

INSTRUCTIONS FOR REPORT OF EMT BASIC-ADVANCED CONTINUING EDUCATION

Part of State Form 44737 (R7 / 7-13)

DEPARTMENT OF HOMELAND SECURITY

- I. Certification as an emergency medical technician basic-advanced will be valid for a period of two years.
- II. To renew a certification, a certified emergency medical technician basic-advanced shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report fifty-six (56) 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 ten (10) hours of any combination of lectures, critiques, skills proficiency examinations, or teaching sessions that review subject matter presented in the Indiana emergency medical technician basic-advanced curriculum.
 - C. Participate in a minimum of twelve (12) hours of audit and review.
 - D. Participate in any update course as prescribed by the commission.
 - E. Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana emergency medical technician basic-advanced curriculum.
- III. An individual who fails to comply with the continuing education requirements for the emergency medical technician basic-advanced certification shall not exercise any of the rights or privileges of an emergency medical technician basic-advanced or administer advanced life support to any emergency patient as of the date of expiration of the current certificate.
- IV. An individual requiring a valid emergency medical technician basic-advanced certification card to work should submit their continuing education document at least thirty (30) days prior to the certificate's expiration date.
- V. 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.



REPORT OF EMT BASIC-ADVANCED CONTINUING EDUCATION

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REGISTRANT INFORMATION			
Date of continuing education report (month, day, year)		Indiana certification number	
Driver's license / State identification number (required)			
Printed name (last, first, middle initial)			Provider affiliation
Home address (number and street, city, state, and ZIP code)			
Home telephone number ()		Work telephone number ()	E-mail address
Have you been trained in NIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 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

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	<i>If you answered yes, you must attach official documentation that fully describes the offense, current status, and disposition of the case.</i>

SIGNATURE OF EMS MEDICAL DIRECTOR AND PROVIDER CEO		
As the EMS Medical Director, I do hereby affix my signature attesting to the continued competence in all skills outlined in this document.		
Signature of physician		Date (month, day, year)
Printed name of physician	License number	State
Signature of provider CEO		Date (month, day, year)
Printed name of provider CEO	Certification / license number	Telephone number ()

SIGNATURE OF EMS REGISTRANT	
I, the undersigned basic-advanced emergency medical technician, hereby affirm, under the penalty for 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 sufficient cause for revocation by the State of Indiana Emergency Medical Services Commission. I also understand that the State of Indiana Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.	
Signature of basic-advanced EMT	Date (month, day, year)

CONTINUING EDUCATION HOURS			
Participate in a minimum of thirty-four hours of any combination of lecture, critiques, skills proficiency examination, continuing education course, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum. Only original instructor signatures will be accepted.			
DATE (month, day, year)	TOPIC	INSTRUCTOR SIGNATURE	NUMBER OF HOURS
TOTAL HOURS			

BASIC-ADVANCED EMT COURSE RELATED LECTURES

List each program with the date, number of hours attended, and the signature of the instructor. A minimum of ten (10) hours is required.

DATE (month, day, year)	LESSON TOPIC	INSTRUCTOR SIGNATURE	NUMBER OF HOURS
TOTAL HOURS			

BASIC-ADVANCED EMT AUDIT & REVIEW

List each program with the date, number of hours attended, and the signature of the instructor. A minimum of twelve (12) hours is required.

DATE (month, day, year)	TOPIC OF REVIEW	INSTRUCTOR SIGNATURE	NUMBER OF HOURS
TOTAL HOURS			

BASIC-ADVANCED EMT SKILLS PROFICIENCY EVALUATION (In addition to the Basic EMT Skills Proficiency Evaluation)

List each program with the date, number of hours attended, and the signature of the instructor. Only original signatures will be accepted.

SKILLS	DATE OF EVALUATION (month, day, year)	EVALUATOR SIGNATURE
Cardiac Arrest Management / AED		
Bag Valve Mask / Combi-tube		
Apneic Patient Oxygen Administration		
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		
Mouth to Mask with Supplemental Oxygen		
Airway, Oxygen, Ventilation		
Intravenous Therapy		