

CME Recertification Process

Overview

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

Note: There is no specific order of completion for the recertification process. Each item below needs to be completed for recertification; however, these three tasks are independent of one another.

Complete 50 hours / year of continuing medical education in the categories defined by the State of Washington, and complete the mandatory skills competencies as defined by the State of Washington¹

Register for recertification on the State of Washington DOH Website (Either My Secure DOH portal for online applications or print and complete paper application)^{2,3}

Within 90 days of recertification date

Take the NREMT Assessment Test for the State of Washington⁴

Within 12 months of recertification date

1. <https://app.leg.wa.gov/wac/default.aspx?cite=246-976-162>
2. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/530119.pdf>
3. <https://secure.doh.wa.gov/home/default.aspx?rfs=Login>
4. <https://www.nremt.org/rwd/public>

Education Requirements

Education Requirements for Recertification

Paramedics:

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. This 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.**

Mandatory Skills Requirements

First Recertification Period

Mandatory Skills Requirements for Recertification

Paramedics:

Year 1 Requirements:

IV Starts: 36

Endotracheal Intubations: 12

IO Infusion Placement: Demonstrate Knowledge and Competency of Skill

Years 2 and 3 Requirements:

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

Mandatory Skills Requirements for Recertification

Paramedics:

Later Certification Periods:

IV Starts: Demonstrate Knowledge and Competency of Skill

Endotracheal Intubations: 12 intubations (4 intubations/year)

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

NREMT Exam Registration

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VERIFY NATIONAL EMS CERTIFICATION


Enter a NREMT number to verify an individual's National EMS Certification status.

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NATIONAL CERTIFICATION LEVELS

Emergency Medical Responder	Recert
Emergency Medical Technician	Recert
Advanced EMT	Recert
Paramedic	Recert




National Registry of
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THE NATION'S EMS CERTIFICATION™

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Benjamin A. Miller-Todd

Select
"Candidate"
 

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CERTIFICATION

1 Verify Your Information

2 Complete App Wizard

3 Complete Application

4 Application Verification

Step 1: Verify Your Information

Personal Information

If you want to review or make any corrections to the information, [[Edit My Profile](#)].

Verify Information

☐ I verify that the contact information listed is accurate.

Certification Credentials Delivery Method

Application Registry Level

PREVIOUS

NEXT

Benjamin A. Miller Todd

My Current Role

CBT Candidate

DASHBOARD

PROFILE

MY APPLICATIONS

Create Application

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CERTIFICATION

1 Verify Your Information

2 Complete App Wizard

3 Complete Application

4 Application Verification

Step 1: Verify Your Information

Personal Information

Your personal information has been verified.

Certification Credentials Delivery Method

You have chosen to print your own card.

You have chosen to print your own certificate.

If you wish to change your answers, click the "Previous" button and uncheck the box labeled "I verify that my selection is accurate." Then change your answer and click "Next" again.

Application Registry Level


Assessment - Paramedic

☐ I verify that my selection is accurate.

PREVIOUS

NEXT

← Select "Assessment – Paramedic"



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Q

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LOGOUT

HOME

EMR

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AEMT

PARAMEDIC

RECERT

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VOLUNTEER

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My Current Role

CBT Candidate

DASHBOARD

PROFILE

MY APPLICATIONS

Create Application

Application Status / ATTs

Psychomotor ATTs

Psychomotor Results

CREATE ASSESSMENT APPLICATION

1 Verify Your Information

2 Complete App Wizard

3 Complete Application

4 Application Verification

Step 2: Complete Application

Assessment Exam Application

State Office:

Washington

Reason to Test:

Re-licensure

Attestation

PREVIOUS

NEXT

DISCARD

SAVE

← Select "Washington"

← Select "Re-licensure"

***Upon successful completion of the exam, medics will receive an email from the NREMT notifying them of their success. This email must be forwarded to Medic One's ALS Program Manager to complete processing of the recertification application.**

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 Orientation Information for Workforce Members	
Print from web site, Review and Sign Orientation Attestation Form	
[Department Responsibility]: Verify and retain Clinical Passport per PSPH contract	
[Department Responsibility]: Verify and retain Orientation Attestation Form per PSPH contract	
[Department Responsibility]: Verify and retain Confidentiality and Nondisclosure Statement Form per PSPH contract	
[Department Responsibility]: Complete and send Student Access Request Form to TCMO ALS Program Manager	
[Department Responsibility]: Complete background check using WSP WATCH	
[Department Responsibility]: Complete background check , including: <ul style="list-style-type: none"> • Criminal Felony & Misdemeanor • All Health Care Sanctions • National Criminal Search • National Sex Offender Registry • SSN Trace 	
[Department Responsibility]: Complete background check using Office of the Inspector General	
[Department Responsibility]: Complete background check using General Services Administration	
[Department Responsibility]: Notify St. Peter of positive results found in any background checks and retain results in employee file	
Additional: AHA BCLS for Healthcare Provider card required (Note: Current ACLS or current WA DOH Paramedic certification OK)	
Schedule time at St. Peter with TCMO ALS Program Manger	



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** _____