



Emergency Medical Technician-EMT License Renewal Application



Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Completion checklist: Application Completed continuing education record

Required Signatures: Applicant Signature Affiliating Agency Official Signature Skills Verification Signature (Medical Director or Training Officer)

Supporting Documentation: LZ0 Course Completion Documentation Refresher Course Completion Documentation Pediatric Specific CEU's

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender F M
Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____
Signature Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: **Volunteer** True Compensated **Career** Full Time Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant _____

Date signed _____

For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMT
License Renewal Education Record**

Applicant Name: _____

All license renewal requirements must be complete and submitted between the effective date and the expiration date of the current license. Renewal requires an EMS Bureau approved EMT refresher option, 24 hours of continuing education and verification of skills.

A. EMT Refresher Options (Complete one of five) – Attach proof of completion

- Traditional EMS Bureau approved Refresher # _____ Completion Date _____ Instructor _____
- CECBEMS Approved Refresher Education Online Vendor _____ Completion Date _____
- Successfully complete the NREMT EMT cognitive exam. Date Complete _____
- Completion of an agency sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau
- Completion of a Paramedic Program

B. Additional Continuing Education – Attach proof of completion

- Landing Zone Officer training (required if your license expires **after** 09/30/10)
- Four hours Pediatric specific continuing education (included in the 24 hours required)

C. Continuing Education (24 hours required)

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Landing Zone Officer							
Total				Total			

Skills Verification - This is to confirm that this applicant for license renewal has completed skills verification and has performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee