



State of New Hampshire
Department of Safety
Division of Fire Standards & Training and EMS
Bureau of Emergency Medical Services



National Registry of EMTs
Continued Competency Program
(NREMT Recertification Requirements)

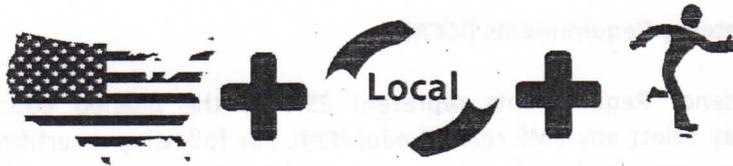
EMS PROVIDER GUIDE

The Four Principles of Continued Competency

- Professional Standing (having an unrestricted license to practice)
- Cognitive Competency (having the knowledge required for the position)
- Practice Performance (having the skills required for the position)
- Life-long Learning (on-going, self-motivated pursuit of knowledge)

National Registry Continued Competency Hour Requirements

Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours*
Emergency Medical Responder	8	4	4	16
Emergency Medical Technician	20	10	10	40
Advanced EMT	25	12.5	12.5	50
Paramedic	30	15	15	60



* 33% of the total hours may be obtained through distributive learning
(EMR = 5hrs; EMT = 13; AEMT = 16.5; Paramedic = 20)

SPECIAL NOTE TO:

Advanced EMTs

To document your continued competency, you must complete the Emergency Medical Technician National Continued Competency Requirements PLUS an additional 5 hours of ALS EMS education to meet your NCCR requirements of 25 hours in addition to your LCCR and ICCR requirements for a Total of 50 hours.

The Three Components of National Registry Continued Competency Program

1) NATIONAL Continued Competency Requirements (NCCR)

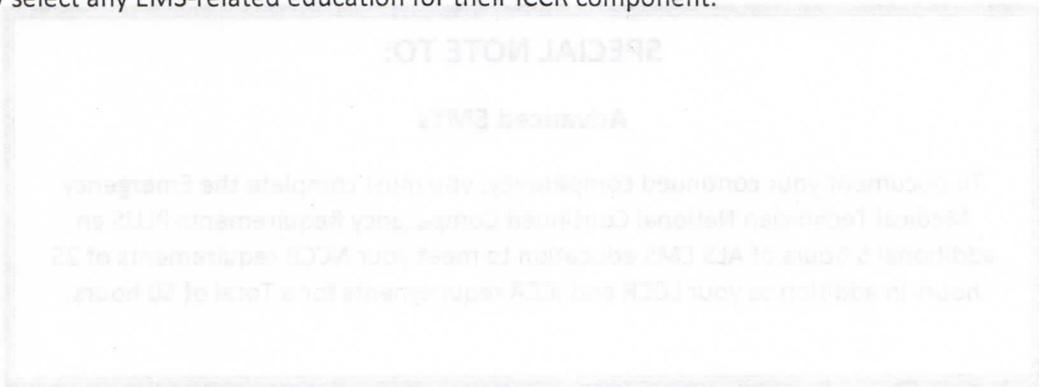
National Continued Competency Requirements are determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physician and EMS provider stakeholders. The NCCR comprises 50% of the overall requirements necessary to recertify. Topics in the NCCR are chosen among the following: evidence-based medicine, any changes in the National EMS Scope of Practice Model, science-related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care. The NREMT will provide the educational materials for this component to the EMS community as part of their mission – to protect the public.

2) LOCAL Continued Competency Requirements (LCCR)

Local Continued Competency Requirements are developed and delivered at the local EMS level. LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by local authorities (or State EMS Office, if applicable). These topics may include changes in local protocols, tasks which require remediation based upon a quality assurance system, and/or topics noted to be of importance based upon run data reported to the National EMS Information Systems from the local level. These topics are locally chosen and will likely be different for every EMS system in the nation.

3) INDIVIDUAL Continued Competency Requirements (ICCR)

Individual Continued Competency Requirements represent 25% of the needed education. For the Individual's first ICCR, they may select any EMS related education. For following recertifications, NREMTs will identify what these requirements are based upon outcomes of a self-assessment guide (offered at no additional fee) on the NREMT website as part of the recertification submission process. The assessment guide will help providers assess their knowledge and remediate any identified deficiencies (over four core content areas). The specific assessment guide results are provided only to the individual EMS provider; de-identified, aggregate data will be provided to Training Officers and **no actions** will be taken to restrict practice or certification of providers who need remediation. If no deficiencies are indicated, the EMS provider may select any EMS-related education for their ICCR component.



NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
<p>Airway, Respiration & Ventilation: 4 hours</p> <p>Ventilation: 3 hours</p> <ul style="list-style-type: none"> • Minute ventilation • Effect on cardiac return • Assisted Ventilation <ul style="list-style-type: none"> ○ Assessment/when to vent <ul style="list-style-type: none"> ▪ Respiratory failure – recognition, etc. ○ Adjuncts <ul style="list-style-type: none"> ▪ ATV ○ Positioning (adult & pediatric) ○ Suctioning <p>Oxygenation: 1 hour</p>	<p>Airway, Respiration & Ventilation: 4 hours</p> <p>Ventilation: 2 hours</p> <ul style="list-style-type: none"> • Assessment/when to vent • Respiratory failure-recognition, etc. • Positioning (adult & pediatric) • Suctioning • Minute Ventilation <ul style="list-style-type: none"> ○ Effect on cardiac return <p>Capnography: 1 hour (in-line, side stream, perfusing & non.)</p> <p>Airway Management: 1 hour (adult & pediatric)</p> <ul style="list-style-type: none"> • Intubation vs. supraglottic airway devices (adult only)
<p>Cardiovascular: 6 hours</p> <p>Post-resuscitation Care: 0.5 hour</p> <ul style="list-style-type: none"> • Recognition of ROSC • Induced hypothermia <p>Stroke: 1 hour</p> <ul style="list-style-type: none"> • Assessment (Stroke scale) • Oxygen administration • Time of onset (duration) • Transport destination <p>Cardiac Arrest: 0.5 hour</p> <ul style="list-style-type: none"> • Ventricular Assist Devices (VAD) • Termination Decisions <p>Cardiac Rate Disturbance (Ped): 1 hour</p> <ul style="list-style-type: none"> • Tachycardia • Bradycardia • Irregular pulse 	<p>Cardiovascular: 10 hours</p> <p>Post-resuscitation Care: 2 hours</p> <ul style="list-style-type: none"> • Recognition of ROSC • Hemodynamics • Oxygenation • Induced hypothermia <p>Ventricular Assist Devices (VAD): 0.5 hour</p> <p>Stroke: 1.5 hours</p> <ul style="list-style-type: none"> • Assessment • Oxygen administration • Time of onset (duration) • Transport destination • Fibrinolytics (checklist) <p>Cardiac Arrest: 2 hours</p> <ul style="list-style-type: none"> • Optimal chest compressions <ul style="list-style-type: none"> ○ Depth, rate, recoil & pause ○ Mechanical CPR devices

Emergency Medical Technician	Paramedic
<p>Cardiovascular – continued</p> <p>Pediatric Cardiac Arrest: 2 hours</p> <ul style="list-style-type: none"> • Two-thumb encircling technique • Ventilation/Compression ratios <ul style="list-style-type: none"> ○ One and two rescuer CPR <ul style="list-style-type: none"> ▪ AED <p>Chest Pain from Cardiovascular Cause (Adult): 1 hour</p> <ul style="list-style-type: none"> • Nitroglycerin administration • ASA administration • Oxygen administration • Transportation destination 	<p>Cardiovascular – continued</p> <p>Cardiac Arrest (cont.)</p> <ul style="list-style-type: none"> • Airway issues with cardiac arrest <ul style="list-style-type: none"> ○ Halting CPR to intubate ○ Hyperventilation ○ Supraglottic vs. ET vs. BVM • Chain of Survival • Termination Decisions (Adult & Pediatric) Criteria <ul style="list-style-type: none"> ○ NAEMSP/AHA Position • ETCO2 changes during arrest and ROSC <p>Congestive Heart Failure: 0.5 hour</p> <ul style="list-style-type: none"> • Recognition • Treatment <p>Pediatric Cardiac Arrest: 1.5 hours</p> <ul style="list-style-type: none"> • Optimal chest compressions • Techniques • Ventilation/Compression ratios <ul style="list-style-type: none"> ○ One and two rescuer CPR <p>Unique Causes of Pediatric Cardiac Arrest: 1 hour</p> <ul style="list-style-type: none"> • (e.g.) HOCM • Commotio cordis • Long QT • AHA Channelopathy <p>ACS: 1 hour</p> <ul style="list-style-type: none"> • 12 Lead Review • STEMI imposters • Oxygen administration • Transportation destination (systems of care)
<p>Trauma: 2 hours</p> <p>CNS Injury: 0.5 hour</p> <ul style="list-style-type: none"> • Sports injuries <ul style="list-style-type: none"> ○ Concussion <p>Tourniquets: 0.5 hour</p>	<p>Trauma: 4 hours</p> <p>CNS Injury: 2 hours</p> <ul style="list-style-type: none"> • Sports injuries <ul style="list-style-type: none"> ○ Concussion ○ Helmet considerations • ETCO2 monitoring

Emergency Medical Technician	Paramedic
<p>Trauma – continued</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) 	<p>Trauma – continued</p> <p>Tourniquets: 0.5 hour</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) <p>Fluid Resuscitation (phys/over-loading): 0.5 hour</p>
<p>Medical: 6 hours</p> <p>Special Healthcare Needs: 1 hour</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ○ (Feeding tubes, VP shunts, etc.) ○ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Psychiatric Emergencies: 1 hour</p> <ul style="list-style-type: none"> • Patient restraint • Excited delirium • Depression / suicide <p>Toxicological Emergencies: 0.5 hour</p> <ul style="list-style-type: none"> • Synthetic stimulants • THC (natural/synthetic) <p>Endocrine: 1 hour</p> <ul style="list-style-type: none"> • Medication pumps • Glucometer awareness • Diabetes • Metabolic syndrome <p>Immunological Diseases: 1 hour</p> <ul style="list-style-type: none"> • Allergic reaction • Anaphylaxis 	<p>Medical: 7 hours</p> <p>Special Healthcare Needs: 2 hours</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ○ (Feeding tubes, VP shunts, etc.) ○ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Communicable Diseases: 1 hour</p> <ul style="list-style-type: none"> • Hygiene (hand washing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza <ul style="list-style-type: none"> ○ Public Health – pandemics, reporting, etc. ○ Appropriate precautions • SIRS vs. sepsis vs. septic shock <ul style="list-style-type: none"> ○ Fluid resuscitation <p>Medication Delivery: 1 hour</p> <ul style="list-style-type: none"> • IM vs. SC (e.g., epi) • Atomized / Nasal <p>Pain Management: 1 hour</p> <ul style="list-style-type: none"> • NAEMSP pain management • AAP pediatric pain management

Emergency Medical Technician	Paramedic
<p>Medical – continued</p> <p>Communicable Diseases: 0.5 hour</p> <ul style="list-style-type: none"> • Appropriate precautions • Hygiene (hand washing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza • Public Health – pandemics, reporting, etc. 	<p>Medical – continued</p> <p>Psychiatric Emergencies: 1 hour</p> <ul style="list-style-type: none"> • Patient restraint • Excited delirium • Depression / suicide • Toxicological emergencies
<p>Operations: 2 hours</p> <p>At-Risk Populations: 0.5 hour</p> <ul style="list-style-type: none"> • Human trafficking (see DHS Presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence <p>Pediatric Transport (NHTSA): 0.5 hour</p> <p>Affective: 0.5 hour</p> <ul style="list-style-type: none"> • Professionalism • Cultural competency • Changing demographics <p>Role of Research: 0.5 hour</p>	<p>Operations: 2 hours</p> <p>At-Risk Populations: 0.5 hour</p> <ul style="list-style-type: none"> • Human trafficking (see DHS Presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence • LGBT <p>Pediatric Transport (NHTSA): 0.25 hour</p> <p>Culture of Safety: 0.5 hour</p> <ul style="list-style-type: none"> • Adverse event reporting • Medication safety <p>Affective: 0.25 hour</p> <ul style="list-style-type: none"> • Professionalism • Cultural competency <ul style="list-style-type: none"> ○ Changing demographics <p>Crew Resource Management: 0.25 hour</p> <p>Role of Research: 0.25 hour</p>

NOTE: This program is only for providers who have already transitioned to the new National EMS Education Standards levels.

Providers with March 2015 National Registry expiration date:

Providers with a March 2015 National Registry expiration date will reregister as previously except for one change. In order to complete your 2015 reregistration you will be given the opportunity to take an Assessment Guide. It will be done through the National Registry website as part of your recertification process and at no additional cost.

This guide is not scored. It will highlight what topic areas may be improved on. The provider is the only one who will see the results of the assessment guide.

Services with 10 or more providers will get an aggregate summary of areas of weakness for their providers.

By completing this Assessment Guide you are opting into the NCCP Pilot Program. If you choose to not complete the Assessment Guide you will be required to complete the traditional method of reregistration including a Division-approved Refresher Training Program (or equivalent) and the required hours of continuing education totaling 72 hours.

April/May 2015 you will receive your results of the Assessment Guide outlining your areas of weakness.

April 1, 2015 will begin your next cycle. Your requirements for recertification for 2017:

EMT Providers who opt in:

You will be required to complete:

- 20 hours of National Requirements (NCCR)
- 10 hours of Local Requirements (LCCR)
- 10 hours of Individual Requirements (ICCR)

The 20 hours of NCCR required are listed on pages 4-7 of this document. These hours can be obtained by any means. See your service's Training Officer for assistance.

Part of the 10 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 10 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outlined in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 40 hours. By March 31, 2017 you will complete the National Registry on-line reregistration form.

EMT-I '85:

You ***must*** complete an EMT-I to AEMT Refresher with transition along with the traditionally required hours of continuing education totaling 72 hours for your March 31, 2017 recertification or you will automatically be dropped back to EMT.

AEMT Providers who opt in:

You will be required to complete:

- 25 hours of National Requirements (NCCR)
- 12.5 hours of Local Requirements (LCCR)
- 12.5 hours of Individual Requirements (ICCR)

The 25 hours of NCCR required must consist of 20 hours of EMT NCCR. Topics are listed on pages 4-7 of this document. The remaining 5 hours must consist of ALS hours of your choosing. These hours can be obtained by any means. See your service Training Officer for assistance.

Part of the 12.5 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 12.5 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outlined in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 50 hours. By March 31, 2017 you will complete the National Registry on-line reregistration form.

EMT-P:

You ***must*** complete an EMT-P to Paramedic Refresher with transition along with the traditionally required hours of continuing education totaling 72 hours for your March 31, 2017 recertification or you will automatically be dropped back to AEMT.

Paramedic Providers who opt in:

You will be required to complete:

- 30 hours of National Requirements (NCCR)
- 15 hours of Local Requirements (LCCR)
- 15 hours of Individual Requirements (ICCR)

The 30 hours of NCCR required are listed on pages 4-7 of this document. These hours can be obtained by any means. See your service's Training Officer for assistance.

Part of the 15 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 15 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outlined in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 60 hours. By March 31, 2017 you will complete the National Registry on-line reregistration form.

Providers with 2016 National Registry Expiration Date:

Providers with a March 2016 National Registry expiration date will reregister as previous except for one change. In order to complete your 2016 reregistration you will be given the opportunity to take an Assessment Guide. It will be done through the National Registry website as part of your recertification process and at no additional cost.

This guide is not scored. It will highlight what topic areas may be improved on. The provider is the only one who will see the results of the assessment guide.

Services with 10 or more providers will get an aggregate summary of areas of weakness for their providers.

By completing this Assessment Guide you are opting into the NCCP Pilot Program. If you choose to not complete the Assessment Guide you will be required to complete the traditional method of reregistration including a Division-approved Refresher Program (or equivalent) and the required hours of continuing education totaling 72 hours.

April/May 2016 you will receive your results of the Assessment Guide outlining your areas of weakness.

April 1, 2016 will begin your next cycle. Your requirements for recertification for 2018:

EMT Providers who opt in:

You will be required to complete:

- 20 hours of National Requirements (NCCR)
- 10 hours of Local Requirements (LCCR)
- 10 hours of Individual Requirements (ICCR)

The 20 hours of NCCR required are listed on pages 4-7 of this document. These hours can be obtained by any means. See your service's Training Officer for assistance.

Part of the 10 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 10 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outlined in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 40 hours. By March 31, 2018 you will complete the National Registry on-line reregistration form.

EMT-I '85:

You must complete an EMT-I to AEMT Refresher with transition for your March 31, 2016 recertification or you will automatically be dropped back to EMT.

AEMT Providers who opt in:

You will be required to complete:

- 25 hours of National Requirements (NCCR)
- 12.5 hours of Local Requirements (LCCR)
- 12.5 hours of Individual Requirements (ICCR)

The 25 hours of NCCR required must consist of 20 hours of EMT NCCR. Topics are listed on pages 4-7 of this document. The remaining 5 hours must consist of ALS hours of your choosing. These hours can be obtained by any means. See your service's Training Officer for assistance.

Part of the 12.5 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 12.5 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outline in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 50 hours. By March 31, 2018 you will complete the National Registry on-line reregistration form.

EMT-P:

You must complete an EMT-P to Paramedic Refresher with transition for your March 31, 2016 recertification or you will automatically be dropped back to AEMT.

Paramedic Providers who opt in:

You will be required to complete:

- 30 hours of National Requirements (NCCR)
- 15 hours of Local Requirements (LCCR)
- 15 hours of Individual Requirements (ICCR)

The 30 hours of NCCR required are listed on pages 4-7 of this document. These hours can be obtained by any means. See your service's Training Officer for assistance.

Part of the 15 hours of LCCR will cover topics required by the Division of Fire Standards and Training & Emergency Medical Services. Remaining hours can be of your choice or as identified by your service's Training Officer.

The 15 hours of ICCR can be any topic of your choosing within your Scope of Practice. It is suggested that part of these hours be used for continuing education in the topics of weakness as outlined in your Assessment Guide taken prior to completing your 2015 recertification process.

Total required hours for recertification via NCCP Pilot will be 60 hours. By March 31, 2018 you will complete the National Registry on-line reregistration form.

Category	Hours	Notes
Advanced Emergency Medical Technician	12.5 hours	14 Scope of Practice Modules • 8 hour suggested Special injury protocol • 2.5 hours Remaining 4 hours • Contact your Training Officer and/or local Medical Director for service/regional topics
Paramedic	22.5 hours	14 Scope of Practice Modules • 2.5 hours (suggested) Special injury protocol • 2 hours Remaining 14 hours • Contact your Training Officer and/or local Medical Director for service/regional topics

Local Requirements (LCCR):

SAMPLE ONLY:
 STATE REQUIREMENTS NOT YET SET!

Emergency Medical Responder	Emergency Medical Technician
<p>Required: 4 hours</p> <p>First Responder Narcan administration:</p> <ul style="list-style-type: none"> .5 hours via NHOODLE .5 hours psychomotor <p>Spinal Injury Protocol:</p> <ul style="list-style-type: none"> .5 hours <p>Remaining 2.5 hours:</p> <ul style="list-style-type: none"> Contact your Training Officer and/or local Medical Director for service/regional topics 	<p>Required: 10 hours</p> <p>NH Scope of Practice Modules:</p> <ul style="list-style-type: none"> 4 hours (suggested) <p>First Responder Narcan administration:</p> <ul style="list-style-type: none"> .5 hours via NHOODLE .5 hours psychomotor <p>Spinal Injury Protocol:</p> <ul style="list-style-type: none"> .5 hours <p>Remaining 4.5 hours:</p> <ul style="list-style-type: none"> Contact your Training Officer and/or local Medical Director for service/regional topics
Advanced Emergency Medical Technician	Paramedic
<p>Required: 12.5 hours</p> <p>NH Scope of Practice Modules:</p> <ul style="list-style-type: none"> 8 hours (suggested) <p>Spinal Injury Protocol:</p> <ul style="list-style-type: none"> .5 hours <p>Remaining 4 hours:</p> <ul style="list-style-type: none"> Contact your Training Officer and/or local Medical Director for service/regional topics 	<p>Required: 15 hours</p> <p>NH Scope of Practice Modules:</p> <ul style="list-style-type: none"> .5 hours (suggested) <p>Spinal Injury Protocol:</p> <ul style="list-style-type: none"> .5 hours <p>Remaining 14 hours:</p> <ul style="list-style-type: none"> Contact your Training Officer and/or local Medical Director for service/regional topics

Continued Competency Pilot Resources

- Your Training Officer
- NH Bureau of EMS – Education Section:

Shawn Jackson – Education Coordinator
Shawn.jackson@dos.nh.gov
603.223.4200

Diane Bunnell – Education Specialist
Regions 1 & 5
Diane.bunnell@dos.nh.gov
603.223.4200

Karen Louis – Education Specialist
Regions 3 & 4
Karen.louis@dos.nh.gov
603.223.4200

Kim Mattil – Education Specialist
Region 2
Kimberly.mattil@dos.nh.gov
603.223.4200

- NH Licensed EMS I/Cs
- National Registry of EMTs

