

**New York State Department of Health
Bureau of Emergency Medical Services**

**3 Year EMS Continuing Medical Education,
(CME) Recertification Program**



Administrative Manual



March 2013 Edition

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Introduction:

What is the CME Recertification Program?

The CME Recertification Program is currently a statewide EMS agency based program designed to allow an EMT, Advanced EMT, EMT- Critical Care, or Paramedic:

1. who is in continuous practice;
2. is able to demonstrate competency in applicable behavioral and performance objectives; and
3. completes appropriate continuing medical education,

to renew their certification without taking a traditional recertification course and the state examinations.

Benefits of Renewing through Continuing Medical Education

- Retention of members/employees
- Variety of learning experiences
- More interesting
- Greater choice of options
- Designed to meet individual/agency needs

Terms and Definitions

- Affiliation Agreement - Agreement or contract between the CME agency and vendor for services for the CME Program such as administration and/or education.
- Agency - An Emergency Medical Service whose responsibility is to respond to requests for emergency medical care and/or transportation and is recognized, or certified by the Department of Health, Bureau of Emergency Medical Services (BEMS).
- CME - Continuing Medical Education used for New York State EMS recertification.
- CME File - The written record and history of a participant's accumulated CME education.
- CME Record - Proof of a participant's course or topic completion.
- CME Coordinator - An agency designated person to oversee the agency CME Program.
- Continuous Practice - The definition of continuous practice and an "active" member of an agency will differ between agencies. However, BEMS considers proof of continuous practice as meeting the following requirements:

1. Meeting the agency criteria for “active” member or employee of an EMS agency recognized by the Department, during their period of certification Participation in the New York State DOH Bureau of EMS 3 year CME Recertification Program requires that a participant remain in continuous practice. Continuous practice is defined by the Bureau of EMS as a NYS DOH certified EMT/AEMT who in addition to participating in continuing medical education, also responds to emergency and/or non-emergency requests for medical assistance representing the CME agency sponsoring their recertification, and on a routine basis provides pre-hospital patient care within their scope of practice as defined by Article 30 PHL and Title X NYCRR Part 800 during the recertification cycle up to and including the period of time that the recertification application has been submitted. Proof of active participation with patient care must be verifiable through run reports and PCR’s within the 3 year cycle prior to recertification.
2. The agency is able to produce Patient Care Reports (PCR) with the CME participants name as providing care to the patient at the level of care for which the CME recertification is being sought. These Patient Care Reports must be dated after the CME participant received their last certification.
3. ALS providers must be currently providing care at the level for which recertification is being sought. For example, a NYS certified Paramedic must be providing Paramedic level care during the period since their last certification date *and* must be in good standing with the region in which the agency operates. ***This may mean that the Paramedic must be credentialed and online in the region in which they provide EMS care. If this provider never provided Paramedic level care during their last certification cycle, then he/she is not eligible to recertify through the CME program.***
 - Core refresher training - A review of the original or refresher training curriculum for the specific level of certification.
 - Non-core (Additional) - Flexible EMS CME topics that are not mandates or included within the Core Refresher CME.
 - Self -Study - Obtaining CME’s independently outside of a classroom setting through magazines, Videos, CD’s or internet programs.
 - Participant - A New York State certified EMS provider other than a Certified First Responder (CFR) using the CME program for recertification.

EMS Agency

- **How does the EMS agency apply to participate in the CME program?**

Agencies interested in participating in the CME Recertification Program must first file with the Bureau of EMS (BEMS), by filling out an agency registration form DOH-4227. This registration does not automatically enroll the agency in the CME Program. It is intended to advise the Bureau of EMS that the agency is interested in providing the option of CME recertification to its currently certified members/employees’. This registration form can be found on the DOH,

BEMS web site in a downloadable and fillable Adobe Acrobat format at:
<http://www.health.ny.gov/professionals/ems/certification/cmerecert.htm>

The agency must make a commitment to support the Program. The agency will be required to develop and submit to the Bureau of EMS, a CME Program plan. This Plan details the agency's policies and procedures, and outlines how the agency will manage its CME Recertification program. The Plan must include, but may not be limited to the following:

- The agency program goals and objectives.
- Program responsibilities of the CME Coordinator, Medical Director, and EMT/AEMT Participant.
- The agency definition of an active participant, in Continuous Practice, that must include the BEMS definition as a minimum standard.
- How the agency will assist its members to achieve successful recertification.
- A description of the training opportunities that will be offered by the agency and how often.
- Acceptable training programs from sources outside of the agency. Such as EMS conferences and workshops.
- A description that includes how core content will be approved and/or presented by a Certified Instructor Coordinator (CIC).
- How the agency will track participant CME activity.
- How and where the agency will maintain records of Continuing Medical Education and practical skills activities.
- Detail all required deadlines including the 45 day rule.
- Policies regarding the storage of archived records including where they will be stored and for how long, as well as issues of security and confidentiality.
- How the transfer of participant records to and from another agency will occur.
- Program approval by the agency's governing authority to include the Chief Executive Officer, Medical Director, and the CME coordinator.
- How the agency will notify and work with its members, if the agency is no longer participating in the CME Program.

Recertification applications from *participants* of the agency will not be accepted during the *agency's* application process. Once the agency plan has been submitted and approved by the Bureau of EMS, the agency will be an authorized CME Participating Agency. Once the agency has been granted this approval, the Bureau of EMS will accept recertification applications for consideration of recertification. Agencies should assure that their certified members/employees have the opportunity to recertify through traditional methods in case there is a delay in the agency becoming an authorized CME participating agency.

- **Agency Responsibilities**

The CME Recertification Program is agency based. This means that the agency must not only apply to be in the Program, but it also is responsible for the content of the Program, assurance that the education is consistent with the National EMS Education Standards and it must assist its members with the program. **An individual may not recertify in the Program unless they belong to the agency that is participating in the Program.** Agencies must abide by the

requirements of the program with policies such as record keeping, rules of application submission, required deadlines and audit requests. Other responsibilities include, but are not limited to:

- Maintaining pilot recertification program records for a minimum of 7 years.
- Complying with all deadline dates outlined within the Program. For *example: Renewal applications must be postmarked no less than 45 days prior to the participants' current expiration date.*
- Assuring that all agency and participant files are kept up to date. Files found to be more than 30 days out of date will be in violation of the program.
- Assuring that the contents of all files are kept in chronological order.
- Assuring that all Program records must be made available within 24 hours for auditing purposes by the Bureau of EMS and/or the New York State Office of the State Comptroller.
- Agency reimbursement vouchers must be post marked for delivery to the Bureau of EMS within 45 days of the participant receiving their new certification card. **Vouchers received after the 45 days will not be considered for reimbursement.**
- Abiding by all regulations and policies set-forth by the Bureau of EMS.

If an agency decides that it no longer wishes to participate in the CME Recertification Program, the agency must notify the BEMS at least 90 days prior to its' removal from the Program. The agency will be required to submit a "closure plan" to remove itself from the Program. This must include, but not be limited to the written notification of Program participants.

- **Maintaining CME Records**

A CME training file must be kept for each CME Program Participant. A training file must contain, but may not be limited to:

- A **copy** of the Participants current EMT card.
- A **copy** of the completed participant registration form (DOH-4226)
- Evidence of periodic assessment of participant status in the CME Program.
- All CME documentation in chronological order.
- Proof of practical skills competency

Documentation for CME hours earned must include proof of CME content, proof of attendance, and proof of participation. A record of training provided in-house through drills and classroom sessions should be kept by maintaining a separate file within the CME records. This file should contain (for each session):

- The date and location of the program, including the presenter's name and qualifications.
- An outline describing the session and any handouts or reference materials provided
- An attendance sheet documenting the participant's signature, time they arrived, and signature and time they left the class.

- Each participant folder must have a certificate or documentation describing the drill or class session title or topic, completion date, number of earned CME hours, and evaluations if given. If Core sessions are provided, they should be indicated as “Core content” including which topic area was presented

If a CME participant obtains CME hours from a source other than the agency or the agency’s affiliate, the **agency** must maintain the CME participant’s file:

- An outline of the session including the course or topic title, date and location of the program, including the presenter’s name and qualifications.
- A certificate of completion with recorded completion date and number of CME hours earned
- A copy of course evaluations.

If a CME participant obtains CME hours through self-study, the participant must provide the agency with the following to be placed in the participants file:

- The source (*for example: magazine name and author or Internet site and address.*)
- Certificate indicating course or topic title, completion date and number of CME hours awarded.
- Course evaluation results.

- **Changes in Operating Status, Agency code and Administration**

Recognition by BEMS as a certified ambulance service, ALSFR, or a BLSFR with a DOH issued agency code requires the service to provide BEMS with up to date agency information. Failure to do so may result in agency suspension or removal from the CME Recertification Program. A CME participant will not be able to recertify through the CME Program if their agency is suspended and the participant will be required to complete a traditional refresher course. Each agency must have a policy outlining how they will assist members in obtaining recertification in the event the agency is suspended or removed from the Program.

If a change in an agency’s ownership or level of service results in the agency being issued a new DOH identifying agency code, the agency will be required to re-register in the CME Program and follow the procedures required for a new agency. This must be completed within 20 business days of the official change.

When an agency participating in the CME Recertification Program has a change in their Medical Director or CME Coordinator, they must file a new agency registration form (DOH-4227) with BEMS within 20 business days of the change.

Each agency must maintain its own “agency” file listing every registered participant, CME Program policies and procedures, and each participants overall progress in the Program. Training documentation may be kept by an affiliate agency or at a central location when multiple agencies or a course sponsor affiliation is in place. All participant files must be kept up to date and accurate regardless of any written agreement.

- **Affiliation Agreements**

Agencies may wish to work together and consolidate their efforts to provide a quality CME Program. Other affiliate options can include working with the local college or hospital, Course Sponsors, other agencies, or County EMS Coordinators office. These efforts are encouraged by BEMS. If an affiliate option is chosen, a detailed Memorandum of Understanding (MOU) must be developed and signed by both entities and kept on file at the agency. A copy must also be filed with the Bureau of EMS. This agreement must outline specific details regarding who will be responsible for each piece of the CME Program as well as any monetary requirements by either entity.

Affiliation agreements will differ slightly from one agency to another. The following is a list of items that should be contained within all affiliate agreements:

- The location of all participant files. Each agency is responsible to have participant files at the agency location. They may be kept at the affiliate's location as long as this is stated in the affiliation agreement and access can be guaranteed to the agency and BEMS within 24 hours of a request.
- A listing of the responsibilities of the affiliate, the agency and participants.
- Status reports must be kept in the agency and/or the participant's file. Monthly participant summary reports must be submitted to the agency from the affiliate. These reports must show the most updated information on each participant in the program including participant attendance records, copies of CME content material, copies of all current certification and other pertinent cards, etc.
- A listing of financial responsibilities that follow the vouchering requirements of this Manual. The affiliation agreement must detail who will voucher BEMS for education funding and any other financial agreements between the affiliate and agency. All policies must adhere to BEMS current policies regarding training reimbursement.
- How and when participant skills will be verified, if participant skills will be verified by the affiliate.
- What type of educational content the affiliate agrees to provide to the agency and the Program participants. Many course sponsors provide only the core content portion of the Program.
- How participant attendance will be verified by the affiliate. A verifiable sign-in and sign-out sheet must be used for attendance purposes.
- Names, locations, telephone numbers and address of all responsible parties from the agency and the affiliate.

- **CME Coordinator**

The agency must designate a CME Coordinator to oversee the CME Program. This individual acts as a contact person for participants, the Medical Director and BEMS. The CME Coordinator is a designated employee/member of the agency who will oversee the agency's CME program and continuing education in accordance with NYS DOH policy as well as the approved agency CME Plan.

If there is a change in the Coordinator, the new Coordinator shall be responsible for notifying BEMS within 20 business days by submitting an updated registration form (DOH-4227).

Other responsibilities of the CME Coordinator include:

- Ensure ALS providers are in good standing and compliant with the appropriate Regional Emergency Medical Advisory Committee (REMAC).
- Ensure all training records are maintained and filed in accordance with NYS BEMS rules and regulations and the agency's program plan.
- Ensure that all CME Recertification training meets NYS BEMS requirements.
- Track the progress of all CME Program participants by reviewing their progress at regular intervals (at a minimum of every 3 months), and (if need be) notifying the participant in a timely manner that they will be unable to renew their certification via CME and must complete a NYS DOH traditional refresher course. Documentation of these notifications and verification of receipt by the participant must be maintained in the participant file.
- Properly prepare, verify, and submit all agency CME Program paperwork to the Bureau of EMS within the required timelines.
- Properly prepare, verify and submit all vouchers for payment to the Bureau of EMS.

- **Medical Director**

The Agency's Medical Director must agree to support the agency's participation in the CME Program. The Medical Director should be an interactive participant in the administrative development of the Program, the in-service training and other continuing education activities.

If there is a change in the Medical Director, the agency Coordinator must notify BEMS within 20 days by submitting an updated registration form (DOH-4227).

For ALS providers, the Medical Director must verify that the providers have maintained appropriate skills proficiency. They may do this through direct observation, formal skills evaluation, or quality improvement activities. Quality Improvement activities are defined as

either direct observation of participant performance or direct knowledge of participant performance of skills through the agency's Quality Assurance program.

CME Participant

- **Who can participate?**

EMTs, AEMT's, EMT-Critical Care and Paramedics may participate in the CME Program if they are currently certified, in continuous practice providing pre-hospital care at the certification level they are seeking with an agency already registered in the CME Program, and meet all other BEMS Program requirements as stated in this manual. The agency must be authorized to provide the level of care for which the participant is seeking recertification.

Participation is voluntary. An EMS Agency can not require a member/employee to participate in the CME Program. Participants may withdraw from the Program at any time.

Participants must be in **continuous practice** as defined in the definitions section of this manual, to participate in the CME Program. The EMT/AEMT must be currently certified and actively providing pre-hospital care with the agency they are enrolled with for the CME Program.

Applicants must submit, through the participating agency, a BEMS Participant Registration Form (DOH-4226). This form must be received prior to, or at the time of, recertification in the CME Program.

Application to renew their certification must be postmarked at least 45 days before their card expires.

Applications may not be submitted more than 9 months prior to their current certification expiration date.

Participants *must not* allow their certification to expire during the Program. Expired certifications are not eligible for renewal through the CME Program.

- **Instructors and Instructor Candidates**

Certified Lab Instructors, Certified Instructor Coordinators and instructor candidates are eligible to participate in the CME Recertification Program. In order to become a certified instructor, or recertify your current instructor certification, you must have a NYS Written Examination grade within the last three years or since your last instructor recertification. If you do not have this

grade and you are participating in the CME Recertification Program, you need to contact our office at 1-800-628-0193. When you call this number, advise us that you need to take an exam for an Instructor Score because you are in the CME Program. Our staff will schedule you for a written exam. You must contact us at least 8 weeks prior to the date of the exam you wish to be scheduled for. The certification level of the exam you need to take depends on what type of courses you wish to teach. *For example, if you are a Paramedic and you wish to teach only CFR or EMT courses, you only need to take the EMT written exam.* If you choose to receive on-site scoring you will be responsible for the appropriate fees for that service. **You must obtain an 85% or greater on the written exam for instructor certification.** Instructors are not required to take a Practical Skills Examination when recertifying through this pilot program. This “instructor score” does not recertify any certification. It is only one step in the certification or recertification process for instructor certifications.

Instructors who prepare and teach topics can utilize their teaching towards the CME Program. An instructor may utilize the same topic area no more than once during a 12 month period. For example, if you prepare and deliver a 3 hour lecture on childbirth once a year, you can claim no more than 9 CME hours for that recertification period (3 hours per year only). CME hours must be verifiable through attendance records, CIC sign-offs, etc. There is no limit to the number of teaching hours you can claim during a recertification cycle. For example, if you taught for 24 hours, you can utilize all 24 hours as CME hours as long as the topic area is not used more than once in a 12 month period and it is EMS related.

Required CME’s

To renew certification a provider must complete a minimum of 72 hours of appropriate continuing medical education (CME) for the level being recertified. This education includes:

- “Core” Refresher Training (review of current curriculum)
- Healthcare Provider CPR Certification (infant, child and adult CPR w/AED)
- Advance Cardiac Life Support (ACLS) Certification. (Paramedics Only)
- Additional CME that is Pre-hospital, EMS related.
- Skills Competency Verification.
- Must have completed within a reasonable amount of time ICS 100, 700 and Hazardous Material Awareness for First Responders.

“Core” Refresher Training:

“Core” Refresher Training is a review of the original or refresher training curriculum for the specific level of EMT/AEMT. The EMS curriculum can be found on the BEMS web site. While the “Core” refresher training is ideal for remediation, it does not expand beyond the entry level training requirements found within the curriculum. For each level of provider there are specific minimum requirements for the Core Refresher training and these are outlined on each renewal application form.

There are a number of ways to obtain CME credit towards your “Core” refresher training such as self study, teaching, attending education programs and conferences. More information on these topics is discussed later in this section.

A New York State Certified Instructor Coordinator (CIC) must oversee all “Core” Refresher CME training. The CIC bears sole responsibility for the content of these sessions. If a CIC does not deliver the “core” content in a session, they need to be present, or be familiar with the manner that the “core” content is delivered. The CIC must review the content of the CME and have proof that the participant attended the CME before credit can be applied. If CME credit from an outside source is being requested to be used as “Core”, then the CIC must approve this through review of CME description, objectives, attendance verification, and any handouts that were obtained by the participant. For *example, if a participant attends an EMS conference and wishes to use some CME hours towards the Core, then the CIC must review the conference session description, presentation handouts, and verification of attendance.* Once all this has been reviewed by the CIC, the CIC can approve or deny the content to be used as “core” for CME refresher.

Core Refresher Training requirements for the EMT, Advanced EMT, EMT- Critical Care, and Paramedic each have specific hour and topic requirements. The following breaks down those requirements for each level of provider:

EMT-Basic

- 26 Hours of Core Refresher Training
 - 1 hour Preparatory
 - 2 hours Airway
 - 3 hours Patient Assessment (Combined Medical and Trauma)
 - 1 hour Pharmacology/ Med Administration/ Emergency Meds.
 - 1 hour Immunology/ Toxicology
 - 1 hour Endocrine/ Neurology
 - 3 hour Abdominal/ Geni-Renal/ GI/ Hematology
 - 1 hour Respiratory
 - 1 hour Psychiatric
 - 1 hour Cardiology
 - 1 hour Shock and Resuscitation
 - 4 hour Trauma
 - 2 hour Geriatrics
 - 2 hour OB/Neonate/Pediatrics
 - 1 hour Special Needs Patients
 - 1 hour EMS Operations

Advanced EMT

- 40 Hours of Core Refresher Training divided into categories of 26 hours Basic Core Refresher and 14 hours of Advanced EMT Core refresher training.
 - 1 hour Basic Preparatory
 - 1 hours Advance Preparatory
 - 2 hours Basic Airway
 - 2 hours Advanced Airway Management & Ventilation
 - 3 hours Basic Patient Assessment
 - 2 hours Advanced patient Assessment
 - 1 hour Pharmacology/Med Admin/Emergency Meds
 - 1 hour Immunology/Toxicology
 - 1 hour Endocrine/Neurology
 - 3 hours Abdominal/Geni-Renal/GI/Hematology
 - 1 hour Respiratory
 - 1 hour Psychiatric
 - 1 hour Cardiology
 - 1 hour Shock & Resuscitation
 - 4 hours Advanced Medical
 - 2 hours Advanced Pharmacology
 - 4 hours Basic Trauma
 - 3 hours Advanced Trauma
 - 2 hours Geriatrics
 - 2 hours OB/Neonate/Pediatrics
 - 1 hour Special Needs Patients
 - 1 hour EMS Operations

EMT-Critical Care

- 36 Hours of Core Refresher Training
 - 5 hours Preparatory
 - 5 hours Airway Management & Ventilation
 - 8 hours Trauma
 - 12 hours Medical, Behavioral to include;
 - 5 hours Respiratory & Cardiac Emergencies
 - 2 hours Allergic Reactions and Poisoning
 - 2 hours Neurological and Abdominal Emergencies
 - 3 hours Environmental, Behavioral, Gynecological
 - 5 hour Special Considerations to include;
 - 2 hours Obstetric Emergencies
 - 1 hour Neonatology
 - 2 hours Pediatrics
 - 1 hour Operations

EMT- Paramedic

- 48 Hours of Core Refresher Training
 - 6 hours Preparatory
 - 6 hours Airway Management & Ventilation
 - 10 hours Trauma
 - 18 hours Medical to include;
 - 6 hours Pulmonary and Cardiology
 - 3 hours Neurology, Endocrinology, Allergies & Anaphylaxis
 - 3 hours Gastroenterology, Renal & Urology, Toxicology, Hematology
 - 3 hours Environmental Conditions, Infectious & Communicable Diseases, Behavioral
 - 3 hours Gynecology and Obstetrics
 - 6 hour Special Considerations to include;
 - 3 hours Neonatology and Pediatrics
 - 1 hour Abuse and Assault
 - 2 hours Patients with Special Challenges and Acute Interventions for Chronic Care Patients.
 - 2 hours Operations

Ways to obtain your Core Refresher Training:

- **Formal Core Refresher Training course**

Many Course Sponsors offer formal courses specifically put together to meet the “Core” refresher training requirements. Some Sponsors allow CME Participants to attend specific portions of a traditional refresher course to fulfill their Core requirements. When done in this manner the Course Sponsor may charge a fee for attendance, but this fee is not reimbursable through BEMS education funding. The monies that the agency receives from BEMS after the participant has recertified through the CME program can be used to cover these expenses.

The CME Participant should not enroll as a refresher student in a traditional refresher course. If the Participant does enroll they will not be eligible to continue in the CME program for that recertification cycle and will be required to complete the refresher course and pass the New York State written and practical skills exam.

- **Training without Course Sponsor Affiliation**

There are many ways to meet the Core Refresher Training requirements outside of a Course Sponsor Affiliation. An agency can provide in-house training and drills. Participants can attend on-going training programs identified as Core content through a coordinated regional or multiple agency effort. Other methods to obtain Core content CME include attending conferences held in New York State such as Vital Signs.. These conferences identify the courses acceptable for Core Refresher Training and are overseen by a New York State CIC.

Many of the National Continuing Education Programs (“alphabet” courses) such as PHTLS, ITLS, BTLS, PALS, PEPP, EPC, ACLS, AMLS, GEMS, etc. can also be used in combination to accumulate the required Core CME hours. These courses are standards based and do not require the oversight of a CIC. They can only be used as Core when taken as a full course not the refresher version.

Another method of obtaining Core CME is through self study. Self Study includes such methods as reading magazine articles related to pre-hospital patient care, watching videos/CD’s, or using internet training courses. Core CME hours when done through self study are limited to a maximum of **50%** of the total Core Refresher hours, unless the sponsoring agency has been approved to provide 100% on-line education. (*See page 23 “Specialty Programs”*)

A CIC must approve all Core refresher material with the exception of attending a full course in any of the National Continuing Education Programs.

A CIC who teaches an original or recertification course through traditional means or CME can claim the maximum CME hours towards their Core Refresher if recertifying at the same level. *For example, an EMT CIC who teaches an original EMT course can use those hours of instruction towards their recertification through the CME program. This EMT CIC can also use the hours he/she teaches in a traditional refresher course.* These hours must be the hours that the CIC taught or was in attendance for if they were taught by another CIC or non-CIC.

CPR Certification

CPR certification must meet current standards for American Heart Association (AHA) guidelines and include;

- Adult 1 & 2 Rescuer CPR + AED
- Adult Obstructed Airway
- Child 1 & 2 Rescuer CPR + AED
- Child Obstructed Airway
- Infant 1 & 2 Rescuer CPR + AED
- Infant Obstructed Airway

A CPR instructor may claim up to 6 hours of CME towards their recertification once in a 12 month period during the recertification cycle for teaching a full CPR course that meets the aforementioned requirements and content.

A photocopy of the most current CPR certification card, with a valid expiration date must be submitted at the time of recertification.

Paramedics must also provide verification of course completion in Advance Cardiac Life Support (ACLS) by submitting a photocopy of their current certification card at the time of recertification.

Internet courses for learning CPR and ACLS **are not acceptable courses unless** the course includes a classroom component to prove skill competency. Skill competency verification must be included within the participants CME file at the agency.

Additional CME (Non-Core)

Additional CMEs allow for the study of a variety of EMS related topics to fit the interest of the participant or to meet the needs of the agency and community. It allows for more options and choices for an individual Provider and can be utilized to update and/or introduce new material. Unlike the Core refresher training, additional CME's are intended to expand upon the basic knowledge learned in an original EMS course. Additional CME's require a minimum number of CME hours depending on the level of recertification. The required minimum levels of additional CME hours are:

- 46 Hours EMT- Basic
- 38 Hours AEMT
- 36 Hours EMT- Critical Care
- 24 Hours EMT- Paramedic

Ways to obtain additional CME credits include:

Agency drills and in-service EMS training such as:

- Skills workshops,
- Protocol updates and review,
- QI call reviews, and audits.

OSHA and other mandatory training including:

- Ambulance driving and safety,
- Some Hazmat,
- Weapons of Mass Destruction
- Incident Command System training.

EMS Conferences, Seminars, and Lectures such as:

- Vital Signs Conference
- Pulse Check
- EMS Today
- EMS Expo

Nationally recognized continuing education programs (original or refresher) including;

- Pediatric courses, PALS, PEPP, EPC etc.
- Trauma courses, PHTLS, ITLS, BTLS etc.
- Adult and Geriatric courses such as AMLS, GEMS etc.

Self Study Activities including;

- Internet and Web based courses and programs.
- Magazine articles and EMS Literature review etc.

There are many options when deciding what to use for continuing education. With new education material being introduced everyday there are far too many to list in this manual. Some important points to keep in mind when deciding what education to obtain are:

- Is the continuing education related and directed towards EMS, and can it be proven?
- Is the training related to patient care or EMS operations?
- Will the training enhance the basic knowledge?
- Will the training benefit the participant, EMS agency, community, and the patients served?

Remember, additional CME hours when done through self study are limited to a maximum of **50%** of the total non-core CME hours, unless the sponsoring agency has been approved to provide 100% on-line education. (*See page 23 “Specialty Programs”*)

Most firematic, police and military tactical training are not considered EMS related topics. Some college courses directly related to patient care and/ or EMS may also be considered for CME hours. If you have questions about what can and can not count for CME credit contact the BEMS central office. Always be sure the additional CME training being considered is not below the participant’s or agency’s scope of practice.

Continuing education credit may only be received for time the participant actually participates in the CME activity. *For example, if a participant takes an 8 hour course with two 15 minute breaks and a half hour lunch, then ends one hour early, the participant is only eligible to receive six hours CME credit.*

Skills Competency

All EMS providers should practice and review their skills regularly. The CME Recertification Program requires verification of competency for specific essential skills needed to perform at each level of EMS certification. The following are the skills required for each level of certification:

- EMT
 - Patient Assessment, Medical & Trauma
 - Airway & Ventilation including; Airway Adjuncts, Supplemental Oxygen, One and Two rescuer Bag Valve Mask.
 - Hemorrhage Control
 - Splinting including; Long bone injury, Joint Injury, and Traction Splinting.
 - Spinal Immobilization for the seated and Supine Patient.
 - Cardiac Arrest with Automatic External Defibrillator (AED)

- AEMT
 - Patient Assessment, Medical & Trauma

- Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask.
 - Cardiac Arrest Management with Automatic External Defibrillator (AED)
 - Hemorrhage Control
 - Splinting including; Long bone injury, Joint Injury, and Traction Splinting.
 - IV Therapy & Medication Administration
 - Spinal Immobilization for the seated and Supine Patient.
- EMT- Critical Care
 - Patient Assessment, Medical & Trauma
 - Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask.
 - Cardiac Arrest Management to include; Knowledge of Monitor/Defibrillator, Therapeutic Modalities, Megacode.
 - Hemorrhage Control
 - Splinting including; Long bone injury, Joint Injury, and Traction Splinting.
 - IV Therapy & Medication Administration
 - Spinal Immobilization for the seated and Supine Patient.
- EMT- Paramedic
 - Patient Assessment, Medical & Trauma
 - Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask.
 - Cardiac Arrest Management to include; Knowledge of Monitor/Defibrillator, Therapeutic Modalities, Megacode.
 - Hemorrhage Control
 - Splinting including; Long bone injury, Joint Injury, and Traction Splinting.
 - IV Therapy & Medication Administration
 - Spinal Immobilization for the seated and Supine Patient.

Skills verification does not have to be through formal testing, but may be through ongoing practice and actual application. This can be accomplished through direct observation or a Structured QA/QI program. For either method, the participant must obtain the signature of the Training officer or Medical Director at the EMT level, or the Medical Director if an ALS provider. The signature attests to the proficiency of the skills required. A recommended (*but not required*) method of recording skills verification is to utilize the NYS Practical Skills Exam sheets.

Completing the Application

- **Registration Forms**

Anyone participating in the CME Program must submit a Participant Registration Form (DOH-4226). This form must be received by the BEMS prior to or along with submission of recertification forms.

- **Recertification Forms**

When it comes time to prepare for recertification you must submit the appropriate New York State CME recertification application. National Registry, out of state, or any other forms used in place of the approved NYS forms will be denied for recertification and returned to the applicant.

Be sure you have the appropriate application for the level you are recertifying. All acceptable applications for recertification may be found on the DOH BEMS web site in a downloadable and fill-in-able Adobe Acrobat format. The acceptable forms for recertification to be submitted are:

- [DOH-4226 \(8/10\) Participant Registration Form](#)(PDF, 17KB, 2pg.)
- [DOH-4227 \(7/03\) Agency Registration Form](#)(PDF, 115KB, 2pg.)
- [DOH-5065 EMT Recertification Form 2012](#) (PDF, 24KB, 2pg.)
- [DOH-5067 AEMT Recertification Form 2013](#) (PDF, 23KB, 2pg.)
- [DOH-5066 AEMT Critical Care Recertification Form 2013](#) (PDF, 24KB, 2pg.)
- [DOH-4231 Paramedic Recertification Form 2013](#) (PDF, 24KB, 2pg.)

- **Personal information**

When completing the recertification application, be sure to include your NYS EMS certification number, at least the last four digits of your SS#, and your current address. This is critical information used to identify you and send out your EMS recertification card. It may also be important that the BEMS be able to contact you, or return your application in the event of any unforeseen problems in the application or documentation submitted.

- **Criminal Affirmation**

Sign the criminal affirmation only if you **have not** been convicted of, or are not currently charged with, a misdemeanor or felony in accordance with 10 NYCRR Part 800.8 (e). Not signing is not an automatic bar from recertification and the participant should still submit their application. However, the Department of Health will determine if a charge or conviction (if any) is applicable under the provisions of 10 NYCRR Part 800.

The criminal affirmation signature should not be greater than 60 days from the date of the application being submitted.

- **Documenting CMEs**

Document each topic, the date of the course and the CME hours earned for that topic as it is filed in the participant CME folder (*Refer to Agency Responsibilities for record keeping*). For the core component, the application should reflect the total hours earned for each division. For the EMT, Advanced EMT, EMT – Critical Care and Paramedic, the responsible CIC must sign attesting to the completion and documentation of the participant’s core refresher training.

- **Verifying skills**

Document the method that skills were verified. Obtain the required signature of the training officer, or Medical Director attesting to the proficiency.

- **Proof of CPR & ACLS Training**

When the application has been completed a copy (*both front and back*) of the participant’s current, not expired, CPR card must be attached to the application. Paramedics must also submit proof of ACLS certification by providing a copy, (*originals will not be accepted*) both front and back of a current not expired ACLS card.

- **Signatures**

Upon completion of the application the participant and the agency Coordinator must sign the application at the bottom of page two.

- **45 Day Rule**

When submitting the participant application it must be postmarked no greater than 9 months and **no later than 45 days prior to your current certification expiration date**. Applications received greater than 9 months before a participant’s card expiration will be returned to the participant. Late applications, those postmarked after the 45 days prior to but, before the participant’s certification expires may result in denied recertification. Participants who have been denied recertification due to expired certification or late submission will need to enroll into a traditional refresher course to become recertified. No extensions of certification dates can be granted unless the participant meets the requirements for a traditional military extension.

For the protection of the participant and the EMS agency, BEMS strongly recommends that all submissions for CME recertification be sent using a return-receipt or tracking method of delivery. Again, if the submission is received after the 45 day deadline, the participant may not receive EMS recertification.

- **Receiving new card**

Once the application has been submitted allow up to 6 weeks for processing. BEMS is not responsible for applications not received due to carrier or mail service. Again, BEMS strongly

recommends using certified mail or other forms of traceable delivery when submitting applications. BEMS is not responsible for mailed documents that have not been successfully delivered.

A copy of the participant's new recertification card must be made and placed in the participant's CME file at the agency.

Funding

Funding is available for the core refresher portion of the CME Recertification Program provided the agency and the participant is eligible for reimbursement. Either the course sponsor or the agency, but not both, may submit education funding reimbursement. Funding is only available for the Core refresher CME's. All reimbursements are paid directly to the course sponsor or participating agency and not individual participant. All funds received from BEMS must be utilized for training purposes only. A separate account and/or budget line must be used to keep all BEMS funds. Course sponsors and agencies must adhere to the current BEMS Funding Policy Statement found on the BEMS web site.

- **Course Sponsor Vouchering**

A Course Sponsor offering CME Core refresher training that covers all the required core content curriculum may request funding reimbursement for an EMS refresher candidate, provided that candidate has completed the core refresher requirements. The course sponsor must submit a Course Sponsorship standard voucher (AC-3253s). In addition, the course sponsor must submit with the voucher a course memorandum listing each student with their certification number and level of training. The course sponsor must submit the required voucher and memorandum no later than ninety (90) days after the completion of the core refresher training course.

- **Agency Vouchering**

The agency may voucher for the core refresher training expense only after the participant has successfully recertified through the CME Program and only if a course sponsor has not already submitted for payment. The agency must submit an agency standard voucher (AC-3253s) filling out all required fields including box 6 listing the name, level of certification, and the certification number of each provider for whom reimbursement is requested. Vouchers must be submitted to BEMS no later than 45 days after the participant has been successfully recertified through the CME Program. Any voucher received after the 45 days, will not be eligible for payment. It is the agencies responsibility to assure they obtain a copy of the participant's new certification card to confirm they have been recertified.

All funds that an agency receives as reimbursement for a member/employee recertifying through the CME Program must be placed into a separate account or line item within their accounting records. ***These funds must be used for CME recertification training purposes only.*** The funds can be used to reimburse an agency's member/employee for CME training they paid for during the most recent recertification period. For example, if the participant attended a conference, the

funds can be used to reimburse the participant for conference fees including travel expenses. The funds could also be utilized to pay for speakers or equipment used for the purpose of training participants enrolled in the CME Program.

- **Auditing the CME Program**

By registering into the CME Recertification Program, the agency and its affiliate or designee agree to make Program records available within 24 hours of notice, for auditing purposes by BEMS and/or the New York State Office of State Comptroller. If the BEMS or NYS Office of the State Comptroller are denied access to these records, for any reason, the BEMS has the right to, suspend or revoke the agency's participation in the CME Program. An "agency self auditing" tool is available to assist the agency in preparing for an audit.

Specialty Programs

- **Distributive Learning**

Distributive Learning is considered by BEMS as a classroom based education tool and not a method of self study. Distributive learning allows Course Sponsors, instructors, students and educational content to be located in different, non-centralized locations so that instruction and learning may occur independently with spontaneous real time two way communications between instructor, and student.

Refer to the current BEMS policy statement and Course Sponsor's Administrative Manual for distributive learning course requirements.

- **Online Internet Learning and Learning Management Systems (LMS)**

Online Internet Learning and Learning Management Systems (LMS) for the purpose of CME recertification is becoming one of the most common methods to obtain self study CMEs.

Numerous internet sites related to EMS offer online education programs. Many are now paired with LMS tools used to document, track and organize a participants CME hours. As stated under core refresher and non-core requirements, online CME's are limited to 50% CME credit when a participant uses them as self study. To utilize online education programs for 100% education the program must be administered by the agency, and/ or the affiliate course sponsor and approved by the BEMS prior to the start of the program. An individual CME participant who is not registered with an agency approved to utilize 100% online education will be denied recertification for exceeding the maximum allowable CME hours for self study.

If an agency wishes to offer the 100% online CME Program to its members/employees the agency must seek BEMS Central Office approval and meet all of the following requirements.

1. Detail the program administration in the agency program plan.
2. Provide information on online program vendor.
3. Online security, denoting who has access to records and who does not.

4. How a participant gains access to utilize the program
5. Describe tracking of online CME activities, and offline activities including skills.
6. If training records are maintained online, how and where is the LMS backed up

All skills competency reviews must be hands-on. No online skills practice can be applied towards CME recertification.

NYS Pilot EMS Recertification Program

Administrative Program Agency Form

Agency Pilot Recertification Program Coordinator

I _____ have read and understand the NYS Pilot EMS
Recertification
(Print Name)
Program Administrative Manual in its entirety. I understand that if I have any questions
about the content of the manual or the program in general, I may contact the NYS Bureau
of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of
EMS as they relate to the CME Recertification Program.

(Signature)

Date: _____

Agency Title

Agency Pilot Recertification Program Medical Director

I _____ have read and understand the NYS Pilot EMS
(Print Name)

Recertification Program Administrative Manual in its entirety. I understand that if I have any questions about the content of the manual or the program in general, I may contact the NYS Bureau of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of EMS as they relate to the CME Recertification Program.

(Signature) Date: _____

Agency Title NYS MD License#: _____

For Agency File. Do not submit to BEMS.

NYS Pilot EMS Recertification Program

Administrative Program Participant Form

I _____ have read and understand the NYS Pilot EMS Recertification

(Print Name)

Program Administrative Manual in its entirety. I understand that if I have any questions about the content of the manual or the program in general, I may contact my program coordinator or the NYS Bureau of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of EMS as they relate to the CME Recertification Program.

(Signature)

Date: _____

(Print Name)

Program Coordinator

To be placed in Participant's file. Do not submit to BEMS.

Do you have questions?

Find us on the Web at:

<http://www.health.state.ny.us/nysdoh/ems/main.htm>

Or contact us at:

Bureau of Emergency Medical Services

New York State Department of Health

875 Central Avenue

Albany, New York 12206

Phone: 518- 402-0996 Prompt 1, 4

Fax: 518- 402-0985