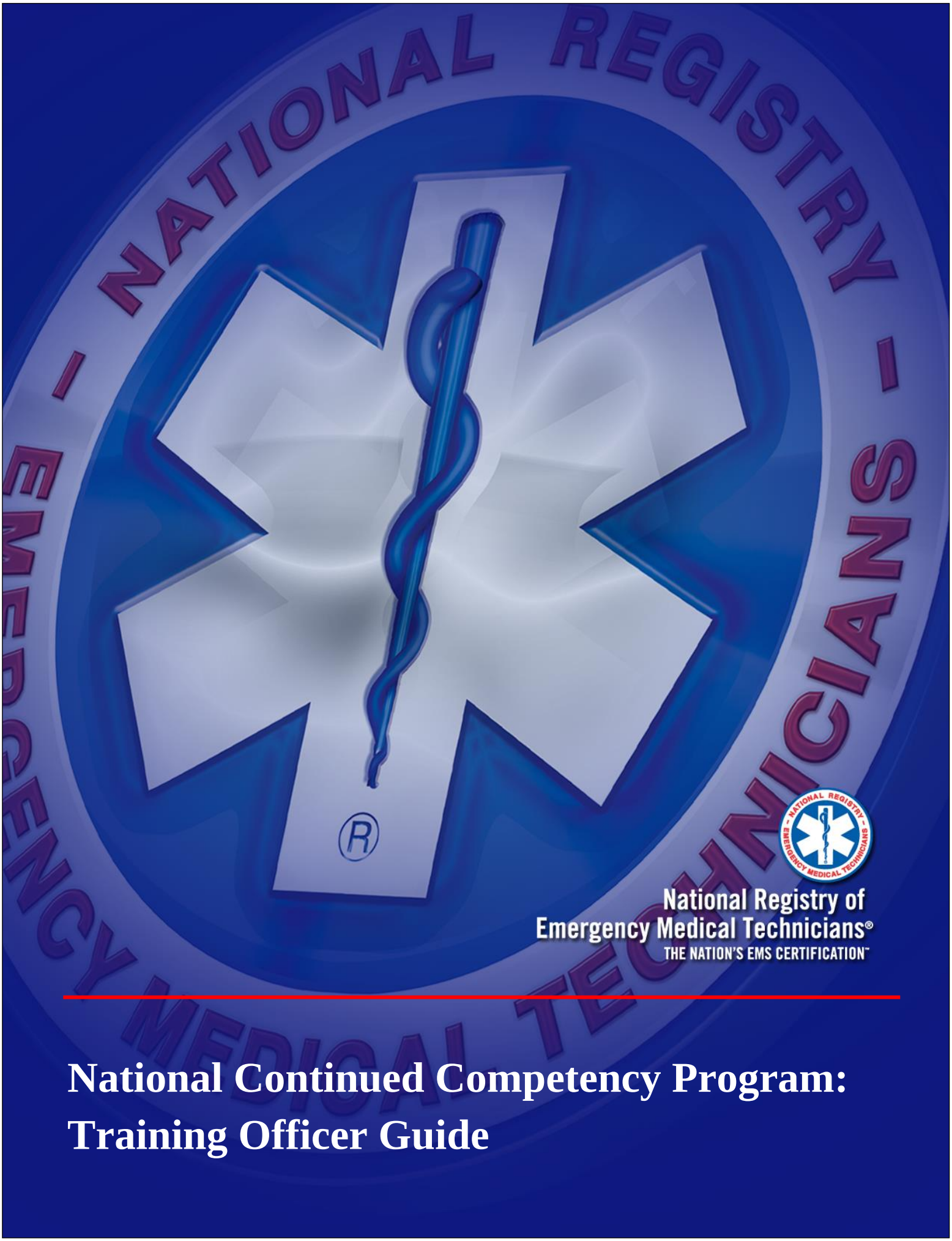

National Continued Competency Program: Training Officer Guide

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS, INC.
6610 Busch Boulevard
P.O. Box 29233
Columbus, OH 43229-0233
(614) 888-4484
http://www.nremt.org

Table of Contents

BRIEF HISTORY OF NATIONAL EMS CONTINUED COMPETENCY

Since the registration of the first nationally certified EMS professional in 1971, EMS practice has evolved significantly. Over the last four decades, the EMS profession has advanced from the provision of rudimentary care and transportation, to the delivery of sophisticated emergency medicine in the out-of-hospital environment.

The 2007 release of the National EMS Scope of Practice Model identified four levels of provider care:

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician
- Paramedic

Further, in 2009 the National EMS Education Standards were completed. These standards identified the depth and breadth of education necessary to bring entry-level providers to a competency level recognized in the National EMS Scope of Practice Model.

Since its inception, the National Registry of EMTs (NREMT) has been verifying entry-level and continued competence of EMS providers across the nation. As the educational standards have evolved, the NREMT has carried out the task of updating the measurement of knowledge and skill for the EMS profession. As entry-level requirements have changed, so too must the requirements for continued competency.

The ultimate goal of the NREMT is the protection of the public by ensuring EMS professionals possess the requisite entry-level knowledge and skills. Throughout the career of an EMS professional, the NREMT establishes recertification standards to help ensure that providers are competent and current in the art and science of out-of-hospital emergency medicine.

Since the 1980s, recertification requirements were based on the premise that all providers completed the same "clock hours" of training. While it was permissible to adapt some training to local needs, the recertification process did not provide a formal pathway for adaptability. Refresher content areas did not prescribe training over areas of practice where significant change had occurred. Lastly, there was no venue for medical directors and systems to focus training on needs identified by the continuous quality improvement process.

PRINCIPLES AND APPLICATION OF THE CONTINUED COMPETENCY PROGRAM

In 2010, a task force met to consider revisions of the NREMT's recertification process. The task force was a multi-disciplinary group comprised of representatives of the major regulatory, medical oversight and operational components of Emergency Medical Services.

During the 2000's continued competency was being addressed as a necessity for all medical specialties. The ongoing work of the American Board of Medical Specialties (ABMS) was reviewed by the task force. In summary, the NREMT's continued competency task force selected five key principles identified by ABMS that were adopted and included in the recertification process for National EMS Certification.

These principles are:

1. Professional Standing
2. Practice Performance
3. Life-Long Learning
4. Self-Assessment
5. Individual Continuing Education

1. Professional Standing

For an individual to hold National EMS Certification the individual must not be barred from licensure/certification in any state. Holding a current valid license/certification is a critical element to assure the public that EMS providers have not faced any action that would bar them from practice.

Eligibility for licensure must be maintained in order to retain National EMS Certification. Every individual who possesses National EMS Certification must be eligible and not barred from licensure in any state. The NREMT requires disclosure of any criminal convictions or licensure/certification limitations as part of the certification and recertification requirements.

The NREMT has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public. You may review further information related to this policy at https://www.nremt.org/nremt/about/policy_felony.asp

2. Practice Performance

Each EMS system across the nation has evolved to meet the individual needs of the community or region it serves. Because EMS care is delivered at the local level, National EMS Certification requires competency and education at the local level. Continued competency to practice is validated by the EMS provider's EMS supervisor or training officer at the EMR and EMT levels and by the provider's physician medical director at the Intermediate, AEMT and Paramedic levels. In order to maintain National EMS Certification as a provider with active status, an individual must be practicing in an EMS system.

3. Life-Long Learning

Initial education/training is intended to provide entry-level knowledge and skills for an EMS provider. Building on the foundation of initial education, life-long learning aids providers in adapting to the continuous changes in patient care, education, protocols and other influencing factors of EMS practice. Life-long learning is part of continued competency and is key to an EMS professional's career.

The NREMT's National Continued Competency Program requires life-long learning as a part of continued competency. The improvement of patient care and providing quality care should be the goal of every EMS professional regardless of location.

4. Self-Assessment

EMS professionals are expected to be competent over the entire clinical domain of out-of-hospital emergency care. Because the domain of emergency medicine is so large, identification of areas

of strengths and weaknesses is essential to efficiently guide the focus of an individual's continuing education.

In the pilot phase of the new National Continued Competency Program, the NREMT launched a low-stakes self-assessment covering four broad domains of out-of-hospital emergency care to include Airway, Respiration & Ventilation; Cardiology & Resuscitation; Medical, Obstetrics & Gynecology; and Trauma. Because this self-assessment was low-stakes and the culture around self-assessment was not widely accepted in the EMS community the reliability of aggregated data to inform individual providers, agencies and states could not be optimized. While it is the vision and hope of the NREMT that the EMS community will embrace the importance and utility of self-assessment data, at the current time, the NREMT will not require a self-assessment component as part of national EMS recertification.

5. Individual Continuing Education

Continuous improvement of the depth and breadth of the entire clinical domain of out-of-hospital emergency care must be part of a continuous competency program. Continuing education focused on areas of need of the EMS professional has the potential to improve knowledge, better skills, and positively affect patient outcomes. Individual continuing education embraces the principle of life-long learning.

OVERVIEW OF THE NATIONAL CONTINUED COMPETENCY PROGRAM

The National Continued Competency Program has three overarching requirements:

1. NATIONAL Continued Competency Requirements (NCCR)
2. LOCAL Continued Competency Requirements (LCCR)
3. INDIVIDUAL Continued Competency Requirements (ICCR)

The required hours of education vary at each level of National EMS Certification level based upon the complexity of maintenance of continued competency, the invasiveness of the care provided, and the depth and breadth of the knowledge base.

The following table lists the required number of hours of continuing education for each level of National EMS Certification and the respective allowable Distributive Education (Table 1). Each overarching requirement is explained in detail in the following sections.

Table 1. NCCP Hour Requirements*

	National Requirements	Local Requirements	Individual Requirements	**Total Hours**
NREMR	8 (up to 3 DE)	4 (up to 3 DE)	4 (up to 4 DE)	**16**
NREMT	20 (up to 7 DE)	10 (up to 7 DE)	10 (up to 10 DE)	**40**
NRAEMT	25 (up to 8 DE)	12.5 (up to 8 DE)	12.5 (up to 12.5 DE)	**50**
NRP	30 (up to 10 DE)	15 (up to 10 DE)	15 (up to 15 DE)	**60**

**Total Distributive Education (DE) allowance: NREMR 10 hours; NREMT 24 hours; NRAEMT 28.5 hours; NRP 35 hours*

NATIONAL Continued Competency Requirements

The National Continued Competency Requirements (NCCR) replace the material currently taught in the traditional DOT refresher and represent 50% of the overall requirements necessary to renew National EMS Certification. Topics included in the National Continued Competency Requirements are updated every four years based upon input obtained from national EMS stakeholders. Topics chosen are informed by:

- Evidenced-based medicine
- Any changes in the National EMS Scope of Practice Model
- Science-based position papers that affect EMS patient care
- Patient care tasks that have low frequency yet high criticality
- Peer-reviewed articles that improve knowledge to deliver patient care

Topics identified are then approved for inclusion into the National Continued Competency Program by the NREMT Board of Directors Continued Competency Committee. Further, every four years the NREMT will provide the educational materials (i.e., lesson plans) for the NCCR component to the EMS community. An overview of the current NCCR may be found in Appendix A.

Registrants may use a course only once toward the total number of hours required in each topic. Individuals may complete up to 1/3 of the NCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the national component can be found in Table 2. The total number of DE hours allowed for the NCCR will be decided by the NREMT's Continued Competency Committee and will be published with each change to the component topics.

Table 2. Maximum Number of DE Allowed for the NCCR

	NCCR Maximum Allowable DE
NREMR	3 hours
NREMT	7 hours
NRAEMT	8 hours
NRP	10 hours

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

LOCAL Continued Competency Requirements

The Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level and represent 25% of the necessary requirements for all provider levels. The LCCR topics may be chosen by State EMS Offices, EMS region directors (where applicable), and agency-level administrators (for example Medical Directors and Training Officers). Mechanisms that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)

Individuals may complete up to 2/3 of the LCCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.) The maximum number of DE hours allowed for each level of certification for the local component can be found in Table 3.

Table 3. Maximum Number of DE Allowed for the LCCR

	LCCR Maximum Allowable DE
NREMR	3 hours
NREMT	7 hours
NRAEMT	8 hours
NRP	10 hours

Practice performance (skills) competency

As with the traditional recertification model, verification of skill competence is required at the local level. Training Officers are responsible for the attestation of skill competency for NREMRs and NREMTs. Medical Directors are responsible for the attestation of skill competency for NRAEMTs and NRPs. A detailed description of the skills requiring verification of continued competence may be found in Table 4 and Table 5. The expectation of validation of this part of the local requirements is that the EMS professional has been verified as competent over every required skill and any necessary remediation has been undertaken.

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical testing, etc.)

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.

Table 4. Required Continued Competency Skills for NREMRs and NREMTs

NREMR	NREMT
CPR	Patient Assessment/Management • Medical and trauma Ventilatory Management Skills/Knowledge • Simple adjuncts • Supplemental oxygen delivery • Bag-valve-mask o One-rescuer o Two-rescuer Cardiac Arrest Management • Automatic External Defibrillator (AED) Hemorrhage Control & Splinting Procedures Spinal Immobilization • Seated and lying patients OB/Gynecologic Skills/Knowledge Other Related Skills/Knowledge • Radio communications • Report writing and documentation

Table 5. Required Continued Competency Skills for NRAEMTs and NRPs

NRAEMT	NRP
Patient Assessment/Management • Medical and trauma Ventilatory Management Skills/Knowledge • Simple adjuncts • Supplemental oxygen delivery • Supraglottic airways (PTL, Combitube, King LT) Cardiac Arrest Management • Automatic External Defibrillator (AED) Hemorrhage Control & Splinting Procedures IV Therapy & IO Therapy • Medication administration Spinal Immobilization • Seated and lying patients OB/Gynecologic Skills/Knowledge Other Related Skills/Knowledge • Radio communications • Report writing and documentation	Patient Assessment/Management • Medical and trauma Ventilatory Management Skills/Knowledge • Simple adjuncts • Supplemental oxygen delivery • Supraglottic airways (PTL, Combitube, King LT) • Endotracheal intubation • Chest decompression • Transtracheal Jet Ventilation/Cricothyrotomy Cardiac Arrest Management • Megacode & ECG recognition • Therapeutic modalities • Monitor/defibrillator knowledge (setup, routine maintenance, pacing) Hemorrhage Control & Splinting Procedures IV Therapy & IO Therapy • Medication administration Spinal Immobilization • Seated and lying patients OB/Gynecologic Skills/Knowledge Other Related Skills/Knowledge • Radio communications • Report writing and documentation

INDIVIDUAL Continued Competency Requirements

The Individual Continued Competency Requirements (ICCR) represent 25% of the required continuing education. To satisfy these requirements, an individual may select any EMS-related education.

There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a registration cycle. Individuals may complete all of the ICCR as Distributive Education (DE; i.e., CECBEMS Designation F3**, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the individual component can be found in Table 6.

Table 6. Maximum Number of DE Allowed for the ICCR

	ICCR Maximum Allowable DE
NREMR	4 hours
NREMT	10 hours
NRAEMT	12.5 hours
NRP	15 hours

**NOTE: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) do are not classified as distributive education.

RECERTIFICATION METHODS

To Apply For Recertification You Need to:

- Demonstrate continued cognitive competency through continuing education or examination.
- Complete all other recertification requirements.

  All other recertification requirements include: criminal conviction and licensure limitation statements, verification of skills, Training Officer and Physician Medical Director signature (if applicable).

If an individual's employer requires National EMS Certification for continued employment, he or she should submit his or her application for processing prior to February 15, to ensure processing prior to March 31 (EMR – August 15 to ensure processing prior to September 30).

There are two methods that may be used to meet continued cognitive competency requirements

- Recertification by examination
- Documentation of continuing education

Recertification by Examination

The recertification by examination option enables you to demonstrate continued cognitive competence without requiring you to document continuing education. This option is available during the last six months of your recertification cycle.

The steps to schedule the recertification by examination may be found below:

- Log in to your account on the NREMT website and look for the "Recertification by Examination" option. Complete a recertification by examination application and pay the exam fee. Be sure you are completing the recertification application (and not the initial certification application).
- After 24-48 hours, go to the NREMT website, log in to your account and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
- Take and pass the exam by March 31 (EMR- September 30) of the year your certification expires. You may make one attempt to demonstrate continued cognitive competency by taking an exam (in lieu of documenting continuing education). After successful completion of the recertification by examination, you will receive an abbreviated Cognitive Competency by Exam recertification application on your NREMT account
- Return the abbreviated recertification application by March 31(EMR- September 30) of the year your certification expires with signatures and supporting documentation. While the exam must be successfully completed by March 31 (EMR-September 30), the abbreviated application may be postmarked between April 1 and April 30 (EMR- between October 1 and October 31) with the additional $50 reinstatement fee.

Continuing Education Method

The continuing education option allows you to demonstrate continued cognitive competency by documenting the hours of continuing education you completed during your certification cycle. Use the NREMT online recertification process to track your continuing education hours, affiliate with your agency and submit your application online for quicker processing.

The following are maximum hours per course that can be applied towards the new National Continued Competency Program (NCCR, LCCR and ICCR):

- Hour-for-hour credit can be applied for standardized courses (including, but not limited to, ABLS, ACLS, AMLS, EMPACT, EPC, ITLS, PHTLS, PALS, PEPP, etc.)
- Credit can be applied for college courses that relate to your role as an EMS professional (1 college credit = 8 hours of continuing education). Examples include, but not limited to, anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, statistics, etc.
- Hours from the following courses can be applied hour-for-hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

The following **cannot** be applied towards the new National Continued Competency Program (NCCR, LCCR and ICCR):

- Performance of duty or volunteer time with agencies
- Clinical rotations
- Instructor methodology courses
- Management/leadership courses
- Preceptor hours
- Serving as a skills examiner

NOTE: Course hours may be split between two or more topic areas of the NCCR or between components (NCCR, LCCR and ICCR). Registrants may use a course only once toward the total number of hours required in the NCCR. Local (LCCR) hours are defined by the Medical Director/Training Officer, the State, or both. There are no limitations on the number of hours in a specific topic are for the ICCR, however, registrants may not use the same course more than once in a registration cycle.

Excess hours from a course can be carried over to another requirement area. For example, if an eight hour class meets the requirements for use in 6 hours of the NCCR the remaining 2 hours can be used to satisfy hour requirements of the LCCR or ICCR.

General Recertification Policies

As in other professions in which the safety of the public is paramount, EMS professionals need to meet competency requirements every two years to maintain National EMS Certification. Keeping National EMS Certification current attests to the public and employers that certified EMS professionals are prepared to provide competent and safe emergency medical care.

Audits

Recertification applications submitted to the NREMT are randomly selected for audit. If a provider's application was randomly selected, the provider must provide documentation for all courses listed on the

recertification form within **30 days**. Documentation may consist of course completion certificates, training rosters, written verification from the training officer, or other proof as applicable.

The NREMT reserves the right to investigate recertification materials at any time. Nationally certified EMS professionals must retain verification of attendance of all education they acquire. Failure to submit verification or documentation when audited will result in denial of eligibility to recertify.

NREMT Certification Eligibility, Discipline and Appeals Policy

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Nationally certified EMS professionals applying for recertification who wish to exercise these rights may obtain policy information directly from the NREMT website. From our home page, click on General Policies and select Eligibility, Disciplinary and Appeal Policies.

Inactive Status

An inactive status is designated for Nationally Certified EMS professionals who are unaffiliated with an agency in which out-of-hospital skills are utilized. Inactive status may be helpful for EMS professionals who:

- are not actively engaged in ambulance/rescue service or health/patient care activity.
- must be inactive for a period of time – such as, moving, illness, pursuit of education, family responsibilities, etc.

Inactive status is **not** for those who are unable to obtain and meet the educational requirements or those who have had limitations or revocation of a health care license.

Registrants who wish to declare inactive status must continue to meet the NREMT continuing education recertification requirements in subsequent cycles.

Return to Active Status

Nationally certified EMS professionals may request return to active status at any time they gain active affiliation with an agency that out-of-hospital skills are utilized. Continued competency skill attestation is required to return to active status.

Lapsed Certification

If a provider's National EMS Certification has lapsed within a two year period or he or she is currently state licensed as an EMS provider, National EMS Certification can be regained by documenting completion of the National Continued Competency Requirements and successfully completing the cognitive and psychomotor examinations. If you have ever held a state EMS license/certification or National EMS Certification please visit our website (www.nremt.org) for more information regarding the NREMT's re-entry policies.

TRANSITION POLICY

The NREMT Board of Directors is committed to implementation of the EMS Education Agenda for the Future: A Systems Approach. As part of the system proposed in this agenda, the 2007 National EMS Scope of Practice Model defined four nationally recognized provider levels. All nationally certified EMS professionals must meet the minimum requirements of knowledge and skills outlined in the National EMS Scope of Practice Model.

Former Level	New Level
NREMT First Responder	Emergency Medical Responder (NREMR)
NREMT-Basic (NREMT-B)	Emergency Medical Technician (NREMT)
NREMT-Intermediate/85 (NREMT-I/85)	Advanced Emergency Medical Technician (NRAEMT)
NREMT-Intermediate/99 (NREMT-I/99)	Paramedic (NRP)
NREMT-Paramedic (NREMT-P)	

NOTE: Transition dates and processes that nationally certified EMS providers must follow vary according to the level of EMS provider and are outlined in **Appendix B**.

Transition Overview:

Transition	Time to Complete Transition
First Responder to EMR	2 recertification cycles (4 years - complete by Sept. 30, 2015/2016)
EMT-Basic to EMT	2 recertification cycles (4 years - complete by Mar. 31, 2015/2016)
Intermediate/85* to AEMT	2 recertification cycles (4 years - complete by Mar. 31, 2016/2017)†
Intermediate/99** to Paramedic	3 recertification cycles (6 years - complete by Mar. 31, 2018/2019)
EMT-Paramedic to Paramedic	2 recertification cycles (4 years - complete by Mar. 31, 2016/2017)

*Certified EMS providers with current I/85 certifications must complete transition by 2016/2017, including successful completion of the AEMT cognitive examination.

†Candidates who obtain their FIRST I/85 certification between July 2012 and March 31, 2013 have until March 31, 2017 to complete the transition process.

**Certified EMS providers with current I/99 certification must complete transition by 2018/2019, including successful completion of the Paramedic cognitive examination.

ACCEPTABLE CONTINUING EDUCATION METHODOLOGIES

APPROVAL OF CONTINUING EDUCATION (CE)

The National Registry of Emergency Medical Technicians does not approve or endorse initial or continuing EMS Education.

The Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and state EMS offices approve and accredit continuing education offerings. CECBEMS has established a system for evaluating continuing education offerings and assuring potential attendees/participants of the quality of such activities. This process validates the educational integrity of activities and awards accredited continuing education hours to participants. CECBEMS requires the sponsoring agency to submit an application for approval of an activity for continuing education credit. All national component education submitted for recertification must be approved by CECBEMS or the state.

CONTINUING EDUCATION

Continuing Education may occur at the EMS system level with multiple EMS providers present or by individuals seeking to meet the recertification requirements. This guide includes types of education individuals or systems may use to deliver the education requirements.

When an EMS system hosts education for groups of EMS providers, multiple provider levels may receive the education. Education does not have to be offered separately at each level. When groups of different levels of providers are present, the Training Officer may structure the course so that fundamental information is offered to all providers and then advanced level information regarding interventions can be offered to advanced providers toward the end of the educational offering as an example. When topics are unique to a level only those providers need to be present.

Individuals seeking to meet the requirements may do so via offerings within their EMS systems or via other methods. Other methods may include:

- Structured Continuing Education
- Formal Training Programs
- Conferences and Symposia
- Globally Recognized Continuing Education Courses (such as ACLS, PHTLS, ITLS, etc.)
- Distributive Education (NCCR=no more than 1/3; LCCR=no more than 2/3; ICCR=unlimited)
- Case Reviews
- Grand Rounds
- Directed Studies
- Teaching

Explanation of Acceptable Education Methodologies

Structured Continuing Education

Structured continuing education is delivered via lecture presented by physicians, nurses with EMS experience, state-approved EMS instructors, or providers with expertise in the subject matter. Many states have rules detailing who may deliver structured continuing education. When a state does have these rules, all nationally certified EMS professionals must follow the rules of their state(s) in order for the NREMT to accept their education.

Structured continuing education in the National Continued Competency Program must be at the depth and breadth required in the Continued Competency Instructional Guidelines. It is suggested that conference lecturers, vendors of education and distributive education providers include these guidelines in their presentation and inform attending nationally certified EMS professionals that this information is provided in the educational offering.

Organizationally Structured Continuing Education

An EMS agency, state or national conference, or a formal educational institution/continuing education provider may choose to provide a service to nationally certified EMS professionals covering all of the National Continued Competency Requirements for recertification.

In an organizationally structured approach, the organization's Training Officer can access the NREMT website to enter continuing education information directly into the EMS professionals' account. The individual EMS professional can also enter continuing education information/hours directly into the individual's account.

Personally Structured Continuing Education

Personally structured continuing education may be achieved by the EMS professional who is familiar with the National Continued Competency Requirements and actively seeks out continuing education topics that are required for recertification. EMS professionals who choose to personally structure their National Continued Competency Requirements topics must be sure to cover each of the National topics required.

Personally structured continuing education can be obtained via conferences/symposia, distributive education (NCCR=no more than 1/3; LCCR=no more than 2/3; ICCR=unlimited), nationally recognized continuing education courses, case reviews, grand rounds, sentinel event reviews or teaching provided this is approved by the Training Officer or Medical Director.

When the EMS professional utilizes the personally structured approach, the individual should enter continuing education information into the individual's account on the NREMT website.

Unaffiliated or Inactive Personally Structured Continuing Education

Some individuals are unaffiliated with an EMS agency or are on "inactive" status. These individuals can meet the National Continued Competency Requirements via personally structured formal continuing education outlined above.

Formal Training Programs

Some services may choose to deliver National and Local content by delivering comprehensively structured programs that meet the National Continued Competency Requirements and follow the instructional guidelines provided by the NREMT. Required training in this manner is often given in an "academy" format with EMS professionals being taken off duty to attend mandatory training. This has the advantage of assuring the organization that all of the EMS professionals complete their recertification training on a well-defined schedule.

Conferences and Symposia

Most conferences and symposia are lecture-based programs hosted by services, educational institutions, hospitals, or state/regional EMS organizations. Conference coordinators may offer topics included in the National Continued Competency Requirements provided the lecturer covers the topic sufficiently to ensure meeting the depth and breadth outlined in the Instructional Guidelines provided by the NREMT. When a lecture meets these guidelines, the conference coordinator should identify to those who attend that this lecture can be used towards meeting the National EMS Certification recertification requirements. Conference lecturers may exceed the information outlined in these guidelines but must also include information that is in the NCCP instructional guidelines in order for it to be acceptable for recertification.

This method of completing requirements is typically self-directed and requires individual attentiveness to documentation to ensure completion of recertification requirements. Providers should place the completion of this topic within their individual accounts on the NREMT website to use their credit for attending.

Nationally Recognized Continuing Education Courses

A number of organizations such as the American Heart Association (AHA), National Association of EMTs (NAEMT), the American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) have developed continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes. Generally speaking these courses tend to review original training, may introduce new concepts and focus on the current trends in the management of patients. Some examples of these programs would include Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), and Pediatric Education for Prehospital Professionals (PEPP). In addition to EMS specific classes and certifications, many courses are developed nationally, and some are mandated for individuals working in EMS, public safety or healthcare settings.

Nationally Recognized Continuing Education courses can be used to fulfill a topic in the National Continued Competency Requirements provided the course meets the depth and breadth outlined in the Instructional Guidelines posted by the NREMT. These courses can also be used to meet the local requirements if mandated by the local entity.

Distributive Education

Distributive education is defined by the Continuing Education Coordinating Board for EMS (CECBEMS) as "…an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time. CE activities that are offered online, via CD-ROM or video, or through reading journal articles or listening to audio tapes are usually considered by CECBEMS as distributed learning" (CECBEMS, 2015). CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

To be used effectively, these programs must be developed by credible sources, be medically accurate and educationally sound. These programs should be accredited by state, CECBEMS, or other accrediting bodies and include some form of outcome measurement.

Distributive education is an acceptable method of attaining NCCR, LCCR and ICCR recertification requirements. However, no more than 1/3 of the total hours for NCCR and 2/3 of the total hours for LCCR can be achieved by distributive education. All of the ICCR may be completed through distributive education.

Case Reviews/Run Review

Case reviews are frequently cited as part of the continuous quality improvement process. Often termed "run reviews," a case review should entail events leading up to the incident, patient assessment and management accomplished by the team, and information regarding the patient. Case reviews should include pathophysiology of the condition of the patient, changes in the patient presentation based upon time or interventions provided, other measures that could have been provided to the patient, and follow-up information regarding the patient's in-hospital care. Selection of cases should be determined by system administrators and medical directors. Case reviews may include skill labs when appropriate. Identification of the providers who cared for the patient should not be provided. Case reviews are for educational purposes and not designed to admonish providers. Case reviews must protect patient privacy at all times.

Grand Rounds

Grand Rounds are an educational methodology used by physicians who are seeking continuing medical education. They typically take place in a hospital. EMS providers may attend these "Grand Rounds," with the understanding that all treatments discussed during the Grand Round may not be within their scope of knowledge and practice.

Directed Studies

Directed studies, i.e., "literature reviews," can be a valuable learning experience. The review should be defined by an EMS Training Officer or Medical Director, and include a written analysis by the provider. Directed studies are best suited for providers who need individual attention or specific educational topics or who were unable to attend offerings provided by the EMS system. When using directed studies, the Training Officer must ensure that the readings cover the depth and breadth of a topic outlined in the Instructional Guidelines posted by the NREMT. Directed studies need to be hour-for-hour. A properly conducted directed study that is awarded one hour should take one hour to complete. Oral questions regarding the reading should be asked of the provider to ensure the accomplishment of the objectives of the directed study.

Directed studies are classified as "Distributive Education". No more than 1/3 of the total hours for NCCR and 2/3 of the total hours for LCCR can be achieved by distributive education. All of the ICCR may be completed through distributive education.

Teaching

Teaching topics within the National Continued Competency Program is the same as taking the topic. Teachers of the topics obtain the same credit as learners on a hour-for-hour basis.

REFERENCES

CECBEMS. (2015). *Answers to Frequently Asked Questions.* Retrieved from https://cecbems.org/FAQAnswers.aspx?Id=83

Appendix A: NCCR Components

NREMR- National Component	8 hours total
Airway, Respiration & Ventilation	

Ventilation [1 hours]
• *Assisted Ventilation*
  ○ *Respiratory failure versus distress*
  ○ *Adjuncts*
• *Positioning*
Oxygenation [1 hour]
	2 total hours of Airway, Resp. & Vent.

Cardiovascular	
Stroke [1 hour] • *Assessment (Stroke scale)* • *Oxygen administration* • *Time of onset (duration)* • *Transport destination* ***Cardiac Arrest [0.5 hours]*** • *Ventricular Assist Devices* ***Post Resuscitation Care [0.5 hours]*** • *Recognition of Return of Spontaneous Circulation (ROSC)*	**2 total hours of Cardiovascular**
Trauma	
CNS Injury [0.5 hours] • *Concussion* ***Tourniquets [0.5 hours]***	**1 total hour of Trauma**
Medical	
Immunological Diseases [1 hour] • *Allergic reaction* • *Anaphylaxis* ***Communicable Diseases [0.5 hours]*** • *Hygiene (hand washing, etc.)* • *Vaccines* • *Influenza* ***Psychiatric Emergencies [1.5 hours]*** • *Mental Health* • *Patient restraint* ○ *Agitated delirium* • *Depression/suicide*	**3 total hours of Medical**

NREMT- National Component	20 hours total
Airway, Respiration & Ventilation	

Ventilation [3 hours]
• *Minute ventilation*
• *Effect on cardiac output*
• *Assisted Ventilation*
  ○ *Respiratory failure versus distress*
  ○ *Adjuncts*
  ▪ *Automatic Transport Ventilator*
  ○ *Positioning*
Oxygenation [1 hour]
	4 total hours of Airway, Resp. & Vent.

Cardiovascular	

Post-Resuscitation Care [0.5 hours]
• *Recognition of Return of Spontaneous Circulation (ROSC)*
• *Oxygenation*
• *Induced hypothermia (only limited depth and breadth)*
Stroke [1 hour]
• *Assessment (stroke scale)*
• *Oxygen administration*
• *Time of onset (duration)*
• *Transport destination*
Cardiac Arrest & Ventricular Assist Devices [0.5 hours]
Cardiac Rate Disturbance (Pediatric) [1 hour]
• *Tachycardia*
• *Bradycardia*
• *Irregular pulse*
Pediatric Cardiac Arrest [2 hours]
• *Optimal chest compressions*
  ○ *Techniques*
• *Ventilation/Compression ratio*
  ○ *Single and 2-Rescuer CPR*
  ○ *AED use*
Chest Pain from Cardiovascular Cause (Adult) [1 hour]
• *Medication administration*
  ○ *Nitroglycerin*
  ○ *Aspirin (ASA)*
  ○ *Oxygen*
• *Transportation destination*
	6 total hours of Cardiovascular

Trauma	
CNS Injury [0.5 hours] • *Concussion* ***Tourniquets [0.5 hours]*** ***Field Triage [1 hour]*** • *Model Uniform Core Criteria (MUCC)* • *CDC Trauma Triage Decision Scheme* • *Sort, Assess, Lifesaving Interventions, Treatment/Transport (SALT)*	**2 total hours of Trauma**

NREMT- National Component	20 hours total
Medical	

Special Healthcare Needs [1 hour]
• *Tracheostomy care*
• *Dialysis shunts*
• *How to deal with patient and equipment*
  ○ *Feeding tubes, VP shunts, etc.*
• *Cognitive issues*
OB Emergency [1 hour]
• *Abnormal presentations*
  ○ *Nuchal cord*
• *Neonatal resuscitation*
  ○ *Routine suctioning of the neonate*
Psychiatric Emergencies [1.5 hours]
• *Mental health*
• *Patient restraint*
  ○ *Agitated delirium (only limited depth and breadth)*
• *Suicide/Depression*
Endocrine [1 hour]
• *Diabetes*
• *Metabolic Syndrome (only limited depth and breadth)*
  ○ *Insulin resistance, DKA/HHNS*
• *Medication pumps (only limited depth and breadth)*
  ○ *Insulin*
• *Glucometer (only limited depth and breadth)*
Immunological Diseases [1 hour]
• *Allergic reaction*
• *Anaphylaxis*
Communicable Diseases [0.5 hours]
• *Hygiene (hand washing, etc.)*
• *Vaccines*
• *Antibiotic resistant infections*
• *Influenza*
• *Public health – epidemics, pandemics, reporting, etc.*
• *Systematic inflammatory response syndrome (SIRS) versus sepsis versus septic shock*
  ○ *Fluid resuscitation*
	6 total hours of Medical

NREMT- National Component	20 hours total
Operations	
At-Risk Populations [0.5 hours] • *Pediatric* • *Geriatric* • *Economically disadvantaged* • *Domestic violence* • *Human trafficking* ***Pediatric Transport [0.5 hours]*** ***Affective Characteristics [0.5 hours]*** • *Professionalism* • *Cultural competency* ○ *Changing demographics* ***Role of Research [0.5 hours]***	**2 total hours of Operations**

NRAEMT- National Component	25 hours total
Airway, Respiration & Ventilation	

Ventilation [3 hours]
• *Minute ventilation*
• *Effect on cardiac output*
• *Assisted Ventilation*
  ○ *Respiratory failure versus distress*
  ○ *Adjuncts*
  ▪ *Automatic Transport Ventilator*
  ○ *Positioning*
Oxygenation [1 hour]
	4 total hours of Airway, Resp & Vent

Cardiovascular	

Post-Resuscitation Care [0.5 hours]
• *Recognition of Return of Spontaneous Circulation (ROSC)*
• *Oxygenation*
• *Induced hypothermia (only limited depth and breadth)*
Stroke [1 hour]
• *Assessment (stroke scale)*
• *Oxygen administration*
• *Time of onset (duration)*
• *Transport destination*
Cardiac Arrest & Ventricular Assist Devices [0.5 hours]
Cardiac Rate Disturbance (Pediatric) [1 hour]
• *Tachycardia*
• *Bradycardia*
• *Irregular pulse*
Pediatric Cardiac Arrest [2 hours]
• *Optimal chest compressions*
  ○ *Techniques*
• *Ventilation/Compression ratio*
  ○ *Single and 2-Rescuer CPR*
  ○ *AED use*
Chest Pain from Cardiovascular Cause (Adult) [1 hour]
• *Medication administration*
  ○ *Nitroglycerin*
  ○ *Aspirin (ASA)*
  ○ *Oxygen*
• *Transportation destination*
	6 total hours of Cardiovascular

Trauma	
CNS Injury [0.5 hours] • *Concussion* ***Tourniquets [0.5 hours]*** ***Field Triage [1 hour]*** • *Model Uniform Core Criteria (MUCC)* • *CDC Trauma Triage Decision Scheme* • *Sort, Assess, Lifesaving Interventions, Treatment/Transport (SALT)*	**2 total hours of Trauma**

NRAEMT- National Component	25 hours total
Medical	

Special Healthcare Needs [1 hour]
• *Tracheostomy care*
• *Dialysis shunts*
• *How to deal with patient and equipment*
  o *Feeding tubes, VP shunts, etc.*
• *Cognitive issues*
OB Emergency [1 hour]
• *Abnormal presentations*
  o *Nuchal cord*
• *Neonatal resuscitation*
  o *Routine suctioning of the neonate*
Psychiatric Emergencies [1.5 hours]
• *Mental health*
• *Patient restraint*
  o *Agitated delirium (only limited depth and breadth)*
• *Suicide/Depression*
Endocrine [1 hour]
• *Diabetes*
• *Metabolic Syndrome (only limited depth and breadth)*
  o *Insulin resistance, DKA/HHNS*
• *Medication pumps (only limited depth and breadth)*
  o *Insulin*
• *Glucometer (only limited depth and breadth)*
Immunological Diseases [1 hour]
• *Allergic reaction*
• *Anaphylaxis*
Communicable Diseases [0.5 hours]
• *Hygiene (hand washing, etc.)*
• *Vaccines*
• *Antibiotic resistant infections*
• *Influenza*
• *Public health – epidemics, pandemics, reporting, etc.*
• *Systematic inflammatory response syndrome (SIRS) versus sepsis versus septic shock*
  o *Fluid resuscitation*
	6 total hours of Medical

NRAEMT- National Component	25 hours total
Operations	
At-Risk Populations [0.5 hours] • *Pediatric* • *Geriatric* • *Economically disadvantaged* • *Domestic violence* • *Human trafficking* ***Pediatric Transport [0.5 hours]*** ***Affective Characteristics [0.5 hours]*** • *Professionalism* • *Cultural competency* ○ *Changing demographics* ***Role of Research [0.5 hours]***	**2 total hours of Operations**
Additional Advanced Life Support EMS Education	
AEMTs must complete 5 hours of additional Advanced Life Support (ALS) EMS-related education [5 hours].	**5 total hours of Additional ALS Education**

NRP- National Component	30 hours total
Airway, Respiration & Ventilation	
Ventilation [2 hours] ***Capnography [1 hour]*** ***Advanced Airway Management in the Perfusing Patient [1 hour]***	**4 total hours of Airway, Resp & Vent**
Cardiovascular	

Post-Resuscitation Care [2 hours]
• *Recognition of Return of Spontaneous Circulation*
• *Oxygenation*
• *Induced hypothermia (only limited depth and breadth)*
Ventricular Assist Devices [0.5 hours]
Stroke [1.5 hours]
• *Assessment*
• *Oxygen administration*
• *Time of onset (duration)*
• *Transport destination*
• *Fibrinolytics check sheet*
Cardiac Arrest [2 hours]
• *Chain of survival*
• *Optimal chest compressions*
  ○ *Depth, rate, recoil & pause*
• *Airway issues in cardiac arrest*
  ○ *Halting CPR to intubate*
  ○ *Hyperventilation*
  ○ *Supraglottic vs ETT vs BVM*
• *Termination decision criteria*
  ○ *NAEMSP/AHA Position*
• *$ETCO_2$ changes during arrest and ROSC*
Congestive Heart Failure [0.5 hours]
• *Recognition*
• *Treatment*
Pediatric Cardiac Arrest [2.5 hours]
• *Optimal chest compressions*
  ○ *Techniques*
• *Ventilation/Compression ratio*
  ○ *Single and 2-Rescuer*
• *ALS Management*
• *Unique causes of pediatric cardiac arrest (only limited depth and breadth)*
  ○ *HOCM*
  ○ *Commotio cordis*
  ○ *Long QT*
  ○ *AHA Channelopathy*
ACS [1 hour]
• *12 Lead Review*
• *STEMI imposters*
	10 total hours of Cardiovascular

NRP- National Component	30 hours total
Trauma	
CNS Injury [2 hours] • *Concussion* • *$ETCO_2$ monitoring* ***Tourniquets [0.5 hours]*** ***Field Triage [1 hour]*** • *Model Uniform Core Criteria (MUCC)* • *CDC Trauma Triage Decision Scheme* • *Sort, Assess, Lifesaving Interventions, Treatment/Transport (SALT)* ***Fluid Resuscitation [0.5 hours]*** • *Physiology* • *Effects of over-loading*	**4 total hours of Trauma**
Medical	

Special Healthcare Needs [2 hours]
• *Tracheostomy care*
• *Dialysis shunts*
• *How to deal with patient and equipment*
  ○ *Feeding tubes, CSF shunts, etc.*
• *Cognitive issues*
OB Emergency [1 hour]
• *Abnormal presentation*
  ○ *Nuchal cord*
• *Neonatal resuscitation*
  ○ *Routine suctioning of the neonate*
Communicable Diseases [1 hour]
• *Hygiene (hand washing, etc.)*
• *Vaccines*
• *Antibiotic resistant infections*
• *Influenza*
• *Public health – epidemics, pandemics, reporting, etc.*
• *SIRS versus sepsis versus septic shock*
  ○ *Fluid resuscitation*
• *Appropriate precautions*
Medication Delivery [1 hour]
• *IM vs SC (e.g., epi)*
  ○ *Atomized/Nasal*
Pain Management [1 hour]
• *NAEMSP recommendations*
• *AAP pediatric pain management*
Psychiatric Emergencies [1 hour]
• *Mental health*
• *Patient restraint*
  ○ *Agitated delirium (only limited depth and breadth)*
• *Suicide/Depression*
	7 total hours of Medical

NRP- National Component	30 hours total
Operations	
At-Risk Populations [1 hour] • *Pediatric* • *Geriatric* • *Economically disadvantaged* • *Domestic violence* • *Human Trafficking* ***Pediatric Transport [0.5 hours]*** ***Culture of Safety [0.5 hours]*** • *Adverse event reporting* • *Medication safety* ***Affective Characteristics [1 hour]*** • *Professionalism* • *Cultural competency* o *Changing demographics* ***Crew Resource Management [1 hour]*** ***Role of Research [1 hour]***	**5 total hours of Operations**

Appendix B: Transition Policy

First Responder (FR) to Emergency Medical Responder (NREMR)

Transition	Time to Complete Transition
First Responder to EMR	2 recertification cycles (4 years - complete by Sept. 30, 2015/2016)

All nationally certified First Responders have two registration cycles (four years) to complete the transition requirements for FR to EMR.

FR to EMR Transition Requirements

- The NCCP National Component satisfies the transition course requirement for FR to EMR.
  -OR-
- Recertification by exam satisfies the transition course requirement for FR to EMR.

Nationally certified First Responders who submit a complete recertification application but do not meet transition requirements for First Responder to EMR will be dropped from the registry of National EMS Certification upon reaching their expiration date of September 30, 2015 or 2016.

Emergency Medical Technician-Basic (EMT-B) to Emergency Medical Technician (NREMT)

Transition	Time to Complete Transition
EMT-Basic to EMT	2 recertification cycles (4 years - complete by Mar. 31, 2015/2016)

All nationally certified Emergency Medical Technician-Basics have two registration cycles (four years) to complete the transition requirements for EMT-B to EMT.

EMT-B to EMT Transition Requirements:

- The NCCP National Component satisfies the transition course requirement for EMT-B to EMT.
  -OR-
- Recertification by exam satisfies the transition course requirement for EMT-B to EMT.

Nationally certified EMT-Bs who submit a complete recertification application but do not meet transition requirements for EMT-B to EMT will be issued National EMS Certification at the Emergency Medical Responder (NREMR) level upon reaching their expiration date of March 31, 2015 or 2016.

Emergency Medical Technician-Intermediate/85 (EMT-I/85) to Advanced Emergency Medical Technician (NRAEMT)

Transition	Time to Complete Transition
Intermediate/85 to AEMT	2 recertification cycles (4 years - complete by Mar. 31, 2016/2017)†

†Candidates who obtain their FIRST I/85 certification between July 2012 and March 31, 2013 have until March 31, 2017 to complete the transition process.

All nationally certified Emergency Medical Technician-Intermediate/85s have two registration cycles (four years) to complete the transition requirements for EMT-I/85 to AEMT. To obtain National EMS Certification as an NRAEMT, after completing a state-approved transition course, all NREMT-I/85s must successfully complete the NRAEMT computer delivered cognitive examination and have had a transition course-ending practical examination within the past two years.

I/85 to AEMT (NRAEMT) Transition Requirements:

- Successful completion of a state approved transition course that issues a certificate that has within its title:
    - NREMT-Intermediate/85's name
    - Transition course completion date
    - The certificate must contain the following statement: "has completed a state approved EMT-Intermediate/85 to Advanced Emergency Medical Technician (AEMT) transition course including successful completion of a course-ending practical examination." The individual skills below should also be listed on the certificate:
        - Patient Assessment/Management - Medical
        - Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
        - Cardiac Arrest Management /AED
        - Intravenous Bolus Medications
        - Pediatric Intraosseous Infusion"
    - Name of the sponsoring agency
    - Signature of the individual responsible for training
- NREMT-Intermediate/85s must complete an online application, including submission of an application fee (currently $70.00) and successfully complete the NRAEMT cognitive examination prior to their 2016 or 2017 expiration date.
- Intermediate/85s who are unable to successfully complete the NRAEMT cognitive exam by their expiration date will be issued National EMS Certification at the EMT level and will have 2 years from date of I/85 lapse to obtain NRAEMT certification provided they meet all NREMT requirements currently in effect.
- All Intermediate/85s transitioning will have a maximum of six attempts to successfully complete the NRAEMT cognitive exam.
- Any Intermediate/85 transitioning who fails six attempts will be required to successfully complete a full AEMT initial education program to regain eligibility to apply for NRAEMT.

NREMT-Intermediate/85s who submit a complete recertification application but do not include successful completion of a state-approved transition course from EMT-I/85 to AEMT will be issued National EMS Certification as an Emergency Medical Technician (NREMT) upon reaching their expiration date of March 31, 2016 or 2017.

Emergency Medical Technician-Intermediate/99 (EMT-I/99) to Paramedic (NRP)

Transition	Time to Complete Transition
Intermediate/99 to Paramedic	3 recertification cycles (6 years - complete by Mar. 31, 2018/2019)

All nationally certified Emergency Medical Technician-Intermediate/99s have three registration cycles (six years) to complete the transition requirements for EMT-I/99 to Paramedic. To obtain National EMS Certification as an NRP, after completing a state-approved transition course, all NREMT-I/99s must successfully complete the NRP computer delivered cognitive examination.

I/99 to Paramedic Transition Requirements:

- Successful completion of a state approved transition course that issues a certificate that has within its title:
    - NREMT-Intermediate/99's name
    - Transition course completion date
    - The certificate must contain the following statement: "has completed a state approved EMT-Intermediate/99 to Paramedic transition course.
    - Name of the sponsoring agency
    - Signature of the individual responsible for training
- NREMT-Intermediate/99s must complete an online application, including submission of an application fee (currently $110) and successfully complete the NRP cognitive examination prior to their 2018 or 2019 expiration date.
- Intermediate/99s who are unable to successfully complete the NRAEMT cognitive exam by their 2018 or 2019 expiration date will be issued National EMS Certification at the AEMT level and will have 2 years from date of I/99 lapse to obtain NRP certification provided they meet all NREMT requirements currently in effect.
- All Intermediate/99s transitioning will have a maximum of six attempts to successfully complete the NRP cognitive exam.
- Any Intermediate/99 transitioning who fails six attempts will be required to successfully complete a full AEMT initial education program to regain eligibility to apply for NRAEMT.

NREMT-Intermediate/99s who submit a complete recertification application but do not include successful completion of a state-approved transition course from EMT-I /99 to Paramedic will be issued National EMS Certification as an Advanced Emergency Medical Technician (NRAEMT) upon reaching their expiration date of March 31, 2018 or 2019.

Emergency Medical Technician-Paramedic (EMT-P) to Paramedic (NRP)

Transition	Time to Complete Transition
EMT-Paramedic to Paramedic	2 recertification cycles (4 years - complete by Mar. 31, 2016/2017)

All nationally certified Emergency Medical Technician-Paramedics have two registration cycles (four years) to complete the transition requirements for EMT-P to Paramedic.

EMT-P to Paramedic Transition Requirements:

- The NCCP National Component satisfies the transition course requirement for EMT-P to Paramedic.
  -OR-
- Recertification by exam satisfies the transition course requirement for EMT-P to Paramedic.

Nationally certified EMT-Ps who submit a complete recertification application but do not meet transition requirements for EMT-P to Paramedic will be issued National EMS Certification at the Advanced Emergency Medical Technician (NRAEMT) level upon reaching their expiration date of March 31, 2016 or 2017.