



## NREMT 2016 Summer Newsletter



American  
Heart  
Association®

### 2015 AHA GUIDELINES IMPLEMENTATION TO TAKE PLACE

The American Heart Association released its 2015 AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care on October 15, 2015. NREMT cognitive and psychomotor examinations will reflect these changes effective September 1, 2016.

For more on the 2015 AHA guidelines, download the full document at <http://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>

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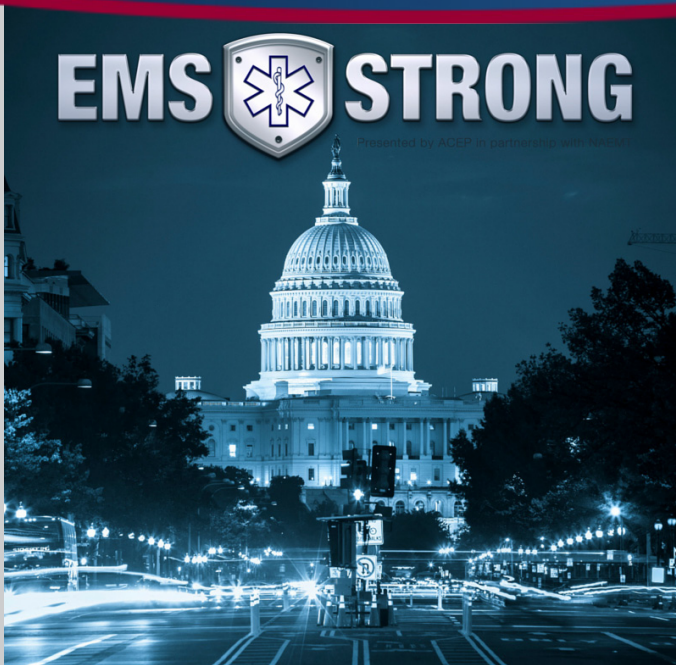
**Fees Increase**

### Important Dates



Effective **August 1, 2016**, anyone seeking to obtain National Registry Paramedic (NRP) certification must complete a portfolio before they qualify to take the examination. The portfolio, which provides a mass of evidence documenting a candidate's competency in 12 psychomotor skill areas, is a prerequisite to seeking NRP certification. The program tracks each student's portfolio throughout the formative and summative phases of education in the laboratory, clinical and field internship settings.

Effective **January 1, 2017**, the NREMT will begin Phase 1 of its transition to an NRP scenario-based psychomotor examination. Those completing the NRP psychomotor examination will be tested on an Integrated Out-of-hospital Scenario skill. Additionally, the examination will test five legacy skills (Patient Assessment – Trauma, Dynamic Cardiology, Static Cardiology, Oral Case A, and Oral Case B) that currently exist among the 12 skills on the NRP psychomotor exam.



## A Federal Perspective: 50 Years of Helping EMS Systems Improve

On the 50th anniversary of the birth of modern EMS, EMS Strong reflects on the role the federal government has had in helping local agencies and care providers serve their communities.

Often cited as the foundation of modern emergency medical services, this year EMS recognizes the 50th anniversary of the groundbreaking whitepaper, *Accidental Death and Disability: The Neglected Disease of Modern Society*. The paper, released by the National Academy of Sciences in 1966, assessed the mortality and injury rate among civilians during a time in which the number of people killed on the nation's roadways was near epidemic proportions.

The findings and recommendations in the report led to the development of an EMS system that is much more sophisticated than the report's authors likely predicted. As the industry looks ahead and plans for the next 50 years of EMS innovation, it's important to reflect on the profession's history, those who have and continue to shape the EMS landscape and the major milestones that helped create modern EMS.

Learn more at <http://emsstrong.org/a-federal-perspective-50-years-of-helping-ems-systems-improve/>

## NRP Regional Scenario Development Workshops

For years, educators, employers, providers and regulators have recommended that the NREMT include an Integrated Out-of-hospital Scenario skill in the NREMT paramedic psychomotor examination. It is the goal of the NREMT to ensure protection of the public by assessing psychomotor competency in a way that simulates actual practice in a controlled environment. With this recommendation and goal in mind, the NREMT is changing the way it verifies psychomotor competency for National Registry Paramedic (NRP) certification.

Effective January 1, 2017, the NREMT will begin Phase 1 of its transition to an NRP scenario-based psychomotor examination. Those completing the NRP psychomotor examination will be tested on an Integrated Out-of-hospital Scenario skill. Additionally, the examination will test five legacy skills (Patient Assessment – Trauma, Dynamic Cardiology, Static Cardiology, Oral Case A, and Oral Case B) that currently exist among the 12 skills on the NRP psychomotor exam.

The NREMT has partnered with the National Association of Emergency Medical Service Educators (NAEMSE) to help coordinate Regional Scenario Development Workshops for educators across the country in 2016. In these workshops, educators will gain hands-on experience developing both formative and summative scenarios for use in their classrooms. In turn, this practice will help educators to better prepare their students to function as NRPs outside of the classroom.

To register for Regional Scenario Development Workshops, visit [NAEMSE.org](http://NAEMSE.org).

Want to learn more? **Watch our Out-of-hospital Scenario Skill Station video.**



## Top Questions

### 1. How long does it take to process paperwork submitted for applications?

- Background issues: 30 business days
- ADA Accommodations: 30-45 business days
- Incomplete Applications for cognitive exams: 5-7 business days
- Paper Recertification Applications: 2-4 weeks
- Incomplete Paper Recertification Applications: 2-3 business days
- Audit Documents: 10 business days
- Incomplete Audit Documents: 5 business days.

All of these times are subject to change during times of high volume of applications being submitted.

### 2. What are my deadlines to test?

- Courses are valid for 2 years.
- For example if you completed a course on 05/18/2016 it will be valid to test with until 05/31/2018.
- Testing results for both the cognitive and psychomotor exams are valid for 1 year.

#### For example:

- EMR/EMT cognitive exam passed 05/18/2016 is valid until 05/17/2017
- EMR/EMT psychomotor exam passed 05/18/2016 is valid until 05/17/2017
- AEMT/Paramedic cognitive exam passed 05/18/2016 is valid until 05/17/2017
- AEMT /Paramedic psychomotor exam passed 05/18/2016 is valid until 05/17/2017
- Authorizations to Test (ATT)'s are valid for 90 days.

### 3. Where can I find refresher courses/ continuing education?

The NREMT accepts continuing education that has received official approval through your State EMS office and/or the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE), formerly known as CECBEMS. Continuing Education can be completed with any state approved education program, including

but not limited to community colleges, vocational schools, local EMS agencies, or online education providers. Contact your state office or visit the [CAPSE website](#), for more information. Continuing education may be obtained through a variety of delivery methods including didactic sessions, practical drills, workshops, EMS conferences, and distributive education

### 4. How long do I have to complete my transition?

Any provider that expired in 2016, to include: First Responder, EMT-Basic, EMT-Intermediate 85 and EMT-Paramedic can no longer complete the transition process. If you are an EMT-Intermediate 85 or EMT-Paramedic that expires in 2017, you must complete the requirements by 3/31/2017. The transition period for EMT- Intermediate 99 providers ends in 2018/2019.

### 5. What if I did not transition?

Consequences for not completing the transition course prior to your expiration date will result in a drop of your certification level. EMT-Basics will drop to EMR, EMT I-85 will drop to EMT, EMT I-99 will drop to Advanced EMT, EMT-Paramedic will drop to Advanced EMT and First Responders will lose certification status with the NREMT. Your certification will drop only if all other recertification requirements have been met. If not, then you will lapse in certification and must then utilize the "lapsed certification process" to gain national certification.

Lapsed NREMT EMT I-85 providers that did not successfully transition, but completed a transition course that is equivalent to a full AEMT course, may challenge the AEMT cognitive and psychomotor exams for the next two years, as long as all other entry requirements are met.

\*If you just completed a transition course not equal to a full AEMT course, you will need to complete an AEMT course to be eligible for that level certification.

## 6. My state just switched to NCCP. How does this affect me?

Instead of the traditional 72-hour recertification model, education hours will now vary by provider certification level. For more information on distributive education (DE) and applying it toward your requirements, please review the NCCP brochures for the appropriate certification level.

	National Requirements	Local Requirements	Individual Requirements	Total Hours
<b>EMR</b>	8 (up to 3 DE)	4 (up to 3 DE)	4 (up to 4 DE)	16
<b>EMT</b>	20 (up to 7 DE)	10 (up to 7 DE)	10 (up to 10 DE)	40
<b>AEMT</b>	25 (up to 8 DE)	12.5 (up to 8 DE)	12.5 (up to 12.5 DE)	50
<b>NRP</b>	30 (up to 10 DE)	15 (up to 10 DE)	15 (up to 15 DE)	60

## 7. What if the hours I've entered have disappeared?

It may look as though your hours have vanished, but they haven't—they're still there. You will just need to move the data to the new model. The process is simple:

- Click "My Certification" and then click "Manage Education"
- Click the "MOVE HOURS" button
- Select a course and, from the drop down list, select whether to apply the hours to your national, local or individual requirement. Repeat this step for each course.

## 8. Why didn't I receive all of my certification material when I became certified?

When you created your application to test you may have selected to print your card and/or certificate. Please contact the Examinations Department (extension 256) if you would like to change your selection.

## 9. Where do I go on the NREMT website to find my psychomotor exam results?

Log into your NREMT account and click on "CBT Candidate" then, "Advanced Level Psychomotor Exam." In most cases your results will post to your NREMT account within 2-3 weeks.

## 10. Where do I go on the NREMT website to find my CBT (cognitive) exam results?

Log into your NREMT account and click on "CBT Candidates" then, "Check Initial Entry Application Status" In most cases, your results will post to your NREMT account within 1-2 business days.

## NREMT Will Be in Attendance for These Upcoming Conferences:

- Aug. 01-06** NAEMSE  
Ft. Worth, TX
- Aug. 15-19** IAFF  
Las Vegas, NV
- Sept. 07-08** NEMSAC  
Washington, D.C.
- Sept. 19-22** NASEMSO  
Albuquerque, NM
- Sept. 20-23** PJ Rodeo  
Indialantic, FL

## RECERTIFICATION REVIEW

The most recent recertification season was a busy one, with over 95,000 providers completing recertification. In total, **96,799** providers were recertified.

From the certification team and the NREMT as a whole: Thank you, providers, for another successful season. We appreciate your patience and cooperation, and we're happy to work with you.

# NREMT 2016 Summer Newsletter

## NREMT Research Update

### New EMS Research Fellow

This May, the NREMT research department welcomed the newest EMS Research Fellow, Rebecca Cash. Rebecca comes to the NREMT from Louisville, Kentucky where she worked as a Paramedic with Rural/Metro Ambulance. Rebecca earned her Master of Public Health degree from the University of Louisville. In addition to working as a researcher, as part of the NREMT's EMS Research Fellowship program, Rebecca will be pursuing a PhD in Epidemiology at The Ohio State University.

### Conferences

The annual meeting of the National Association of EMS Physicians (NAEMSP) was held in San Diego this past January. At this meeting, NREMT Research Fellow Remle Crowe presented a lightning oral abstract related to stress among EMS professionals. The research team shared another project related to reasons EMS professionals choose to leave the profession as a poster presentation. Additionally, Dr. Daniel Buckland from The George Washington University presented their collaboration with the NREMT on beliefs and attitudes related to ketamine use among nationally certified

paramedics. At the annual meeting of the Society for Academic Emergency Medicine (SAEM) in New Orleans this May, Cindy Chang from The Ohio State University (OSU) College of Medicine presented an abstract stemming from a collaborative effort between the NREMT, OSU and Nationwide Children's Hospital assessing attitudes and beliefs towards prehospital pediatric spinal immobilization.

### LEADS II

Data collection for the fourth year of the second Longitudinal EMT Attributes and Demographics Study (LEADS II) is currently underway! LEADS II began in 2013 and will continue for 10 years in order to assess changes the EMS profession over time. Since the first LEADS study began in 1998, this project has served as the basis for 37 manuscripts and 80 abstracts. Topics assessed through the LEADS II project include demographics, employment characteristics, stress, and cardiovascular health. We look forward to sharing findings from Year 4 soon. As always we would like to thank you for your continued support and participation in EMS research.

## CECBEMS is now CAPCE

The Continuing Education Coordinating Board for EMS (CECBEMS) has adopted a new name: CAPCE, or the Commission on Accreditation of Pre-Hospital Continuing Education. The change became effective July 1, 2016.

The new name serves to better reflect the organization's mission as an accrediting body; the organization does not coordinate EMS continuing education.

If you have questions about these changes, please [contact CAPCE directly](#).



## NREMT to Support National EMS Compact Project

The NREMT is excited to announce a commitment to supporting REPLICA, the Recognition of EMS Personnel Licensure Interstate Compact project.

Every day, EMS practitioners cross state lines while caring for patients, responding to disasters, or performing other work duties. These routine occurrences present an assortment of legal, regulatory and compliance challenges: Each state has laws protecting and regulating the EMS profession, so before an individual can practice—or in most states, even utilize titles such as EMT or Paramedic—the individual must complete the credentialing or license process specific to that state.

As a result, many of the nation's EMS professionals maintain licenses and certifications in multiple states. Not only is this a cumbersome (and often expensive) process, this approach only works for individuals that anticipate far in advance the potential need for them to utilize their EMS profession in a secondary state. However, EMS personnel often encounter the need to practice across state lines with little to no advanced notice.

REPLICA provides a mechanism for EMS practitioners to easily overcome this barrier. When a state signs on to the EMS Compact—by the passage of a law adopting REPLICA—EMTs or Paramedics that are licensed/certified in that state are extended a privilege to practice in the other Compact states.

In addition, the compact also provides the legal framework for the State's EMS regulatory agency to share enforcement actions or disciplinary actions taken with other Compact states.

Currently, states rely primarily on self-disclosure of disciplinary actions when new or renewal applications are submitted. A single, reliable database of these reports does not currently exist.

As an extension of the NREMT's mission to protect the public and nation through national EMS certification,

the NREMT will be providing this database, as well as the infrastructure and information technology solutions that are vital to the EMS Compact. In addition to serving as a repository for state officials to identify individuals whose license/certification has been revoked, suspended or restricted, the database will also provide a central location for the management of credential, licensure and privilege to practice information.

REPLICA was developed jointly between the Council of State Government's National Center for Interstate Compact, The National Association of State EMS Officials, and a drafting team of subject matter experts. The compact was also reviewed and vetted extensively through a larger advisory committee, including the NREMT.



**Show your NREMT pride  
this summer and shop our store!**  
**Whether you're an EMT or a Paramedic,  
we've got decals, patches and more  
waiting for you.**  
**Check it out:**  
[https://www.nremt.org/nremt/about/  
shop.asp?shopFunction=selpurchType](https://www.nremt.org/nremt/about/shop.asp?shopFunction=selpurchType)

## Graduate Degrees in EMS: Developing Future EMS Leaders

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Creighton University EMS Education

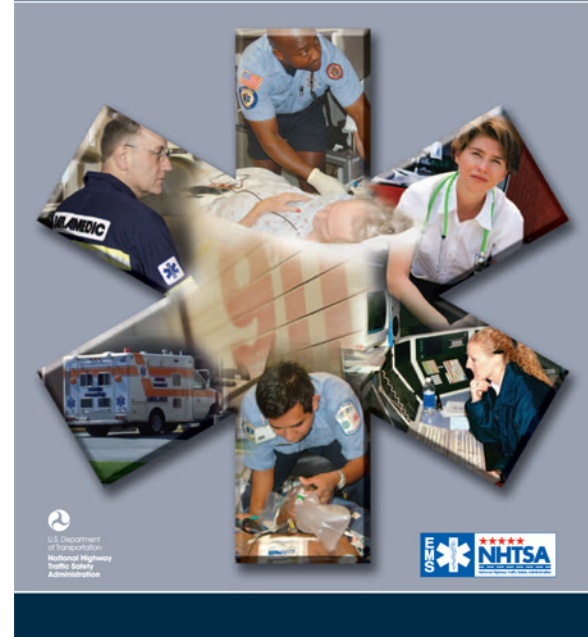
Emergency medical services are an essential component within the healthcare delivery framework. As a dynamic field experiencing rapid change secondary to expectations for improved quality outcomes and controlling costs, leadership skills have become increasingly important. Moreover, emergency medical services personnel function in unpredictable environments, often as members of complex interdisciplinary teams. As EMS confronts the many challenges facing the future delivery of out-of-hospital care, it is time to explore the educational needs necessary to prepare leaders to advance the EMS profession.

In May 2011, the National Highway Traffic Safety Administration released the Emergency Medical Services Workforce Agenda for the Future. According to the executive summary: The EMS Workforce Agenda “envisions a future in which all EMS systems have a sufficient number of well educated, adequately prepared, and appropriately credentialed EMS workers who are valued, well compensated, healthy, and safe.” Four components identified as essential to establishing integrated, community based EMS systems, include: health, safety, and wellness of the EMS workforce; education and certification; data and research; and

workforce planning and development. In order to effectively address these components and advance EMS as a profession, leaders must be prepared with expanded knowledge, skills, and abilities. The historical practice of job-based development is becoming a thing of the past. As we commit to raising the standards for education and certification for out-of-hospital care providers, we must commit to these same high standards in developing our future educators and leaders.

Well-prepared leaders are essential to address each component outlined in The EMS Workforce Agenda. Anticipating change and designing processes that meet the needs of patients, EMS personnel, healthcare team members, and other community stakeholders, requires an individual who is not only keenly aware of the environment, but able to lead and structure organizations around those processes. Continually educating and engaging personnel is imperative to retention. Leaders must be able to establish sound programs that promote a culture of safety. With the increasing

### The Emergency Medical Services Workforce Agenda for the Future



accessibility of data and research, EMS systems must be able to utilize information as a means to ensure the highest quality care and the latest in evidence based practice. The complexity of these demands requires a greater depth and breadth of leadership development.

EMS and Fire Science related undergraduate degrees have been gaining in popularity in recent years. There are approximately two to three dozen EMS related bachelor degrees being offered in the U.S. Is it time for EMS professionals to consider the value of graduate degrees? Graduate degrees, offered in many subject areas, have the potential to better equip EMS leaders with skills

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## Remember: Fees increase effective January 1

As a reminder, examination fees are set to increase effective January 1, 2017. The NREMT remains committed to administering one of the lowest examination fees in high-stakes health career certification, and the increase marks the first price adjustment in several years.

NREMT Level	Current Fees	Fees Effective 1/1/17
<b>EMR</b>	\$65	\$75
<b>EMT</b>	\$70	\$80
<b>AEMT</b>	\$100	\$115
<b>Paramedic</b>	\$110	\$125

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necessary to advance our profession. Many options exist, including a Master of Education (MEd), Master of Business Administration (MBA), Master of Public Administration (MPA) and a Master of Public Health (MPH). It is now even possible to pursue a Master of Science degree in EMS.

Creighton University developed and launched a Master of Science degree in EMS, with the overarching goal to provide EMS leaders with the tools they need to advance the profession at every level. Committed to the idea of a degree with true practical application, program faculty includes industry leaders in his or her area. Through this program, students are not only taught leadership philosophies, they are taught how these philosophies apply to the out-of-hospital environment. As students move through the program, coursework encompasses organizational development and change; clinical practice and quality improvement; financial management; human resource management; education; EMS law, regulations, and risk management; ethics; and an introduction to study design and research methods. Opportunities for independent study, practicum experiences, and the final capstone project are tailored to meet the leadership

development needs and interests of the individual, ensuring students get the most out of his or her overall experience.

As members of the EMS community, the faculty and staff at Creighton University recognize the varied leadership interests and needs among individuals, and the diverse experiences each brings to the educational process. This online program allows for ongoing interaction with colleagues from across the country, allowing participants to develop a network that will be valuable throughout the program, and after graduation.

Emergency medical services are evolving quickly, and EMS leadership must advance too. The components of The EMS Workforce

Agenda are challenging the EMS community, and are imperative as EMS leaders ensure the future success of our profession. If you would like to learn more about the MSEMS degree offered at Creighton University, please visit the following link: <https://gradschool.creighton.edu/program/Emergency-Medical-Services-MSEMS>. You may also email: [MeganSorensen@creighton.edu](mailto:MeganSorensen@creighton.edu).

