

AEMT Refresher Training - 14 Hours Total in These Topic Areas

Topic	Required Hours	Hours Earned	Date
Preparatory	1		
Pharmacology	2		
Advanced Airway Management / Ventilation	2		
Medical	4		
Patient Assessment	2		
Trauma	3		
TOTALS	14		

Additional 32 Hours of Continuing Education

Topic	Hours	Date	Topic	Hours	Date
Total Hours					

Skill Competency Verification

Skill	QA/QI	Direct Observation
Patient Assessment (Medical and Trauma)		
Airway/Ventilation (Simple Adjuncts, Advanced Adjuncts, Supplemental Oxygen Delivery, Bag Valve-Mask – one and two rescuer)		
Cardiac Arrest Management / AED		
Hemorrhage Control & Splinting (long bone injury, joint injury, and traction splinting)		
IV Therapy/Medication Administration		
Spinal Immobilization (Seated and Supine)		

As the Physician Medical Director for the Participant's Continuing Education Program I hereby affix my signature attesting to proficiency in all skills outlined above.

Printed Name of Medical Director _____

Signature of Medical Director _____

Date _____

I hereby affirm that all statements on this recertification form are true and correct, including all copies of cards, certificates and other required verification. It is understood that false statements or documents submitted with the intent to falsely recertify may be grounds for revocation of certification and applicable civil and criminal penalties. It is also understood that the Bureau of Emergency Medical Services or its designee may conduct an audit of the activities listed herein at any time. **This form must be mailed and postmarked no less than 45 days prior to your current expiration date!**

Signature of Participant _____

Signature of Sponsoring Agency Contact / Coordinator _____

Date _____

Date _____