WISCONSIN EMS CONTINUING EDUCATION RECORD EMERGENCY MEDICAL RESPONDER REFRESHER REQUIREMENTS

2023-2026 Certification Renewal

Name	Certification Number

This form is authorized under <u>Wisconsin Administrative Code DHS 110.07(1)(c)1</u>, which describes the refresher training requirements for emergency medical responders (EMRs). Under <u>Wisconsin Administrative Code DHS 110.07(1)(c)1</u>, an EMR satisfies the refresher training requirements if "[t]he individual has completed a 16-hour emergency medical responder refresher course based on the Wisconsin emergency medical responder curriculum or 16 hours continuing education that is based on the Wisconsin emergency medical responder curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current certification expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph."

This form is a tool to assist EMR certification renewal using the <u>Emergency Medical Responder National</u> <u>Continued Competency Program (NCCP)</u> or Flexible Refresher option for renewal of a Wisconsin EMS EMR certificate.

The signed and completed form must accompany the electronic EMR application submission within the E-Licensing system. The signed and completed document is the equivalent of a course completion certificate for the EMR refresher.

In order to use this form, you must be a currently certified EMR with a certification 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 recertification triennial timeframe of acceptable renewal education was changed to October 1, 2020 to June 30, 2023. For the 2023-2026 certification renewal triennial, all education requirements must be completed between October 1, 2020, and June 30, 2023.

Topic/Course Name	Date of Completion October 1, 2020-June 30, 2023	Hours
CPR		
Topic/Course Name	Date of Completion October 1, 2020-June 30, 2023	Hours
Airway, Respiration and Ventilation		1.0
Suggested course(s):		
 Ventilation – 0.5 hour Oxygenation – 0.5 hour List actual course(s) taken below: 		
List actual course(s) taken below.		
Cardiovascular		2.5
Suggested course(s): Post-Resuscitation Care— 0.5 hour Stroke — 0.5 hour Cardiac Arrest — 0.5 hour Pediatric Cardiac Arrest — 1.0 hour List actual course(s) taken below:		
Trauma		0.5
Suggested course(s): • Central Nervous System (CNS) Injury – 0.5 hour List actual course(s) taken below:		
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Name Certification Number

Topic/Course Name	Date of Completion October 1, 2020-June 30, 2023		
Medical	3.0		
Suggested course(s): Obstetric and Gynecologic Emergencies – 0.5 Infectious Diseases – 0.25 Psychiatric and Behavioral Emergencies – 0.25 hour Toxicological Emergencies – Opioids – 0.5 hour Neurological Emergencies – Seizures – 0.5 hour Endocrine Emergencies – Diabetes – 0.5 hour Immunological Diseases – 0.5 hour			
List actual course(s) taken below:			
Operations	1.0		
 Field Triage Disaster/Multiple Casualty Incidents (MCIs EMS Provider Hygiene, Safety, and Vaccinations – 0.2 EMS Culture of Safety – 0.25 hour 			
Weapons of Mass Destruction/Preparedness	2.0		

Name	Certification Number				
Topic/Course Name			Date of Completion October 1, 2020-June 30, 2023		
Service-Based Specific Education					6.0
The service-based specific education component requ developed at either the local EMS level or may be spe administrators (for example; Training Officers, Service	cified by	the Sta	te EMS Office,	or service lev	
List actual course(s) taken below:					
The Department of Health Services, EMS Section will are selected for an audit, you must provide all request requested, required documentation will result in the surfless Responder (EMR) certification under Wisconsin Admir Indicated by the signatures below, I certify that I have requirements, understand that this completed form multicensing account, and that I have maintained documents.	ed, requi ispension nistrative complete ist be up	ired doc n or revo Code D ed all the loaded i	cumentation. Faccation of your DHS 110.58. The above continuint my renewal	ilure to provide Emergency Notes to the control of	de the Medical n
SIGNATURE – Applicant				Date	
SIGNATURE - Service Director (F	Print Nam	ne)		Date	
SIGNATURE - Service Medical Director (F	Print Nan	ne)		Date	