

FIRST RESPONDER RECERTIFICATION REPORT

Current Healthcare Provider CPR certification (must meet American Heart Association standards or equivalent) is a requirement for recertification. Recertification for First Responder status requires completion of 16 hours of CME's biennially, **or** completion of a First Responder refresher course, minimum 16 hours, conforming to the most current DOT guidelines. **This report for recertification is due in the EMS office 60 days prior to certification expiration.**

SECTION I: REQUIRED REFRESHER TRAINING

CATEGORIES	HOURS REQUIRED	HOURS COMPLETED	DATE COMPLETED
PREPARATORY	3 Hours	_____	_____
AIRWAY	2.5 Hours	_____	_____
PATIENT ASSESSMENT	2 Hours	_____	_____
CIRCULATION	2.5 Hours	_____	_____
ILLNESS & INJURY	3 Hours	_____	_____
CHILDREN & CHILDBIRTH	1 hours	_____	_____
SKILLS WORKSHOP	2 Hours	_____	_____

FIRST RESPONDER SKILLS	DATE	INSTRUCTOR/ PRECEPTOR
Oropharyngeal Airway/Nasopharyngeal Airway		
Suction		
Oxygen Administration		
Mouth to Mask Ventilation		
Two-Rescuer Bag-Valve-Mask Ventilation		
Cardiac Arrest Management /AED		
Patient Assessment & Management – Trauma		
Patient Assessment & Management – Medical		
Bleeding Control / Shock Management		
Immobilization Skills – Rigid Splints		
Spinal Immobilization – Seated Patient		
Spinal Immobilization – Lying Patient		

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The SNHD approved instructor/preceptor signing for a skill is verifying the performance of the skill was observed and that the performance met or exceeded the minimum proficiency requirements.

Instructor/Preceptor Name (Printed)	Instructor/Preceptor Signature	Initials as Signed	Instructor/Preceptor EMS Number

SECTION II: CERTIFICATION

I, _____, attest that I have completed the above refresher course and
(Print Applicant's Name)
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 refresher course is
(Print Name)
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)