|  |  |  |
| --- | --- | --- |
| Ron GUI NREMT TRAINING OFFICER |  | Submitted: |
| **The Australasian Registry Of Emergency Medical Technicians** |
| EMT Recertification Form 2020 |
| **Name** |  | Date ofBirth |  | **Registry****Number** |  |
| **Mailing****Address** |  | **Phone Number** |  | **Email** |  |
| **Payment** |  | **Payment****Amount** |  | **Payment Status** |  |
| **Employer** |  | **Employer****Address** |  | **Employer Phone****Number** |  |

|  |
| --- |
| 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.** |

|  |
| --- |
| 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 |
| • | Advanced airway management |
| • |  |
| • |  |
| • |  |

|  |  |  |
| --- | --- | --- |
| 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? |  |  |

|  |
| --- |
| EMT Continuing Education (24 Hours Required) |
| Course Name | Sponsor/Provider | DateCompleted | Method ofInstruction | HoursReceived |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| EMT Refresher/Ongoing Employment/Training (24 Hours Required) |
| Topics of Training | HoursRequired | Course Name | Sponsor | DateCompleted | Method ofInstruction | HoursReceived |
|  | **24** |  |  |  |  | 48 |
|  | **Total Hours** | **48** |
| **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.** |

|  |
| --- |
| Verification Of Skill Competence |
|  | Q/A: Q/I | Direct Observation | Other |
| **Cardiac Arrest Management** | • | Basic ECG Recognition,where required |  |  |  |
| • | Updated guidelines |
| • | Monitor/Defibrillator knowledge (set-up,routine maintenance, pacing) |
| **Hemorrhage Control & Splinting Procedures** |  | Review procedures |  |  |  |
| **IV Therapy & IO Therapy** | • | Only where authorised |  |  |  |
| **Spinal Immobilization** | • | Seated & lying patients |  |  |  |
| **OB/Gynecologic Skills/Knowledge** |  | Review procedures |  |  |  |
| **Other Related Skills/Knowledge** | • | Protocols |  |  |  |
| • | EPCR Report writing & documentation |

|  |
| --- |
| As Physician Medical Director/Training Manager of EMT 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 AEMT Recertification Form are true and correct, including the copies of cards, certificates andAREMT EMT 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 |
|  |
|

|  |
| --- |
| **DEBIT MY CREDIT CARD *($165.00* INCLUSIVE OF GST, 1.5% ON-LINE MERCHANT FEE (PLUS Amex, Paypal 3.5% trackeable post $15 Australia OR $30 overseas,)** |
| **Card Information** CARD TYPE **> Visa MasterCard American Express Bankard**  |
| CARD NUMBEREXPIRATION |
| **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 trackeble postage fee…A$150.00** |

Attached PhotoAustralasian Registry of Emergency Medical TechniciansPO Box 203A close up of a sign  Description generated with high confidenceRedbank Queensland 4301(617) 0478 569 557[www.aremt.com.au](http://www.aremt.com.au)admin@aremt.com.au |

|  |
| --- |
| EMT Continuing Education  |
| Course Name | Sponsor | DateCompleted | Method ofInstruction | HoursReceived |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *\* 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** | **24** |