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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01933 (03/2023) | **STATE OF WISCONSIN** |
| **WISCONSIN EMS CONTINUING EDUCATION RECORD**  **EMERGENCY MEDICAL TECHNICIAN REFRESHER REQUIREMENTS**  [2023-2026 License Renewal](https://www.dhs.wisconsin.gov/ems/licensing/renewal.htm) | |
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| **Name** | **License Number** |
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| This form is authorized under [Wisconsin Administrative Code DHS 110.07(1)](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/II/07/1/c/2)(c)2, which describes the refresher training requirements for emergency medical technician (EMTs). Under [Wisconsin Administrative Code DHS 110.07(1)(c)2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/ii/07/1/c/2), an EMT satisfies the refresher training requirements if “[t]he individual has completed a 40-hour EMT refresher course based on the Wisconsin EMT curriculum or 40 hours continuing education that is based on the Wisconsin EMT curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.”  This form is a tool to assist EMT licensure renewal using the [Emergency Medical Technician National Continued Competency Program (NCCP)](https://www.nremt.org/EMT/Recertification) or Flexible Refresher option for renewal of a Wisconsin EMS EMT license.  The signed and completed form must accompany the electronic EMT application submission within the E-Licensing system. The signed and completed document is the equivalent of a course completion certificate for the EMT refresher.  In order to use this form, you must be a currently licensed EMT with a license that expires on June 30, 2023.  **Emergency Order #21: Relating to the Department of Health Services Administrative Rule Suspensions and Order**  Due to the Covid-19 response and the Wisconsin Department of Health Services, Emergency Order #21, the 2023-2026 licensing triennial timeframe of acceptable renewal education was changed to October 1, 2020 to June 30, 2023. For the 2023-2026 license renewal triennial, all education requirements must be completed between October 1, 2020, and June 30, 2023. | |
| Continuing education used to renew your 2023-2026 EMT license cannot be the same education used to have renewed your previous 2020-2023 EMT license.  Wisconsin EMTs seeking to renew their licensure for the triennial licensing period must meet [Wisconsin Administrative Code DHS 110.07(1)](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/II/07/1/c/2) requirements. Courses that cannot be applied towards renewal requirements include:   * duplicate courses * clinical rotations * instructor courses * management/leadership courses * performance of duty * preceptor hours * serving as a skill examiner * service time on agencies.   On the following pages, document the 40 hours of continuing education needed to renew that meet the suggested course requirements below. Add additional sheets if necessary.   |  |  | | --- | --- | | **Name** | **Certification Number** |  |  |  |  | | --- | --- | --- | | **Topic/Course Name** | **Date of Completion**  **October 1, 2020-June 30, 2023** | **Hours** | |  |  |  | | |
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| **Airway / Respiration/ Ventilation** |  | **1.5** |
| Suggested Courses:   * Ventilation – 1.0 hour * Oxygenation – 0.5 hour   **List actual course(s) taken below:** | | |
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| **Cardiovascular** |  | **6.0** |
| Suggested Courses:   * Post-resuscitation Care – 0.5 hour * Ventricular Assist Devices – 0.5 hour * Stroke – 1.0 hour * Cardiac Arrest – 2.0 hours * Pediatric Cardiac Arrest – 2.0 hours   **List actual course(s) taken below:** | | |
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| **Trauma** |  | **1.5** |
| Suggested Courses:   * Trauma Triage – 0.5 hour * Central Nervous System (CNS) Injury - 0.5 hour * Hemorrhage Control – 0.5 hour   **List actual course(s) taken below:** | | |
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| **Name** | **License Number** |

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| **Topic/Course Name** | **Date of Completion**  **October 1, 2020-June 30, 2023** | **Hours** |

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| **Medical** |  | **6.0** |
| Suggested Courses:   * Special Healthcare Needs – 1.5 hour * Obstetrics Emergency – 0.5 hour * Infectious Diseases – 0.5 hour * Pain Management – 0.5 hour * Psychiatric and Behavioral Emergencies – 0.5 hour * Toxicological Emergencies Opioids – 0.5 hour * Neurological Emergencies Seizures – 0.5 hour * Endocrine Diabetes – 1.0 * Immunological Diseases – 0.5 hour   **List actual course(s) taken below:** | | |
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| **Operations** |  | **5.0** |
| Suggested Courses:   * At-Risk Populations – 0.5 hour * Ambulance Safety – 0.5 hour * Field Triage Disasters/MCIs – 0.5 hour * EMS Provider Hygiene, Safety, and Vaccinations – 0.5 hour * EMS Culture of Safety – 0.5 hour * Pediatric Transport 0.5 hour * Crew Resource Management – 1.0 hour * EMS Research – 0.5 hour * Evidence Based Guidelines – 0.5 hour   **List actual course(s) taken below:** | | |
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| **Name** | **License Number** |

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| **Topic/Course Name** | **Date of Completion**  **October 1, 2020-June 30, 2023** | **Hours** |

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| [**Weapons of Mass Destruction/Preparedness**](https://www.dhs.wisconsin.gov/ems/training/wmdcourse.htm) |  | **2.0** |
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| **Service-Based Specific Education** | |  | | **18** |
| The service-based specific education component requires 18 hours of education. The requirements are developed at either the local EMS level or may be specified by the State EMS Office, or service level administrators (for example; Training Officers, Service Directors and/or Medical Directors).  **List actual course(s) taken below:** | | | | |
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| **Name** | **License Number** |

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| The Department of Health Services, EMS Section will be conducting audits of the renewal process. If you are selected for an audit, you must provide all requested, required documentation. Failure to provide the requested, required documentation will result in the suspension or revocation of your EMS practitioner license under [Wisconsin Administrative Code DHS 110.58](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/V/58).  Indicated by the signatures below, I certify that I have completed all the above continuing education requirements and that I have maintained documentation, as required. | | | |
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| **SIGNATURE** - Applicant (Print Name) | |  | Date |
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| **SIGNATURE** - Service Director (Print Name) | |  | Date |
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| **SIGNATURE** - Service Medical Director (Print Name) | |  | Date |