

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual: Emergency Medical Services Administrative Policies and Procedures	Policy Number: 124  Page: 1 of 4
Subject: Advanced Emergency Medical Technician (AEMT) Recertification	
References: California Administrative Code, Title 22, Division 9, Chapter 3	Effective: 07/12/2004

## I. POLICY

An Advanced EMT may be recertified as an Advanced EMT within the Central California EMS Agency after successfully completing all recertification requirements.

## II. PROCEDURE

A. In order to be eligible for recertification, an individual must:

1. Successfully complete an approved Advanced EMT refresher course or obtain thirty-six (36) hours of continuing education hours from an approved continuing education provider; and
2. Submit a completed skills competency verification form (see attached)
3. Possess a valid Advanced EMT certificate which is current; and
4. Document valid Basic Cardiac Life Support (BLS) certification by the standards of the American Heart Association (Healthcare Provider), the American Red Cross (Professional Rescuer CPR), or the equivalent; and
5. Complete an application form; and
6. Furnish a photograph or be photographed by the EMS Agency; and
7. Pay the established non-refundable fee; and
8. Complete a statement that the individual is not precluded from certification for reasons defined in section 1798.200 of the Health and Safety Code; and
9. Successful completion of a Live Scan background check. If the applicant has already completed a Live Scan background check for the CCEMSA and it is on file with the CCEMSA, then a Live Scan background check is not required for recertification. Live Scan forms must be obtained from the CCEMSA or the CCEMSA website in order for Live Scan processing.
10. Demonstrate proof of present employment or a written commitment for employment by a Tulare County designated Limited Life Support provider agency.

Approved By EMS Division Manager	<b>Signatures on File at EMS Agency</b>	Revision <b>06/17/2010</b>
EMS Medical Director	<b>Signatures on File at EMS Agency</b>	

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11. Successful completion of live scan background check. If the applicant has already completed a live scan background check for CCEMSA and it is on file with CCEMSA, a live scan background check is not required for recertification. Live scan forms must be obtained from CCEMSA or the CCEMSA website in order for live scan processing.
  12. Demonstrate proof of present employment or a written commitment for employment by a designated Advanced EMT provider agency.
- B. Lapse in certification:
1. Certification lapse of less than six months - the individual shall obtain at least thirty-six (36) hours of continuing education hours from an approved continuing education provider or successfully complete a twenty-four hour refresher course from an approved EMT training program and submit a completed skills competency verification form (see attachment).
  2. Certification lapse of six months or more, but less than twelve months, - the individual shall obtain an additional twelve (12) hours of continuing education for a total of 48 hours of training from an approved continuing education provider and submit a completed skills competency verification form (see attached).
  3. Certification lapse of twelve months or more, but less than 24 months, - the individual shall obtain an additional twenty-four (24) hours of continuing education for a total of 60 hours of training and the individual shall pass the written and skills certification exam.
  4. For a lapse of twenty-four months or more the individual shall complete an entire EMT course.
- C. The expiration of the certification period will be two (2) years from the course completion date.
- D. An individual currently certified as an Advanced EMT may be certified as an EMT with no further testing required. The effective date and the expiration date will be the same as stated on the Advanced EMT certification card. The Advanced EMT must file an application and make a request to the EMS Agency to receive an EMT certification card.
- E. An individual who has not been actively certified as an Advanced EMT in the last two (2) years must complete a new Advanced EMT program.
- F. The EMS Agency shall issue a wallet-sized certificate to eligible persons who successfully complete all criteria for recertification. That certificate shall contain the information specified in EMS Policy #122.

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**State of California  
Advanced EMT (AEMT) Skills Competency Verification Form  
EMSA-AEMT SCVF (01/07)**



1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
<b>Skill</b>	<b>Verification of Competency</b>	
<b>1. Injection (IM or SQ);</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Peripheral IV</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. IV Push Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Inhaled Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Blood Glucose Determination</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Perilaryngeal Airway Adjunct</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

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### INSTRUCTIONS FOR COMPLETION OF ADVANCED EMT (AEMT) SKILLS COMPETENCY VERIFICATION FORM

A completed AEMT Skills Verification Form is required to accompany an AEMT recertification application for those individuals who are either maintaining AEMT certification without a lapse or to renew an AEMT certification with a lapse in certification less than twenty-four (24) months.

**1a. Name of Certificate Holder**

Provide the complete name, last name first, of the AEMT certificate holder who is demonstrating skills competency.

**1b. Certificate Number**

Provide the AEMT certification number from the current or lapsed AEMT certificate of the AEMT certificate holder who is demonstrating competency.

**1c. Signature**

Signature of the AEMT certificate holder who is demonstrating competency. By signing this section the AEMT is verifying that the information contained on this form is accurate and that the AEMT certificate holder has demonstrated competency in the skills listed to a qualified individual.

**1d. Certifying Authority**

Provide the name of the AEMT certifying authority to which the individual will be applying for AEMT recertification.

**Verification of Competency**

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the AEMT Skills Competency Verification Form (EMSA-AEMT SCVF (01/07)) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (AEMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date - Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for AEMT recertification for a maximum of two years from the date of verification.

This document was supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.