STATE CERTIFIED EMT RECERTIFICATION REPORT

ND DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES AND TRAUMA
600 E. BOULEVARD AVE DEPT 301
BISMARCK, ND 58505-0200
SFN 59299 (12/2009, R 8/2010)

A minimum of 48 hours of continuing education is required for re-licensure as a North Dakota State Certified EMT. Please complete the following information and submit it along with a copy of a current CPR card, a current EMS Registration Form and a copy of your EMT refresher certificate. Tthis is **not** valid for National Registry Certification.

Name	6 Digit State ID #

Date	Topic	Method	Hours	Date	Topic	Method	Hours

TOTAL HOURS ☐

Verification of Skill Maintenance

Please Note: A licensed ND EMS Instructor/Coordinator or Continuing Education Coordinator MUST complete this portion.

Patient Assessment / Management	☐ Verified / Observed
Ventilatory Management	☐ Verified / Observed
Cardiac Arrest Management	☐ Verified / Observed
Bleeding Control / Shock Management	☐ Verified / Observed
Spinal Immobilization	☐ Verified / Observed

As a currently licensed EMS Instructor/Coordinator or Continuing Education Coordinator I hereby affix my signature attesting to the continued competence in all skills outlined for the above named individual through either direct observation or through Q/A or Q/I process.

Name	6 Digit State ID #	Date

Please include the following documents with this form:

☐ **EMS Registration**	☐ **Copy of CPR Card**	☐ **Copy of EMT Refresher Course Certificate**