

INSTRUCTIONS FOR REPORT OF BASIC EMT CONTINUING EDUCATION

Part of State Form 52319 (R5 / 7-15)

INDIANA 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.



**EMERGENCY MEDICAL TECHNICIAN –
BASIC CONTINUING EDUCATION REPORT**

State Form 52319 (R5 / 7-15)

**INDIANA DEPARTMENT OF HOMELAND SECURITY
EMS CERTIFICATION**

302 West Washington Street, Room E-239
Indianapolis, IN 46204
1-800-666-7784



INSTRUCTIONS: Please type or print clearly.

EMT – BASIC CONTINUING EDUCATION REGISTRANT			
Public Safety Identification number		EMS Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name	First name	Middle initial	
Mailing address 1 (number and street)			
Address 2			
City	State	ZIP code	
Driver's license number	Home telephone number ()	Cellular telephone number ()	
E-mail address		Reporting date (month, day, year)	
VIOLATION STATEMENT			
Have you ever been arrested for or convicted of a crime that has not been expunged by a court? (Excluding minor traffic violations)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously reported this conviction to the Emergency Medical Services Commission?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMS REGISTRANT SIGNATURE			
I, the undersigned EMT-Basic, hereby affirm, under the penalty of 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 cause for revocation of my certification by the Emergency Medical Services Commission. I understand that the Emergency Medical Services Commission may conduct an audit of my recertification activities at any time.			
Signature of applicant		Date (month, day, year)	
Is the Physicians Order for Scope of Treatment (POST) completed? (This is required for recertification.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been trained in NIMS/ICS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Level of NIMS/ICS training. <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> Other _____			
Would you be willing to assist in a disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INDICATE ALL CURRENT AFFILIATIONS

AMBULANCE PROVIDER ORGANIZATIONS

Name of Primary Provider		Provider Certification number
Street address <i>(number and street)</i>		Telephone number ()
City	State	ZIP code
Signature of CEO		Date <i>(month, day, year)</i>
Name of Secondary Provider		Provider Certification number
Street address <i>(number and street)</i>		Telephone number ()
City	State	ZIP code

SECTION I CONTINUING EDUCATION HOURS

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

DATE <i>(month, day, year)</i>	NUMBER OF HOURS	TOPIC	SIGNATURE OF INSTRUCTOR

SECTION II	EMT BASIC AUDIT & REVIEW	Six (6) hours are required.
-------------------	-------------------------------------	------------------------------------

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 <i>(month, day, year)</i>	NUMBER OF HOURS	TOPIC	SIGNATURE OF INSTRUCTOR

SECTION III	SKILLS PROFICIENCY EVALUATION	
--------------------	--------------------------------------	--

1. No specific amount of time is required on any skill.
2. All signatures must be original.

TOPIC	DATE <i>(month, day, year)</i>	SIGNATURE OF EVALUATOR
Cardiac Arrest Management / AED		
Airway Management, (Oropharyngeal airway, Nasopharyngeal airway, Bag Valve Mask, Combi-Tube, Ventilation, Mouth-to-Mask with Oxygen)		
Spinal Immobilization, Seated		
Spinal Immobilization, Supine		
Patient Assessment, Trauma		
Patient Assessment, Medical		
Long Bone Immobilization		
Joint Injury Immobilization		
Traction Splint Immobilization		
Bleeding and Shock Management		