

# WAKE COUNTY PUBLIC SAFETY SYSTEM RECREENTIAL APPLICATION FORM

*PLEASE PRINT – IF WE CAN'T READ IT, WE WILL HAVE TO RETURN IT TO YOU.*

Date Notice Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credential: MR EMT EMT-I EMT-P

Last Name: \_\_\_\_\_ MI: \_\_\_\_ First Name: \_\_\_\_\_

**Our records indicate that you are due to recredential by:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Wake County ID#: \_\_\_\_\_

NC OEMS P #: \_\_\_\_\_

**Note: If you do not already have your NC OEMS P#, visit the following link for instructions on how to obtain it: <http://www.emspic.org/cis.html>**

Sponsoring EMS/First Responder Agency: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Pager Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Other Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_



## Officer Statement:

As the Training Officer or other Chief Officer of the sponsoring agency, I verify that this applicant has successfully completed all educational and T-SOP requirements for credentialing as established by the NC Medical Board and/or the NC Medical Care Commission and the Wake County Medical Director:

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Print Officer Name

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Wake County EMS System Recredentialing Worksheet

Name: \_\_\_\_\_ County ID Number: \_\_\_\_\_

The requirements of this recredential notice are based on the latest NC OEMS recredential guidelines.

**What's in this Packet:** This packet contains: A transcript of your continuing education during your current credential period, a Wake County EMS System Re-credentialing Worksheet, a Wake County Recredential Application Form and an audit statement to be signed by your department training officer.

**Instructions:** Review your transcript and complete the form on the reverse side of this notice. Then, fill out the Wake County Recredential Application form and return both forms to your training officer.

**When you receive your new credential. Please remember to forward a copy to the Wake County EMS Office of Professional Development.**

**What You Need:** Below are listed the required topics that you must have in order to re-credential. Review your transcript, then turn to the back side of this form and list those courses under each heading that you use to meet each requirement. If you have taken courses that are not listed on the transcript, you must submit evidence of completion of that training.

## **Required Topics & Hours for MR, EMT, EMT-I, EMT-P**

### **Preparatory—Required Hours: 12 (EMT & above), 4 (MR)**

Suggested topics include: EMS Systems/The Roles and Responsibilities of the Paramedic, The Well-Being of the Paramedic, Illness and Injury Prevention, Medical / Legal Issues, Ethics, General Principles of Pathophysiology, Pharmacology, Venous Access and Medication Administration, Therapeutic Communications, Life Span Development

### **Airway Management & Ventilation—Required Hours: 12 (all levels)**

Suggested topics include: Airway management and ventilation.

### **Patient Assessment—Required Hours: 8 (EMT & above), 12 (MR)**

Suggested topics include: History Taking, Techniques of Physical Examination, Patient Assessment, Clinical Decision Making, Communications, Documentation

### **Trauma—Required Hours: 12 (all levels)**

Suggested topics include: Trauma Systems/Mechanism of Injury, Hemorrhage and Shock, Soft Tissue Trauma, Burns, Head and Facial Trauma, Spinal Trauma, Thoracic Trauma, Abdominal Trauma, Musculoskeletal Trauma

### **Medical—Required Hours: 36(EMT & above), 12 (MR)**

Suggested topics include: Pulmonary, Cardiology, Neurology, Endocrinology, Allergies and Anaphylaxis, Gastroenterology, Renal/Urology, Toxicology, Hematology, Environmental Conditions, Infectious and Communicable Diseases, Behavioral and Psychiatric Disorders, Gynecology, Obstetrics

### **Special Considerations—Required Hours: 12 (EMT & above), 4 (MR)**

Suggested topics include: Neonatology, Pediatrics, Geriatrics, Abuse and Assault, Patients with Special Challenges, Acute Interventions for the Chronic Care Patient

### **Operations—Required Hours: 4(EMT & above), 8 (MR)**

Suggested topics include: Ambulance Operations, Medical Incident Command, Rescue Awareness and Operations, Hazardous Materials Incidents, Crime Scene Awareness

**Technical Scope of Practice Evaluation:** Must be completed in the 12 month period prior to applying to recredential.

**If you have questions, or need help completing these forms:  
EMS/Rescue departments contact Steve Gardner at 250.4365  
Fire/First Responder/EMD departments contact Lee Van Vleet at 250.4369**

# PRINT LEGIBLY

If we cannot read your entries we may not be able to acknowledge credit and be forced to return these forms to you!

Name: \_\_\_\_\_ NC OEMS P #: \_\_\_\_\_

**Preparatory—Required Hours: 12 (EMT & above), 4 (MR)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

**Airway Management & Ventilation—Required Hours: 12 (all levels)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

**Patient Assessment—Required Hours: 8 (EMT & above), 12 (MR)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

**Trauma—Required Hours: 12 (all levels)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical—Required Hours: 36(EMT & above), 12 (MR)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Considerations—Required Hours: 12 (EMT & above), 4 (MR)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operations—Required Hours: 4(EMT & above), 8 (MR)**

List course(s) & dates and hours: \_\_\_\_\_

\_\_\_\_\_

## Technical Scope of Practice Evaluations *Note: One of the T-SOPs must be pediatric*

Chest Pain \_\_\_/\_\_\_/\_\_\_ EMT-I / EMT-P

Cardiac Arrest Management \_\_\_/\_\_\_/\_\_\_: All levels

Altered Mental Status \_\_\_/\_\_\_/\_\_\_: EMT-I / EMT-P

Dyspnea \_\_\_/\_\_\_/\_\_\_: All levels

Musculoskeletal (fractures/dislocations) \_\_\_/\_\_\_/\_\_\_: MR / EMT

Spinal Injury \_\_\_/\_\_\_/\_\_\_: MR / EMT

Systemic Allergic Reaction \_\_\_/\_\_\_/\_\_\_: EMT / EMT-I / EMT-P