **Employer****Address** |  | **Employer Phone****Number** |  |

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| Certifications |
| CPR | ACLS |
| As the EMS Professional's CPR Instructor/Training Officer, I herebyverify the EMS Professional has been examined and performedsatisfactorily so as to be deemed competent in each of the following:• Adult 1 & 2 Rescuer CPR• Adult Obstructed Airway• Child CPR• Child Obstructed Airway• Infant CPR• Infant Obstructed Airway**Verifying Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Submit copy of card and/or verify with appropriate signatureEMT's CPR Expiration Date: | Expiration Date:**Submit a copy of card.** |

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| Verification Of Skill Competence |
|  | Q/A: Q/I | Direct Observation | Other |
| **Patient Assessment/Management** | • | Medical and Trauma |  |  |  |
| **Ventilatory Management Skills/Knowledge** | • | Simple adjuncts |  |  |  |
| • | Supplemental oxygen delivery |
| • | Supraglottic airways (PTL, Combi-tube,ET) |
| • | Endotracheal Intubation (adult & pediatric) |
| • | Chest Decompression |
| • | Transtracheal JetVentilation/Cricothyrotomy |

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| Professional Statement |  |  AREMT Status  |
| **If you have not already completed Privacy****Verification document, PLEASE see attached** |  |  |  |  |
| Since your last certification, have you been subject tolimitation, probation, suspension, or revocation of your rightto practice in a health care occupation or voluntarilysurrendered a health care license in any state or to anyagency authorizing the legal right to work? |  |  |

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| IC Paramedic Continuing Education (36 Hours Required) |
| Course Name | Sponsor/Provider | DateCompleted | Method ofInstruction | HoursReceived |
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| IC Paramedic Refresher/Ongoing/Employment Training (48 Hours Required)  |
| Topics of Training | HoursRequired | Course Name | Sponsor | DateCompleted | Method ofInstruction | HoursReceived |
|  | **60** |  |  |  |  | 60 |
|  | **Total Hours** | **60** |
| **Submit Course Completion Certificate of state approved AREMT National Standard Paramedic Refresher program completed within this****recertification cycle.*****AND*****Submit an Official Letter from your Employer/Training Officer or Medical Director verifying completion of all mandatory and flexible core****content including completion dates and hours and methods used.*****OR*****Use the summary sheet outlining Core Content by applying dates, hours & method used in the respective areas. Attachment must be***verified with the EMS Professional's signature***and**must include copies of all certificates **that make up the refresher components and****submitted with the Recertification form.** |

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| Verification Of Skill Competence |
|  | Q/A: Q/I | Direct Observation | Other |
| **Cardiac Arrest Management** | • | Megacode & ECG Recognition |  |  |  |
| • | Therapeutic modalities |
| • | Monitor/Defibrillator knowledge (set-up,routine maintenance, pacing) |
| **Hemorrhage Control & Splinting Procedures** |  |  |  |  |  |
| **IV Therapy & IO Therapy** | • | Medication Administration |  |  |  |
| **Spinal Immobilization** | • | Seated & lying patients |  |  |  |
| **OB/Gynecologic Skills/Knowledge** |  |  |  |  |  |
| **Other Related Skills/Knowledge** | • | Radio communications |  |  |  |
| • | Report writing & documentation |

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| As **Physician Medical Director/Training Manager**of Paramedic training/operations, I do hereby affix my signature attesting to continued competence in all skillsoutlined above. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| Physician Medical Director Signature**(must be original****signature)** |  |  | Title |  | Date Signed |
| I hereby affirm that all statements on the Paramedic Recertification Form are true and correct, including the copies of cards, certificates andAREMT Paramedic refresher attachment. It is understood that false statements or documents may be sufficient cause for revocation by AREMT.It is also understood that AREMT may conduct an audit of the recertification activities listed at any time. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Your signature                                                             Date signed |  | Signature of Training Officer/Supervisor**(must be other than EMS Professional****must be an original signature)** |  | Date Signed |
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| **DEBIT MY CREDIT CARD ($165.00 INCLUSIVE OF GST, 1.5% ON-LINE MERCHANT FEE (PLUS Amex & Paypal 3.5%, trackeable Post $15 in Australia OR $30 Overseas )** |
| **Card Information CARD TYPE > Visa MasterCard American Express Bankard**  |
| **CARD NUMBER** EXPIRATION |
| **MM YYYY LAST THREE (3) DIGITS ON THE BACK OF THE CARD** |
| **SIGNATURE**  |
|  **MM DD YYYY**  |
| **OVERSEAS BANK TRANSFER TO: AUSTRALASIAN REGISTRY OF EMERGENCY MEDICAL TECHNICIANS** |
| **SWIFT CODE > ANZBAU3M ACCOUNT NUMBER > 470892824 BSB > 014314** **BANK> ANZ Bank (Australia & New Zealand Bank)** |
| **PAY ONLINE USING PAYPAL. UNDER "REGISTRATION" PAGE. *Excludes* trackeable postage fee …A$150.00** |

PHOTO FOR ID CARDAustralasian Registry of Emergency Medical TechniciansPO Box 203Redbank Queensland 4301AUSTRALIA( 617) 0478 569 557A close up of a sign  Description generated with high confidenceEMAIL: admin@aremt.com.au[www.aremt.com.au](http://www.aremt.com.au) |
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| IC Paramedic Continuing Education  |
| Course Name | Sponsor | DateCompleted | Method ofInstruction | HoursReceived |
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| *\* Some or all of this course's hours were not counted towards this topic, because one or more earlier**courses have already fulfilled the required number of hours.* | **Total Hours** | 38 |