

State Authorization for National Registry EMT Test Eligibility

Virginia Office of EMS
 Division of Educational Development
 1041 Technology Park Drive
 Glen Allen, VA 23059

804-888-9120

Virginia Certified EMT Information

Section 1: Applicant Information (completed by all applicants)

Provider Name: _____
 FIRST MI LAST SUFFIX

Address: _____
 STREET, APT#

CITY STATE ZIP

E-mail Address: _____ **Phone Number:** _____

Virginia Certification Number: _____ **Level:** _____

If the applicant is a current Virginia Certified EMT and took the Virginia EMT written and practical examination within one (1) year of this request, then mail this form to:

NREMT Authorization Request
 Division of Educational Development
 Virginia Office of EMS
 1041 Technology Park Drive
 Glen Allen, VA 23059

If the applicant is a current Virginia Certified EMT whose last Virginia EMT written and practical certification examination was taken more than one year ago, or if the applicants Virginia certification was issued less than two (2) years ago, then complete Section 2 prior to mailing.

Section 2: Verification of Skill Competence

	Q/A;Q/I	Direct Observation	Other
1. Patient Assessment/Management: Medical and Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ventilatory Management Skills/Knowledge:			
Simple Adjuncts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental oxygen delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag-Valve-Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-Rescuer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-Rescuer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cardiac Arrest Management: Automated External Defibrillator (AED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hemorrhage Control & Splinting Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Spinal Immobilization: Seated and lying patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. OB/Gynecologic Skill/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other Related Skills/Knowledge:			
Radio communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report writing & documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a certified Virginia EMT instructor or a Virginia endorsed Physician Course Director or Operational Medical Director, I do hereby affix my signature attesting to continued competence in all skills outline above as determined by the identified process.

Signature _____ Print Name _____ Date _____ Virginia EMS Number _____

Section 3: Candidate Confirmation of Information

I hereby affirm that all statements on this application are true and correct. It is understood that false statements or documents may be sufficient cause for revocation by the Virginia Office of EMS.

Signature _____ Print Name _____ Date _____

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INSTRUCTIONS:

- A) This is a Microsoft Word® fillable form that allows you to complete Section 1 on your computer and then print it for completion of other sections as necessary. Eligible candidates are defined as:
- 1) Successfully completed a Virginia written and practical certification examination within one year of this request.
 - 2) Possess a Virginia EMS certification issued not more than 2 years from the date of this request.
- B) The date of request is based upon the postmark date on the mailing envelope used to deliver the application.
- C) If your Virginia EMS certification was issued greater than two (2) years prior to the request date, you are not eligible for National Registry EMT testing authorization until you recertify your Virginia EMS Certification.
- D) Authorization for National Registry EMT testing requires the applicant to possess current Virginia EMS certification at the EMT or Virginia Enhanced level.
- E) **Attach a copy of your current CPR card to the application and mail to the Virginia Office of EMS.**
- F) **You must:**
- 1) Visit the National Registry web site at www.nremt.org.
 - a) On the left hand side of the screen, click “Create New Account” (if you don’t have one)
 - b) Complete the online account creation page.
 - (i) In the section “Request User Roles” make sure you select: “Applying to become nationally certified”.
 - c) Once your account is created, you will be required to login to the NREMT system.
 - d) After logging in, click on ‘Create Initial Application’.
 - e) When prompted select “New Program”. Then select “**Virginia Office of EMS**”—site **number 76000**. DO NOT select the program director of the course you were enrolled in.
 - f) Please make sure you use your MOST CURRENT certification date so that you are not required to complete a refresher application
- G) The Office of EMS will go on-line weekly to approve registrants after which you will receive an Authorization –To-Test (ATT) letter from the National Registry.
- H) Once the ATT letter is received, you must contact a National Registry approved Pearson Vue Test center to arrange for taking the test.
- I) Incomplete applications will not be processed.
- J) You should allow for up to thirty (30) days from the start of this process until receiving an ATT letter from National Registry.

Section 1 and 3 must be completed by all applicants.

Section 1

Provider Name:	Print your First name, Middle initial, Last name and suffix.
Address:	Print your current mailing address.
Virginia Certification Number:	Print your Virginia Office of EMS Certification Number.
Level:	Indicate your current Virginia EMS certification level.

If you have taken the Virginia EMT written and practical certification examination within one (1) year of this request, then skip to Section 3 of the application and complete.

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If your Virginia EMS certification was issued more than one (1) year ago but less than two (2) years from the date of this request, you must complete Section 2.

Section 2

This section requires that a Virginia certified EMT Instructor, a Virginia endorsed Physician Course Director or a Virginia endorsed Operational Medical Director verify the applicant's skill competency for each of the skills listed by placing a check mark in the column that is being used to verify competence of the specific skill listed in the same row.

Signature:	Signature of the EMT Instructor, Physician Course Director, Operational Medical Director verifying skill competence.
Print Name:	Printed name of the person verifying skill competence.
Virginia EMS Number:	The Virginia Office of EMS issued Certification Number or physician number.

Section 3

Must be completed by all applicants.