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OVERVIEW

This booklet is designed to assist Emergency Medical Services (EMS) personnel in understanding and completing the license renewal requirements.

Each licensed or certified EMS member is responsible for ensuring the renewal requirements are completed and submitted to the Utah Department of Health, Bureau of Emergency Medical Services and Preparedness (BEMSP).

EMS personnel should submit all renewal materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

Licensed EMS personnel may formally work with an authorized EMS agency that may conduct Continuing Medical Education (CME) programs and organize, compile, and submit renewal materials on behalf of the individual.

Each EMS provider seeking renewal is responsible for completing and submitting the required renewal material to BEMSP. An EMS provider or an entity that provides CME may compile and submit renewal materials on behalf of an EMS provider, however, the EMS provider remains responsible for a timely and complete submission.

Although each individual is responsible for making sure their renewal requirements are met, an individual who is affiliated with an EMS organization should have the training officer from that organization submit a letter verifying the EMT's completion of the renewal requirements. It is the responsibility of the training officers’ from EMS agencies to submit a letter verifying completion of requirements for renewal for all affiliated licensed EMS personnel.

Individuals who are not affiliated with an agency must submit all renewal paperwork and all CME documentation to BEMSP. The documentation must be organized such a way as to demonstrate compliance with CME subject requirements, and must include the date the training was held, topics covered during the training, the length of the training, and proof of attendance.

The purpose of CME is to:

- Refresh the individual’s understanding of clinical and operational roles and responsibilities.
- Update skills and knowledge in patient assessment and in all treatment procedures within the scope of the provider.
- Sustain skills in the use and maintenance of all equipment required to render emergency medical care at the level of certification.
- Provide opportunities for discussion, practice, and critique of skill performance.
- Reinforce the provider’s skills that are not used on a regular basis.
- Update the individuals on current best practices.

If requested, BEMSP may shorten license periods. An EMS provider whose license period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis before the shortened period expires. This action does not exclude required course completion certification (i.e., HCP, CPR, PHTLS, etc.).

BEMSP may not lengthen license periods more than the four year license, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when the license expires. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists.
BEMSP will recognize the expiration date on the EMS identification card as the official expiration date. If you change your address, e-mail address, or name, you must provide written notification of your current information to BEMSP. If BEMSP records are not updated with current information, you may not receive important information or your new license.

A licensed EMS individual who has been arrested, charged, or convicted shall notify the Complaint, Compliance and Enforcement Unit (CCEU) and all employers or affiliated entities who utilize the EMS individual's certification within 7 business days. (R-426-5-2700(7))

EMERGENCY MEDICAL RESPONDER (EMR) RECERTIFICATION REQUIREMENTS
An EMR seeking license renewal must:

1. Submit the applicable fees and a completed online application, including social security number and a passport-quality photo, to BEMSP.
2. Pass a fingerprint background investigation. (Once they are entered into the Rap Back system, fingerprint collection should be a one-time event.)
3. Submit documentation of completion of a CPR course within the prior two years that is consistent with the most current version of the American Heart Association (AHA) Guidelines for Health Care Provider CPR and ECC. CPR must be kept current during certification.
4. Submit a statement from the applicant's EMS provider organization or a physician confirming the results of a TB skin test (pursuant to R426-5-700).
5. Provide documentation of completion of 52 hours of BEMSP-approved CME. BEMSP-approved CME is any training within the EMR’s scope of practice that meets BEMSP training standards and is approved directly by: the agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), BEMSP; or is a currently running BEMSP-approved initial training course. All CME must be related to the required skills and knowledge of an EMR. Instructors are not required to be EMS instructors, but must be knowledgeable in the field of instruction.
   a. An EMR may complete CME hours through any methodology, but 13 of the CME hours must be “live,” interactive, hands-on training and skills pass-off by a certified EMS instructor.
   b. The EMR must complete and document the psychomotor skills listed in the current National EMS Education Standards at least twice as part of the CME training. This includes all of the following skills:

   Airway and Breathing
   - Basic airway maneuvers
   - Head-tilt, chin-lift
   - Jaw thrust
   - Modified chin lift
   - FBAO relief - manual
   - Oropharyngeal airway
   - Sellick’s maneuver
   - Positive pressure ventilation devices such as BVM
   - Suction of the upper airway
   - Supplemental oxygen therapy
• Nasal cannula
• Non-rebreather mask

**Assessment**
• Manual B/P

**Pharmacologic Interventions**
• Unit-dose auto-injectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent, antidote kit)

**Medical/Cardiac Care**
• Manual CPR
• AED
• Assisted normal delivery

**Trauma Care**
• Manual stabilization
• C-spine injuries
• Extremity fractures
• Bleeding control
• Emergency moves
• Eye irrigation

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**EMT RECERTIFICATION REQUIREMENTS**

An EMT seeking license renewal must:

1. Submit the applicable fees and a completed online application, including social security number and a passport-quality photo, to BEMSP.
2. Pass a fingerprint background investigation. (Once they are entered into the Rap Back system, fingerprint collection should be a one-time event.)
3. Submit a statement from the applicant's EMS provider organization or a physician confirming the results of a TB examination (pursuant to R426-5-700).
4. Provide documentation of completion of 98 hours of BEMSP-approved CME. Eight (8) of these hours must be Health Care Provider CPR certification or equivalent training that meets the most current AHA guidelines. BEMSP-approved CME is any training within the EMTs scope of practice that meets BEMSP training standards and is approved directly by the agency training officer and medical director, CECBEMS, BEMSP, or is a currently running BEMSP-approved initial training course that is not being taken for certification; and,

   a. Though the following documented training completion certificates may not be required, they **may** account for a portion of the 98 hours of CME requirements:
      - 8 hours of CPR - (two CPR renewal courses fulfill this requirement).
      - 16 hours of Trauma – a course completion or renewal course certificate such as PHTLS, ITLS, or department-approved equivalent course may be accepted for 16 hours.
      - 8 hours of Pediatric Care – a course completion or renewal certificate such as Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) course or a department-approved equivalent may be accepted for 8 hours. PEPP, or PALS certification is worth 16 hours of CME.

   b. An EMT may complete CME hours through any methodology, but 30 of the CME hours must be “live,” interactive, hands-on training and skills pass-off by a certified EMS instructor. All CME must be related to the required skills and knowledge of an EMT.

   c. The EMT must complete and document the psychomotor skills listed on pages 52 and 53 in the current National EMS Education Standards for EMR and EMT.
Completion of these skills may be during actual patient contact or during training. This includes all of the following additional skills of the EMT:

**Airway and Breathing**
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Oxygen humidifiers
- Partial-rebreather mask
- Venturi mask

**Assessment**
- Pulse oximetry
- Automatic B/P

**Pharmacologic Interventions**
- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
- Oral glucose for hypoglycemia
- Aspirin for chest pain

**Medical/Cardiac Care**
- Mechanical CPR
- Assisted complicated delivery

**Trauma Care**
- Spinal immobilization
- Cervical collars
- Seated
- Longboard
- Rapid extrication
- Splinting
- Extremity
- Traction
- PASG
- Mechanical patient restraint
- Tourniquet

Each EMT is responsible for completing and submitting the required renewal materials to BEMSP. Each EMT should submit *all* renewal materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

An EMS provider or an entity that provides CME may compile and submit renewal materials on behalf of an EMT. However, the EMT remains responsible for a timely and complete submission.

BEMSP may shorten license periods. An EMT whose license period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the time the shortened period expires.

BEMSP may not lengthen license periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty.
when certification expires. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists.

EMR and EMT LAPSED LICENSE
The following is a reference to rule R426-5-900. Please contact BEMSP concerning lapsed licenses.

1. An individual whose EMR or EMT license has expired, may, within one year after expiration, complete all recertification requirements, pay a late fee, and successfully pass the written NREMT assessment examination to become licensed. The individual's new expiration date will be four years from the previous expiration date.

2. An individual whose license expired more than one year ago must:
   a. Submit a letter of recommendation (including results of an oral examination) from a certified off-line medical director, verifying proficiency in patient care skills at the license level.
   b. Successfully complete the applicable NREMT written and BEMSP-approved practical examinations.
   c. Complete all renewal requirements.
   d. The individual's new expiration date will be four years from the date that all renewal materials are completed.

3. An individual whose license has expired is not authorized to provide care as an EMS provider until the license renewal process is completed.

ADVANCED EMT RECERTIFICATION REQUIREMENTS
An Advanced EMT seeking renewal shall:

1. Submit the applicable fees and a completed online application, including social security number and a passport quality photo, to BEMSP.

2. Pass a fingerprint background investigation. (Once they are entered into the Rap Back system, fingerprint collection should be a one-time event.)

3. Maintain and submit documentation of completing the following courses:
   a. A CPR course within the past two years that is consistent with the most current version of the American Heart Association Guidelines for Health Care Provider CPR and ECC. CPR must be kept current during certification period.
   b. Pediatric Education for Prehospital Professionals (PEPP), Pediatric Advanced Life Support (PALS), Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) or equivalent that is consistent with the most current version of the American Heart Association Guidelines.

4. A statement from the applicant's EMS provider organization or a physician confirming the results of a TB examination (pursuant to R426-5-700).

5. A letter from a certified off-line medical director and co-signed by a certified training officer recommending the individual for renewal and verifying the individual has demonstrated proficiency in the following Advanced EMT skills:
   a. Initiating and terminating intravenous infusion
   b. Completion of pediatric vascular access skills station
   c. Insertion and removal of intraosseous needle
d. Insertion and removal of supraglottic airway device
e. Administration of medications via intramuscular, subcutaneous, and intravenous routes
f. Life-threatening EKG rhythm recognition

6. Provide documentation of completing 108 hours of BEMSP-approved CME for this renewal period. BEMSP-approved CME is any training within the AEMTs scope of practice that meets BEMSP training standards and is approved directly by the agency training officer, the CECBEMS, BEMSP or is a currently running BEMSP-approved initial training course not being taken for licensing.

a. Though they may not be required as a portion of the 108 hours, the following documented training completion certificates may account for CME requirements:

- CPR - 8 hours - (a course completion certificate or two CPR renewal course certificates fulfill this requirement)
- PALS/PEPP - 16 hours - (two PEPP/PALS renewal courses or one initial certification course or an equivalent may fulfill this requirement)
- PEARs - 8 hours - (PEARS certification is counted as 8 hours of CME credit)
- Advanced Cardiac Care - 16 hours - (two ACLS renewal courses, one initial certification course, or an equivalent may be acceptable for 16 hours). Any agency that decides to use optional cardiac drugs should require all AEMTs to be ACLS certified.
- Trauma - 16 hours - PHTLS, ITLS or equivalent, (two course renewals or one initial certification course may be acceptable for 16 hours)
- Medical - 16 hours - AMLS (Advanced Medical Life Support) - or equivalent, (two course renewals or one initial course certificate may be acceptable for 16 hours).

b. An Advanced EMT may complete CME hours through any methodology, but 35 of the CME hours must be “live,” interactive, hands-on training and skills pass-off through a certified EMS instructor. All CME must be related to the required skills and knowledge of an Advanced EMT.

c. The Advanced EMT must complete and document the psychomotor skills listed on pages 52 and 53 in the current National EMS Education Standards for EMR, EMT and Advanced EMT (http://www.ems.gov/pdf/811077a.pdf) on at least two separate occasions. Completion of these skills may occur during actual patient contact or during training. This includes all of the following additional skills of the Advanced EMT:

**Airway and Breathing**
- Airways not intended for insertion into the trachea
- Esophageal-trachea
- Multi-lumen airway
- Tracheal-bronchial suctioning of an intubated patient

**Assessment**
- Blood glucose monitor

**Pharmacologic Interventions**
- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in a pediatric patient
- Administer (non-medicated) intravenous fluid therapy
- Sublingual nitroglycerin (chest pain)
- Subcutaneous or intramuscular epinephrine (anaphylaxis)
- Glucagon (hypoglycemia)
- Intravenous 50% dextrose (hypoglycemia)
- Inhaled beta agonists (wheezing)
• Intravenous narcotic antagonist (narcotic overdose)
• Narcotic analgesic (pain)

Each Advanced EMT is individually responsible for completing and submitting the required renewal material to BEMSP. Each Advanced EMT should submit all renewal materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

An EMS provider or an entity that provides CME may compile and submit renewal materials on behalf of an Advanced EMT. However, the Advanced EMT remains responsible for a timely and complete submission.

BEMSP may shorten renewal periods. An Advanced EMT whose renewal period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the time the shortened period expires.

BEMSP may not lengthen license periods more than the four year license, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when the license expires. If this happens, the individual shall renew in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists.

ADVANCED EMT LAPSED CERTIFICATION

The following is a reference to rule R426-5-900. Please contact BEMSP concerning lapsed license.

1. An individual whose AEMT license has expired, may, within one year after expiration, complete all renewal requirements, pay a late fee, and successfully pass the NREMT written examination to become licensed. The individual's new expiration date will be four years from the previous expiration date.

2. An individual whose license expired more than one year ago must:
   a. Submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the licensed level.
   b. Successfully complete the NREMT Advanced EMT written and practical examinations;
   c. Complete all renewal requirements.
   d. The individual's new expiration date will be four years from the completion of all renewal materials.

3. An individual whose license has expired is not authorized to provide care as an EMS provider until the license renewal process is completed.

EMT-INTERMEDIATE ADVANCED RECERTIFICATION REQUIREMENTS

An EMT-IA seeking license renewal must:

1. Provide documentation that the candidate is actively working for a licensed EMT-IA agency.
2. Submit the applicable fees and a completed online application, including social security number and a passport quality photo, to BEMSP.
3. Pass a fingerprint background investigation. (Once they are entered into the Rap Back system, fingerprint collection should be a one-time event.)

4. Maintain and submit documentation of completing the following courses:
   a. A CPR course within the past two years that is consistent with the most current version of the American Heart Association (AHA) Guidelines for Health Care Provider CPR and ECC. CPR must be kept current during certification period.
   b. PEPP, PALS, or equivalent that is consistent with the most current version of the AHA guidelines.
   c. Advanced cardiac life support or equivalent that is consistent with the most current AHA guidelines.

5. Submit a statement from the applicant's EMS provider organization or a physician confirming the results of a TB examination (pursuant to R426-5-700).

6. Successfully complete the NREMT-I 99 written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration.

7. Submit a letter from a certified off-line medical director and co-signed by a certified training officer recommending the individual for recertification and verifying the individual has demonstrated proficiency in the following EMT-IA skills:
   a. Initiating and terminating an intravenous infusion
   b. Complete a pediatric vascular access skills station
   c. Insertion and removal of an intraosseous needle
   d. Insertion and removal of an endotracheal tube
   e. Administer medications via intramuscular, subcutaneous, and intravenous routes
   f. EKG rhythm recognition

8. Provide documentation of completion of 108 hours of BEMSP-approved CME that meet the requirements of subsections (a), (b), and (c). BEMSP-approved CME is any training within the EMT's scope of practice that meets BEMSP training standards and is approved directly by the agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMSP), BEMSP or is a currently running BEMSP-approved initial training course that is not taken for certification.
   a. The EMT-IA shall complete the following required CME hours by subject in accordance with the National EMS Education Standards. (The hours must be completed during the previous four years.)
      - Preparatory - 5 hours
      - Anatomy and Physiology - 2 hours
      - Medical Terminology - 1 hour
      - Pathophysiology - 3 hours
      - Life Span Development - 1 hour
      - Public Health - 1 hour
      - Pharmacology - 2 hours
      - Airway Management, Respiration and Artificial Ventilation - 2 hours
      - Assessment - 10 hours
      - Medicine - 12 hours
      - Shock and Resuscitation - 2 hours
      - Trauma - Successful completion of an Advanced Trauma Life support course or equivalent as approved by the BEMSP
      - Special Patient Populations - 2 hours
      - EMS Operations - 7 hours
• CPR - 8 hours - (a course completion certificate or two CPR renewal course certificates fulfill this requirement)
• ACLS - 16 hours - (two ACLS renewal courses or one initial certification course (or an equivalent) may fulfill this requirement)
• PEPP/PALS - 16 hours - (two PEPP/PALS renewal courses or one initial certification course (or an equivalent) may fulfill this requirement)

b. An EMT-IA may complete CME hours through any methodology, but 35 of the CME hours must be practical hands-on training and skills pass-off through a certified EMS instructor. All CME must be related to the required skills and knowledge of an EMT-IA.

c. The EMT-IA must complete and document the psychomotor skills listed in the current National EMS Education curriculum (http://www.ems.gov/pdf/811077a.pdf), on at least two separate occasions. Completion of these skills may occur during actual patient contact or during training. This includes all of the following skills.

**Airway and Breathing**
• Basic airway maneuvers
• Head-tilt, chin-lift
• Jaw thrust
• Modified chin lift
• FBAO relief - manual
• Oropharyngeal airway
• Sellick’s maneuver
• Positive pressure ventilation devices such as BVM
• Suction of the upper airway
• Supplemental oxygen therapy
• Nasal cannula
• Non-rebreather mask
• Nasopharyngeal airway
• Positive pressure ventilation
• Manually-triggered ventilators
• Automatic transport ventilators
• Supplemental oxygen therapy
• Humidifiers
• Partial-rebreather mask
• Venturi mask
• Airways not intended for insertion into the trachea
• Esophageal-tracheal
• Multi-lumen airway
• Tracheal-bronchial suctioning of an intubated patient

**Assessment**
• Manual B/P
• Pulse oximetry
• Automatic B/P
• Blood glucose monitor

**Pharmacologic Interventions**
• Unit-dose auto injectors (life-saving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)
• Assist patients in taking their own prescribed medications
• Administration of OTC medications with medical oversight
• Oral glucose for hypoglycemia
• Aspirin for chest pain
• Establish and maintain peripheral intravenous access
• Establish and maintain intraosseous access in a pediatric patient
• Administer (non-medicated) intravenous fluid therapy
• Sublingual nitroglycerin (chest pain)
• Subcutaneous or intramuscular epinephrine (anaphylaxis)
• Glucagon (hypoglycemia)
• Intravenous 50% dextrose (hypoglycemia)
• Inhaled beta agonists (wheezing)
• Intravenous narcotic antagonist (narcotic overdose)
• Nitrous oxide (pain)

Medical/Cardiac care
• Manual CPR
• AED
• Mechanical CPR
• Assisted normal delivery
• Assisted complicated delivery

Trauma care
• Manual stabilization
• C-spine injuries
• Extremity fractures
• Bleeding control
• Emergency moves
• Eye irrigation
• Spinal immobilization
• Cervical collars
• Seated
• Longboard
• Rapid extrication
• Splinting
• Extremity
• Traction
• PASG
• Mechanical patient restraint
• Tourniquet

Each EMT-IA is individually responsible for completing and submitting the required renewal materials to BEMSP. Each EMT-IA should submit all renewal materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

An EMS provider or an entity that provides CME may compile and submit renewal materials on behalf of an EMT-IA; however, the EMT-IA remains responsible for a timely and complete submission.

BEMSP may shorten license periods. An EMT-IA whose license period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the time the shortened period expires.

BEMSP may not lengthen license periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty.
when their license expires. If this happens, the individual shall renew in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists.

EMT-IA LAPPED CERTIFICATION

Please contact BEMSP concerning lapsed licenses.

1. An individual whose EMT-IA license has expired, may, within one year after expiration, complete all recertification requirements and pay a late fee to become certified. The individual’s new expiration date will be four years from the previous expiration date.

2. An individual whose EMT-IA license expired more than one year ago will no longer be eligible to license as an EMT-IA. The person may challenge and complete the process as a “lapsed more than one year AEMT” listed previously in this document or R426-5-900 and fulfill the initial license renewal requirements. Then if the individual plans to work for a licensed EMT-IA agency he or she may retake an EMT-IA course and fulfill the initial licensing requirements at that level.

3. An individual whose license has expired is not authorized to provide care as an EMS provider until the renewal process is completed.

PARAMEDIC RECERTIFICATION REQUIREMENTS

A paramedic seeking license renewal shall:

1. Submit the applicable fees and a completed application, including social security number and a passport quality photo, to BEMSP.

2. Pass a fingerprint background investigation. (Once they are entered into the Rap Back system, fingerprint collection should be a one-time event.)

3. Submit verification of completion of a BEMSP-approved course in CPR, adult and pediatric advanced cardiac life support, and maintain current status as set by the entity sponsoring the course. CPR, ACLS, and PALS or their equivalent must be current during certification.

4. Submit a statement from the applicant’s EMS provider organization, or a physician, confirming the results of a TB examination (pursuant to R426-5-700).

5. Submit a letter from a certified off-line medical director and co-signed by a certified training officer recommending the individual for renewal and verifying the individual has demonstrated proficiency in the following paramedic skills:
   a. Initiating and terminating intravenous infusion
   b. Completed a pediatric vascular access skills station
   c. Insertion and removal of an intraosseous needle
   d. Insertion and removal of an endotracheal tube
   e. Administered medications via intramuscular, subcutaneous, and intravenous routes
   f. EKG rhythm recognition

6. Provide documentation of completion of 144 hours of BEMSP-approved CME. BEMSP-approved CME is any training within the EMTs scope of practice that meets BEMSP training standards and is approved directly by your agency training officer, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMSP), BEMSP, or is a currently running BEMSP-approved initial training course not being taken for certification; and
   a. As a portion of the 144 hours the following documented training completion certificates will account for the following requirements:
- CPR - 8 hours - (a course completion certificate or two CPR renewal course
certificates fulfill this requirement)
- ACLS - 16 hours - (two ACLS renewal courses or one initial certification course or
an equivalent may fulfill this requirement)
- PEPP/PALS - 16 hours - (two PEPP/PALS renewal courses or one initial
certification course [or an equivalent] may fulfill this requirement)
- Trauma - Pre-Hospital Trauma Life (PHTLS) support course or equivalent as
approved by the BEMSP is not yet a requirement. However, successful completion
of an approved course can be counted for 16 hours of CME.
- Medical – Advanced Medical Life Support (AMLS) or equivalent as approved by
the BEMSP is not yet a requirement. However, successful completion of an
approved course can be counted for 16 hours of CME.

b. A paramedic may complete CME hours through any methodology, but 42 of the CME
hours must be practical hands-on training. All CME must be related to the required
skills and knowledge of a paramedic.

c. The paramedic must complete and document the psychomotor skills listed on pages 52
and 53 in the current National EMS Education Standards
(http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf) on at least two
separate occasions. Completion of these skills may occur during actual patient contact
or training. This includes all of the following skills:

**Airway and Breathing**
- Basic airway maneuvers
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief - manual
- Oropharyngeal airway
- Sellick’s maneuver
- Positive pressure ventilation devices such as BVM
- Upper airway suction
- Supplemental oxygen therapy
- Nasal cannula
- Non-rebreather mask
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask
- Airways not intended for insertion into the trachea
- Esophageal-tracheal
- Multi-lumen airway
- Tracheal-bronchial suctioning of an intubated patient
- Oral and nasal endotracheal intubation
- FBAO – direct laryngoscopy
- Percutaneous cricothyrotomy
- Pleural decompression
- BiPAP, CPAP, PEEP
• Chest tube monitoring
• ETCO2 monitoring
• NG/OG tube

Assessment
• Manual B/P
• Pulse oximetry
• Automatic B/P
• Blood glucose monitor
• ECG interpretation
• 12-lead interpretation
• Blood chemistry analysis

Pharmacologic interventions
• Unit-dose auto-injectors (lifesaving medications intended for self or peer rescue in hazardous materials situations, nerve agent antidote kit)
• Assist patients in taking their own prescribed medications
• Administer OTC medications with medical oversight
• Oral glucose for hypoglycemia
• Aspirin for chest pain
• Establish and maintain peripheral intravenous access
• Establish and maintain intraosseous access in pediatric patient
• Administer (non-medicated) intravenous fluid therapy
• Sublingual nitroglycerin (chest pain)
• Subcutaneous or intramuscular epinephrine (anaphylaxis)
• Glucagon (hypoglycemia)
• Intravenous 50% dextrose (hypoglycemia)
• Inhaled beta agonists (wheezing)
• Intravenous narcotic antagonist (narcotic overdose)
• Nitrous oxide (pain)
• Intraosseous insertion
• Enteral and parenteral administration of approved prescription medications
• Access indwelling catheters and implanted central IV ports
• Medications by IV infusion
• Maintain infusion of blood or blood products
• Blood sampling
• Thrombolytic initiation
• Administer physician-approved medications

Medical/Cardiac care
• Manual CPR
• AED
• Assisted normal delivery
• Mechanical CPR
• Assisted complicated delivery
• Cardioversion
• Manual defibrillation
• Transcutaneous pacing
• Carotid massage
**Trauma care**
- Manual stabilization
- C-spine injuries
- Extremity fractures
- Bleeding control
- Emergency moves
- Eye irrigation
- Spinal immobilization
- Cervical collars
- Seated
- Longboard
- Rapid extrication
- Splinting
- Extremity
- Traction
- PASG
- Mechanical patient restraint
- Tourniquet
- Morgan lens

Each paramedic is individually responsible for completing and submitting the required renewal material to BEMSP. Each paramedic should submit all renewal materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

An EMS provider or an entity that provides CME may compile and submit renewal materials on behalf of a paramedic. However, the paramedic remains responsible for a timely and complete submission.

BEMSP may shorten the license periods. A paramedic whose license period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the time the shortened period expires.

BEMSP may not lengthen the license periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when their license expires. If this happens, the individual shall renew in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists.

**PARAMEDIC LAPSED LICENSE**

The following is from rule R426-5-900. Please contact BEMSP concerning lapsed licenses.

1. An individual whose paramedic license has expired, may, within one year after expiration, complete all renewal requirements, pay a late fee, and successfully pass the
NREMT written assessment examination to become licensed. The new expiration date will be four years from the previous expiration date.

2. An individual whose license expired more than one year ago must submit a letter of recommendation (including results of an oral examination) from a certified off-line medical director, verifying proficiency in patient care skills at the paramedic level, successfully complete the NREMT Cognitive and Psychomotor skills exam and, complete all recertification requirements. The new expiration date will be four years from the completion of all recertification materials.

3. An individual whose license has expired is not authorized to provide care as an EMS provider until the license renewal process is completed.

EMD RECERTIFICATION REQUIREMENTS

BEMSP may recertify an EMD for a four year period or less as modified by BEMSP to standardize recertification cycles.

An EMD seeking recertification must:

1. Submit the applicable fees and a completed online application, including social security number and a passport quality photo, to BEMSP.

2. Pass a background investigation, including an FBI background investigation.

3. Maintain and submit documentation of completion of a CPR course within the past two years that is consistent with the most current version of the AHA Guidelines for CPR and ECC. CPR must be current during certification.

4. Provide documentation of completion of 48 hours of BEMSP-approved CME meeting the requirements of subsections (3), (4), and (5).
   a. The EMD must take the following CME hours by subject during the four years:
      - Roles and responsibilities - 5 hours
      - Obtaining information from callers - 7 hours
      - Resource allocation - 4 hours
      - Providing emergency care instruction - 2 hours
      - Legal and liability issues - 5 hours
      - Critical incident stress management - 5 hours
      - Basic emergency medical concepts - 5 hours
      - Chief complaint types - 7 hours
      - CPR - 8 hours. Two CPR courses fulfill this requirement. CPR refresher courses can only be counted toward CPR CME requirements.
   b. An EMD may complete CME hours through different methodologies, but 14 hours of the CME must be “live,” interactive training. All CME must be approved by BEMSP or CECBEMSP. All CME must be related to the required skills and
knowledge of an EMD. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

5. Notwithstanding the provisions of subsections (2), (3), and (4), an EMD who has been certified or recertified by the National Academy of Emergency Medical Dispatch (NAEMD) may be recertified by the department upon the following conditions:

   a. The EMD must, as part of meeting the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);

   b. An individual who takes an NAEMD course offered in Utah must successfully pass a class that follows the CISM section of the department-established EMD curriculum; and

   c. The individual must:

      (i) Submit the applicable fees and a completed online application, including social security number, to the department.

      (ii) Pass a background investigation, including an FBI background investigation.

      (iii) Submit documentation of completion of a CPR course within the previous two years that is consistent with the most current version of the AHA Guidelines for CPR and ECC.

      (iv) Submit documentation of current NAEMD certification.

6. An EMD who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMD's completion of the recertification requirements. An EMD who is not affiliated with an EMS agency must submit verification of all recertification requirements directly to the department.

7. Each EMD is individually responsible for completing and submitting the required recertification material to BEMSP. Each EMD should submit all recertification materials to BEMSP at one time. Renewal materials should be received 30 days to one year prior to license expiration. If BEMSP receives incomplete or late renewal materials, BEMSP may not be able to process the application before the license expires. BEMSP processes renewal material in the order received.

8. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMD. However, the EMD remains responsible for a timely and complete submission.

9. BEMSP may shorten recertification periods. An EMD whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the time the shortened period expires.

10. BEMSP may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expires. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64 Extension of licenses for members of National Guard and reservists...
EMD LAPSED CERTIFICATION

The following is from rule R426-5 and lists the specific requirements in each of the areas. Please contact BEMSP concerning lapsed certifications. An EMS provider will be considered lapsed if they have not turned in all recertification requirements to BEMSP or completed the recertification requirements by their expiration date.

1. An individual whose EMD certification has expired, may, within one year after expiration, complete all recertification requirements and pay a late fee to become recertified. The new expiration date will be four years from the old expiration date.

2. An individual whose certification expired more than one year ago must:
   a. Submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in skills at the certification level.
   b. Successfully complete the initial EMD department-approved written and practical examinations.
   c. Complete all recertification requirements.
   d. The new expiration date will be four years from the time that all recertification materials were completed.

3. An individual whose certification has lapsed is not authorized to provide emergency medical dispatch services until the recertification process is completed.

EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS

1. BEMSP may recertify an EMS instructor for a two-year period or less as modified by BEMSP to standardize recertification cycles.

2. An individual seeking recertification must:
   a. Maintain current EMS license or certification.
   b. Attend the BEMSP instruction seminar every two years.
   c. Submit a completed application and pay all applicable fees.
   d. Submit a completed and signed "EMS Instructor Contract" to BEMSP every two years, agreeing to abide by the standards and procedures in the current EMS Instructor Manual.

EMS INSTRUCTOR LAPSED CERTIFICATION

1. An EMS instructor whose instructor certification expired less than two years ago may again become certified by completing the recertification requirements.
2. An EMS instructor whose instructor certification expired more than two years ago must complete all initial instructor certification requirements and reapply as if there were no prior certification.

**COURSE COORDINATOR RECERTIFICATION REQUIREMENTS**

BEMSP may recertify a course coordinator for a two-year period or less as modified by BEMSP to standardize recertification cycles.

1. An individual seeking recertification must:
   a. Maintain current EMS license or certification.
   b. Maintain current EMS instructor certification.
   c. Coordinate or co-coordinate at least one BEMSP-approved course every two years.
   d. Attend a course coordinator seminar every two years.
   e. Submit an application and pay all applicable fees.
   f. Every two years, sign and submit a Course Coordinator Contract to BEMSP agreeing to abide to the policies and procedures in the current Course Coordinator Manual.

**COURSE COORDINATOR LAPSED CERTIFICATION**

A course coordinator whose instructor certification expired less than two years ago may again become certified by completing the recertification requirements.

A course coordinator whose certification expired more than two years ago must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

**TRAINING OFFICER RECERTIFICATION REQUIREMENTS**

BEMSP may recertify a training officer for a two-year period or less as modified by BEMSP to standardize recertification cycles.

1. A training officer who wishes to recertify as a training officer must:
   a. Submit an application and pay all applicable fees.
   b. Maintain current EMS license or certification.
   c. Maintain current EMS instructor certification.
   d. Attend a training officer seminar every two years.
e. Every two years, submit a completed and signed Training Officer “Letter of Commitment” to BEMSP agreeing to abide by the standards and procedures in the current training officer manual.

**TRAINING OFFICER LAPSED CERTIFICATION**

A training officer whose certification expired less than two years ago may again become certified by completing the recertification requirements.

A training officer whose certification expired more than two years ago must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.