

## EMT-BASIC RECERTIFICATION REPORT

Current Healthcare Provider CPR certification (must meet American Heart Association standards or equivalent) is a requirement for recertification. Recertification for EMT status requires completion of 24 hours of CME's biennially, **or** completion of an EMT-Basic refresher course, minimum 24 hours, conforming to the most current DOT guidelines. **This report of CME hours for recertification is due in the EMS office 60 days prior to certification expiration.**

### SECTION I: REQUIRED CONTINUING MEDICAL EDUCATION (CME)

CATEGORIES (Suggested topics on back page)	REQUIRED HOURS	HOURS COMPLETED	DATE COMPLETED
<b>AIRWAY</b> <hr/> <hr/> <hr/>	<b>2 Hours</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>MEDICAL &amp; TRAUMA</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>12 Hours</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>SPECIAL PATIENTS</b> <hr/> <hr/> <hr/>	<b>4 Hours</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>SKILLS WORKSHOP</b> <hr/> <hr/> <hr/>	<b>2 Hours</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>MISCELLANEOUS</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>4 Hours</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**SECTION II: CERTIFICATION**

I, \_\_\_\_\_, attest that I have completed the above CME hours in the  
(Print Applicant’s Name)  
categories listed and all statements on the Recertification Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to recertification by Southern Nevada Health District.

\_\_\_\_\_  
(Applicant’s Signature)

I, \_\_\_\_\_, attest that documentation of the above listed CME hours  
(Print Name)  
is on file at the training center and all statements on the Recertification Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to recertification by Southern Nevada Health District.

\_\_\_\_\_  
(Education Coordinator’s Signature)

---

---

**SUGGESTED TOPICS**

---

---

**AIRWAY MANAGEMENT:**  
Airway Management and Ventilation

**MEDICAL & TRAUMA:**  
A&P of Body Systems/Pathophysiology/Pharmacology/Differential Diagnosis of Medical and Traumatic Emergencies/Psychiatric and Behavioral Emergencies/Obstetrical and GYN Emergencies/Toxicology/ Environmental Emergencies/Patient Assessment/History and Physical Examination Techniques

**SPECIAL PATIENTS:**  
Emergencies Involving Infants & Children/Geriatric Emergencies/Neonatal Emergencies/Abuse and Assault/ Patients with Special Challenges/Acute Interventions for the Chronic Patient

**SKILLS WORKSHOP:**  
Biennial Skills Review and Practice of Basic Skills as Defined on the Skills Proficiency Record

**MISCELLANEOUS:**  
EMS System Issues/Wellness and Prevention/Ethics and Legal Issues/Special Topics Required by SNHD/Other EMS Related Topics