

Paramedic Recertification Guide

WAC 246-946-171 & WAC 246-946-162

Quick Start Guide:

Obtain CME Hours, 50 hours per year. Education categories and skill requirements are defined by the State of Washington

Register and take the NREMT Assessment Exam (within 12 months of your WA certification expiration date)

Register for recertification on the SecureAccess Washington website

CME and Skill Requirement WAC Reference: <https://app.leg.wa.gov/wac/default.aspx?cite=246-976-162>

Paper Recertification Application: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/530119.pdf>

National Registry of Emergency Medical Technicians: <http://www.nremt.org>

Pearson Vue: [National Registry of Emergency Medical Technicians \(NREMT\) :: Pearson VUE](#)

Secure Access Washington: [SecureAccess Washington](#)

If you have questions or require further guidance, please follow this contact chain:

- 1. Consult with your MSO***
- 2. Contact the Medic One ALS Training Coordinator***
- 3. Contact the Medic One ALS Program Manager***

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Step 1: Obtain CME

Submit Records to the Medic One ALS Training Coordinator

Education Requirements for Recertification:

Annual Requirements (covered topics on a yearly basis): *Covered at in-service*

- Cardiovascular Education and Training
- Spinal Immobilization
- Patient Assessment

Certification Period Requirements (covered within each 3-year cycle): *Covered at in-service*

- Infectious Disease
- Trauma
- Pharmacology
- Other Pediatric Topics

TCMO Requirements (recommended):

- Maintain Current ACLS Certification
- Maintain Current PALS Certification

TCMO Highly Encourages:

- Attend quarterly BLS cardiac arrest reviews

TOTAL MINIMUM EDUCATION HOURS PER CERTIFICATION PERIOD: 50 hours / year

- *Every medic is awarded 15 hours per year for personal communications or consultation with doctors or staff regarding patients or day-to-day patient care problems. These 15 hours will be prorated based on hire date for newly hired medics and for extended leave taken which results in the need to complete reentry requirements.*
- *20 hours of formal education hours (i.e., "Category 1") during in-service training will be provided on a yearly basis by Medic One.*
- *NO MORE THAN 10 hours per year will be awarded for online training.*
- *NO MORE THAN 1 specialty course (wilderness, tactical, etc.) will be awarded per recertification period.*

**Interactive, online 48hr refresher courses will be granted 30 hours toward CME.*

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Step 2: Verify Mandatory Skills Requirements

First Recertification Period

Year 1:

- IV Starts: 36
- Endotracheal Intubations: 12
- IO Infusion Placement: Demonstrate Knowledge and Competency of Skill

Years 2 and 3:

- IV Starts: 72
- Endotracheal Intubations: 24
- IO Infusion Placement: Demonstrate Knowledge and Competency of Skill

During the Certification Period:

- Pediatric Airway Management: Demonstrate Knowledge and Competency of Skill
- Supraglottic Airway Placement: Demonstrate Knowledge and Competency of Skill
- Defibrillation: Demonstrate Knowledge and Competency of Skill

Later Certification Periods

During the Certification Period:

- Endotracheal Intubations: 12 intubations (4 intubations/year)
- IV Starts: Demonstrate Knowledge and Competency of Skill
- IO Infusion Placement: Demonstrate Knowledge and Competency of Skill
- Pediatric Airway Management: Demonstrate Knowledge and Competency of Skill
- Supraglottic Airway Placement: Demonstrate Knowledge and Competency of Skill
- Defibrillation: Demonstrate Knowledge and Competency of Skill

***See Appendix A for steps to schedule time in the OR if additional human intubations are needed**

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Step 3: Complete the National Registry of Emergency Medical Technicians Assessment Exam

Log in to the NREMT website at <http://www.nremt.org>

**The test must be completed within the 12-months prior to the expiration date on your Washington State certification*

From your Candidate Dashboard, select Create Certification Application

The screenshot shows the NREMT Dashboard for Clinton M. Wathen. On the left is a sidebar with a user profile and a 'MY ROLES' menu where 'Dashboard' is highlighted. The main content area is titled 'Dashboard' and includes a user profile, a 'CERTIFICATION HANDBOOK' section with buttons for EMR, EMT, AEMT, and Paramedic, and a 'RECENT CERTIFICATION APPLICATIONS' section. In the applications section, a 'CREATE CERTIFICATION APPLICATION' button is highlighted with a red arrow.

For certification level, choose:

None- I've been instructed to take an Assessment Exam

The screenshot shows the 'Certification' selection screen. A progress bar at the top indicates the steps: 1. Verify Information (active), 2. CPR Expiration, 3. Program Information, 4. Delivery Method, and 5. Review. Below the progress bar, the question 'Which level of certification are you choosing?' is followed by radio button options: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Paramedic, and 'None - I was instructed to take an Assessment Exam'. The 'None' option is selected and highlighted with a red arrow. A warning box states: 'Only select an Assessment Examination option if you have received specific instructions by your State EMS Office or your Program Director. Assessment examinations do not result in National EMS Certification! If you are seeking National Registry certification, choose the appropriate level above.' At the bottom, 'PREVIOUS' and 'NEXT' buttons are shown, with the 'NEXT' button highlighted by a red box.

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Choose the Paramedic Level Assessment Test

The screenshot shows the NREMT website interface. On the left is a sidebar menu for user 'CLINTON M. WATHEN' with EMS ID 4810-6162-1829. The main content area is titled 'Certification' and features a progress bar with five steps: 1. Verify Information (active), 2. CPR Expiration, 3. Program Information, 4. Delivery Method, and 5. Review. Below the progress bar, the question 'Which level of assessment are you choosing?' is displayed with four radio button options: Assessment - EMR, Assessment - EMT, Assessment - AEMT, and Assessment - Paramedic (which is selected). At the bottom of the form are 'PREVIOUS' and 'NEXT' buttons.

Validate your Information:

This screenshot shows the 'Verify Information' step of the NREMT certification process. The progress bar indicates the current step is 1 of 5. The heading 'Can this information be used to validate your identity when entering the exam?' is followed by a text box containing instructions: 'Your first and last name displayed here must exactly match the first and last name printed on the two forms of identification presented on the day you take the examination. On the day of the examination, you must present two forms of valid, unexpired identification to the exam proctor. One must be a government-issued ID that includes a signature and permanently affixed photo, and the second ID must include your name and signature.' Below this, the user's information is listed: Name: Clinton M. Wathen, Address: P.O. Box 7246, Olympia, WA 98507, and Primary Email: CLINTONWATHEN@GMAIL.COM. There is an 'Edit' link next to the email. A checkbox is checked with the text 'The information above is correct and the name displayed matches my government-issued photo identification.' At the bottom are 'PREVIOUS' and 'NEXT' buttons.

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Choose State (Washington) and reason for exam (Re-Licensure):

The screenshot shows the 'Create Assessment - Paramedic Application' page. The user is Clinton M. Wathen, EMS ID: 4816-6162-1829. The page has a sidebar with 'MY ROLES' (Candidate, Dashboard, My Applications, Create Application, Application Status / ATTs, Psychomotor ATTs, ALS Psychomotor Results, My Certification) and a main content area. The main content area has a progress bar with four steps: 1. Verify Information, 2. Assessment Options (current), 3. Delivery Method, and 4. Review. Below the progress bar is the 'Assessment Examination Application' section. It contains two dropdown menus: 'State Office' (set to Washington) and 'Reason to Test' (set to Re-licensure). At the bottom are three buttons: 'PREVIOUS', 'NEXT' (highlighted with a red arrow), and 'Discard Application'.

The next screen is an ADA Acknowledgement, hit NEXT:

The screenshot shows the 'Create Assessment - Paramedic Application' page. The user is Clinton M. Wathen, EMS ID: 4816-6162-1829. The page has a sidebar with 'MY ROLES' (Candidate, Dashboard, My Applications, Create Application, Application Status / ATTs, Psychomotor ATTs, ALS Psychomotor Results, My Certification) and a main content area. The main content area has a progress bar with four steps: 1. Verify Information, 2. Assessment Options, 3. Delivery Method (current), and 4. Review. Below the progress bar is the 'Delivery Method' section. It contains text: 'You will select the examination delivery method on Pearson VUE's website once you receive your authorization to test (ATT) letter.' and a link: 'ADA Accommodations'. Below this is text: 'Click NEXT to continue with your application.' At the bottom are three buttons: 'PREVIOUS', 'NEXT' (highlighted with a red arrow), and 'Discard Application'.

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Verify your Information and Submit your application

National Registry of Emergency Medical Technicians®
THE NATION'S ONE CERTIFICATION

HOME SEARCH CLINTON M. WATHEN

CLINTON M. WATHEN
EMS ID: 4816-6302-1029

MY ROLES

- Candidate
- Dashboard
- My Applications
- Create Application
- Application Status / ATTs
- Psychomotor ATTs
- ALS Psychomotor Results
- My Certification

Create Assessment - Paramedic Application

1 Verify Information 2 Assessment Options 3 Delivery Method 4 **Review**

Please review and verify the information below

Name: Clinton M. Wathen
Address: P.O. Box 7246, Olympia, WA 98507
Email: CLINTONWATHEN@GMAIL.COM
[Edit](#)

Assessment Examination Application
State Office: Washington
Reason to Test: Re licensure
[Edit](#)

Attestation

I, Clinton Wathen, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the National Registry examination or seeking National Registry certification and registration or my National Registry certification and registration may be revoked in the event that any of the statements made by me on this application or any information submitted by me are false or if I have failed to provide material information.

☒ I agree to abide by these terms.

Applicants may request examination accommodations under the Americans with Disabilities Act. Please [click here](#) to review the accommodations policy.

[PREVIOUS](#) [SUBMIT](#) [Discard Application](#)

After receiving your authorization to test (ATT), you will schedule your test with Pearson View

[National Registry of Emergency Medical Technicians \(NREMT\) :: Pearson VUE](#)

You will be responsible for forwarding the passing results to the Medic One ALS Training Coordinator

***Medic One will reimburse you for the cost of the test after providing a passing result**

Step 4: Apply for recertification through Secure Access Washington (SAW) within 90-days of certification expiration

[SecureAccess Washington](#)

Appendix A

Providence St. Peter Hospital OR Experience Requirements

ITEM <i>Paramedic responsibility unless otherwise noted</i>	DATE COMPLETED
Note: Class "B" Uniform and WDL required	
Gather Vaccination and Titer records using PSPH Clinical Passport Form	
Read and Review from the St. Peter website <i>Orientation Information for Workforce Members</i>	
Print from web site, Review and Sign <i>Orientation Attestation Form</i>	
[Department Responsibility]: Verify and retain <i>Clinical Passport</i> per PSPH contract	
[Department Responsibility]: Verify and retain <i>Orientation Attestation Form</i> per PSPH contract	
[Department Responsibility]: Verify and retain <u><i>Confidentiality and Nondisclosure Statement Form</i></u> per PSPH contract	
[Department Responsibility]: <u>Complete background check using <i>WSP WATCH</i></u>	
[Department Responsibility]: <u>Complete background check, including:</u> <ul style="list-style-type: none"> • Criminal Felony & Misdemeanor • All Health Care Sanctions • National Criminal Search • National Sex Offender Registry • SSN Trace 	
[Department Responsibility]: <u>Notify St. Peter of <i>positive results</i> found in any background checks and retain results in employee file</u>	
Additional: <i>AHA BCLS for Healthcare Provider card required</i> (Note: Current ACLS or current WA DOH Paramedic certification OK)	
Schedule time at St. Peter with TCMO ALS Training Coordinator	



Many hands, one Mission



Orientation Information for Workforce Members: Attestation

Mission

- Providence Value-Based Customer Standards & Behaviors
- History, Mission and Core Values of PH&S / Advance Directives

Human Resources

- Key Policies - Personal Appearance, Selling and Soliciting, Tobacco-free Campus, Anti-Harassment and Discrimination, Diversity

Security Department

- Identification Badges, Parking, Weapons, Workplace Violence

Integrity & Compliance/Code of Conduct

- HIPAA and PHI/ Reporting Concerns/ Social Media
- Security of Confidential Information/ Acceptable Use of Information Systems

Facility Safety

- Emergency Contact Numbers/ Emergency Response Codes
- Fire Protection Basics and Fire Extinguisher Use
- Accident Prevention Signs and Lockout /Tagout / Hazard Communication/ SDS

Infection Prevention/Employee Health

- Bloodborne Pathogens/ MDROs / Airborne Precautions - TB
- Standard Precautions/ Hand Hygiene and PPE
- Stay Home When You Are Sick/ Safe Patient Handling and Ergonomics

Patient Safety and Quality

- High Reliability, Patient Safety and Quality/ Patient Rights/ Ethics
- Unusual Occurrence Report (UOR) / Sentinel and Adverse Event Reporting
- Hospital Acquired Infections (HAI)/ Patient Falls with Injury/ Recognizing Abuse and Neglect

Information on the topics listed above are covered in the **Orientation Information for Workforce Members** packet. I have read the information and know that I can ask questions if further clarification is needed. I agree to abide by the practices outlined within. I understand that failure to comply may result in immediate removal from premises and revocation of all future working/volunteering/student privileges.

Print Name _____

Signature _____ **Date** _____