



# **New York State Bureau of Emergency Medical Services and Trauma Systems**

## **Continuing Medical Education (CME) Recertification Program Administrative Manual**

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## I. SECTION ONE: INTRODUCTION

### A. CME Recertification Program

1. The Continuing Medical Education (CME) Recertification Program is a state-wide recertification option that allows a Certified First Responder (CFR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician – Critical Care (EMT- CC), or Paramedic to renew certification without the need to complete a cognitive or psychomotor certification examination. To qualify to participate in the program, candidates must;

- a) Be currently certified;
- b) Be free from criminal convictions that would bar the candidate from certification in accordance with NYCRR Title 10, Chapter 6, Part 800.8;
- c) Be in continuous practice;
- d) Demonstrate competency in cognitive, affective, and psychomotor domains;
- e) Complete required ongoing continuing medical education and skills proficiency verification.

### B. Benefits of Renewing through Continuing Medical Education

1. Retention of certified EMS Professionals
2. Varied learning experiences tailored to individual & agency needs
3. Ensures continual competence
4. Encourages continuous professional development
5. Promotes lifelong learning

### C. Terms and Definitions

1. **Affiliation Agreement** - Agreement or contract between the CME agency and partner/vendor to provide services such as administration and/or education.
2. **Agency** - An Emergency Medical Service whose responsibility is to respond to requests for emergency medical care and/or transportation and is recognized, or certified by the NYS, Department of Health, Bureau of Emergency Medical Services & Trauma Systems (Bureau of EMS).
3. **Period of Certification** - The time between the certification effective date and certification expiration date issued to the EMS provider by the Bureau of EMS.
4. **CIC** - Certified Instructor Coordinator.
5. **CIC of Record** - CIC listed as lead instructor of a Bureau of EMS approved course.
6. **CME** - Continuing Medical Education used for New York State EMS recertification.
7. **CME File** - The physical or electronic record and history documenting the participant's accumulated CME education.
8. **CME Record** - Proof of a participant's course or topic completion.

9. **CME Coordinator** - An agency designated person to oversee the agency CME program and direct contact for the Bureau of EMS.
10. **Continuous Practice** - A certified individual having actively provided prehospital patient care during their period of certification, at or below their level of certification.
11. **Core Content** - A review of the original training under the New York State and National Standards for the specific level of certification.
12. **Electronic Submission** - A paperless method of document submission of the CME Recertification Application to the Bureau of EMS for the purpose of EMT through Paramedic recertification.
13. **E-PCR** – Electronic Pre-hospital Patient Care Report
14. **Learning Management System (LMS)** - a software application for the administration, documentation, tracking, reporting, and delivery of educational courses, training programs, or learning and development programs.
15. **Non-core (Additional CME)** - Flexible EMS CME topics that are not included within the Core Refresher CME. These are intended to build upon the base knowledge found in the Core content.
16. **Self-Study** - Obtaining CME's independently, outside of a classroom setting or a Bureau of EMS approved LMS system, through magazine articles, or internet programs. Any method of study that does not include instant two-way communications between Instructor and student.
17. **Participant** - A New York State certified EMS provider using the CME program for recertification.

## II. SECTION TWO: EMS AGENCY PARTICIPATION

### A. Participating Agency Requirements

1. Agencies interested in participating in the CME recertification program must submit an agency registration form (DOH-4227) to the Bureau of EMS. This registration does not automatically enroll the agency in the CME program. It is intended to advise the Bureau of EMS that the agency is interested in providing the option of CME recertification to its certified members/employee's. This registration form can be found on the DOH, Bureau of EMS web site in a downloadable and fillable Adobe Acrobat format at <https://www.health.ny.gov/professionals/ems/emsforms.htm>.
2. CME recertification program agencies must have a NYS EMS agency code issued by the Bureau of EMS in order to participate. Agencies who have not received a NYS EMS agency code should contact the Bureau of EMS for instruction on obtaining a code.
3. Agency participants must comply with all applicable NYCRR Title 10, Chapter 6, Part 800 regulatory requirements for Emergency Medical Services and Bureau of EMS policy statements.
4. Agency participants must comply with Bureau of EMS Policy Statement 12-02 and complete a Patient Care Report (PCR) for every EMS response. Agencies participating in the CME recertification program will be required to submit PCRs to the department electronically on or before January 1, 2022.
5. All Basic Life Support First Responder (BLSFR) agencies that are part of the CME program must have at least one EMS Emergency Response Vehicle registered with the Bureau of EMS that meets all Department of Health, Bureau of EMS requirements as detailed in NYCRR Title 10, Chapter 6, Part 800 and the Emergency Ambulance Service Vehicle Inspection Report (DOH-3780).
  - a) An EMS Emergency Response Vehicle is the primary vehicle within the agency used for EMS First Response, for example, fire truck, first response vehicles, or police car. Agencies may have more than one vehicle designated for EMS response.
  - b) Agencies must submit an affirmation of compliance, listing designated agency EMS response vehicles, every two years.
  - c) Vehicles are subject to unannounced spot inspections for compliance with the required equipment outlined in NYCRR Title 10, Chapter 6, Part 800.
  - d) Vehicles that are found to be out of compliance may result in the Bureau of EMS issuing violations and/or removal from the CME program.
6. The agency's support and commitment to the CME Recertification Program is vital to the program's success. Participating agencies are required to develop, and submit to the Bureau of EMS, agency policies and procedures for the CME program. These policies and procedures shall outline how the agency will manage its CME recertification program. Agency policies and procedures must include, but are not limited to the following:

- a) agency program goals and objectives;
- b) program responsibilities of the CME Coordinator, Medical Director, and participants;
- c) how the agency will provide assistance to its CME program participants to achieve successful recertification;
- d) how the agency will provide training opportunities to program participants including how often training will be offered;
- e) how the agency will review training programs from sources outside of the agency (ex. EMS conferences, publications, regional training, etc.), how these programs will be approved for credit, and how the agency will maintain documentation of the content covered in the training sessions(s).
- f) how core content will be approved and/or delivered by a Certified Instructor Coordinator (CIC).
- g) how the agency will track participant CME activity including the process for which the participant will be periodically notified of the status of their recertification process.
- h) how and where the agency will maintain records of CME and psychomotor activities for program participants.
- i) how the agency will meet filing deadlines for all recertification documentation to the Bureau of EMS that meets or exceeds the required deadlines of the program including the 45-day rule.
- j) the storage of archived records including where they will be stored, how records will be secured to prevent unauthorized access to personal identifying information, and the retention period for participant and program records.
- k) how the transfer of participant records to and from another agency will occur. Agencies are required and agree to provide copies of all contents of the participants file to the participant upon request of the participant.
- l) the responsibilities of the agency's governing authority to include the Chief Executive Officer, Medical Director, CME coordinator and Municipal Authority (if applicable).
- m) procedures for withdrawing from the program. These policies should include how participants will be notified, how participant files will be maintained and/or distributed to the program participants, and how the agency will provide assistance to program participants who are nearing expiration at the time of withdrawal.
- n) how program participants will be notified of agency suspension from the CME recertification program and how they will assist members in obtaining recertification in the event the agency is suspended or removed from the program.

7. Recertification applications from participants of the agency will not be accepted during the agency's application process. Once the agency application, policies and procedures have been submitted and approved by the Bureau of EMS, the agency will be an authorized CME Participating Agency and can submit applications for consideration of recertification.

## **B. Agency Responsibilities**

1. The CME recertification program is an agency-based program. Participating agencies are responsible for the oversight of the program, ensuring educational content is consistent with the National EMS Education Standards and assisting agency participants with the administration of the program.

2. Agencies must abide by the requirements of the program, its rules, regulations and policies such as record keeping, rules for application submission, required deadlines and audit requests. Other responsibilities include, but are not limited to:

- a) Maintaining CME recertification program records for a minimum of 7 years.
- b) Complying with all recertification deadline dates outlined within the program.
- c) Ensuring all agency and participant files are routinely updated. Files found to be more than 30 days out of date will be in violation of the program.
- d) Ensuring the contents of all files are kept in chronological order.
- e) Ensuring all program records are made available, within 24 hours, for audit to the Bureau of EMS and/or the New York State Office of the State Comptroller.
- f) Providing access to all program files for review as part of the agency bi-annual full-service inspection.
- g) Ensuring all participant reimbursement vouchers are submitted to the Bureau of EMS for payment within 15 days of the participating providers certification expiration date.
  - (1) Vouchers received more than 15 days after the participating providers expiration date may not be considered.
  - (2) Only NYS agencies who have an assigned agency code and who are approved to participate in the program will be considered for education reimbursement.

3. Agency participants must comply with all applicable NYCRR Title 10, Chapter 6, Part 800 regulatory requirements for Emergency Medical Services and the Bureau of EMS Policy Statements.



4. If an approved agency decides to withdraw from participation in the CME Recertification Program, the agency must notify all agency participant members and Bureau of EMS at least 120 days prior to its' withdrawal from the program. The agency will be required to submit, to the Bureau of EMS, a "closure plan" to withdraw itself from the program. This must include, but not be limited to the written notification of program participants, record retention, and providing participants with all CME participant file content.

5. Certified ambulance services, Advanced Life Support First Response Services (ALSFR), and Basic Life Support First Response Services (BLSFR) with a DOH issued agency code must provide the Bureau of EMS with current agency contact information.

a) Information must be updated and provided to the Bureau of EMS when changes occur.

b) Failure to provide accurate information to the Bureau of EMS may result in agency suspension or removal from the CME Recertification program.

c) CME participants will not be able to recertify through the CME program if their agency is suspended.

6. Changes in agency ownership or level of service, that result in the agency being issued a new DOH identifying agency code, will require the agency to complete a new registration for the CME program.

a) New registrations must be submitted to the Bureau of EMS within 10 business days of the official change.

b) Participants will be unable to recertify through the CME program utilizing the previous agency DOH identifying agency code.

7. Participating agencies who change their Medical Director or CME Coordinator must file a new agency registration form (DOH-4227) with the Bureau of EMS within 10 business days of the change.

### **C. Maintenance of CME Program Records**

1. CME training files must be kept for each CME Program Participant. The training file may be electronic or hard-copy and contain all participant documentation for the recertification cycle. Once the participant has been successfully recertified, files may be electronically archived if the agency chooses.

2. A participant file must be kept separate of any employment, medical, or training in other disciplines such as firefighter training records.

3. If files are to be stored electronically, the participating agency must have a policy describing electronic file storage, retention, security, and access. The policy must include, but is not limited to:

a) method of storage including ownership and maintenance of the server or storage location.

b) the location of the server or storage location and description of data backup.

c) file access and administrative oversight of the storage location.

- d) security practices that protect access to participant personal identifying information. Security policies should also describe the method for issuing user accounts and limiting access to data by unauthorized persons.
- e) providing records access to the program participant and the Bureau of EMS upon request.
- f) a listing of the responsibilities of any affiliates, the participating agency, and program participants.

4. Participant training files (hard files or electronic files) must contain, but are not limited to:

- a) participant CME registration form;
- b) a copy of the participants current certifications;
- c) evidence of periodic assessment of participant status in the CME program;
- d) all CME course documentation in chronological order by date of event and
- e) proof of psychomotor competency using psychomotor examination forms or their equivalent.

5. Documentation of CME hours earned must be included in the participant file. This documentation shall include:

- a) course title and/or the Bureau of EMS assigned course number
- b) session topic and objectives;
- c) category (core content or additional);
- d) the level of education being provided (ALS, BLS, other)
- e) the date and location of the program;
- f) participants name (first and last) and EMS Certification number;
- g) the presenter's name, qualifications, medical standing, or title;
- h) time the student arrived at class and time the class ended, and/or the time student had to leave;
- i) results of testing or evaluations if assessed; and
- j) total number of CME hours earned.

6. When Core Content sessions are provided, the certificate of completion must:

- a) indicate "Core Content" on the certificate;
- b) include a breakdown of the National Education Standards topic area that was presented;
- c) include the level of education being provided (ALS, BLS, other);
- d) indicate the total hours earned by the participant; and

- e) be signed by the CIC and include the CIC number.

7. If a CME participant obtains CME hours from a source other than the agency or the agency's affiliate, the participant must provide the agency with a certificate of completion. This certificate must be retained by the agency in the CME participant's file and shall include:

- a) the agency, or organization providing the class;
- b) the Participants name (first and last) and the EMS Certification number;
- c) the course completion date;
- d) the session topic and summary or outline;
- e) the level of education (ALS or BLS);
- f) the total number of CME hours earned;
- g) time the student arrived at class and time the class ended, or the time student had to leave. Total amount of CME hours signed by instructor or coordinator of the presentation.
- h) If Core, it must indicate "Core Content" and include the CIC signature and number.

8. If a CME participant obtains CME hours through a self-study source other than the agency's approved LMS platform, the participant must provide the agency with the following to be placed in the participants file:

- a) The source (for example: magazine name and author or Internet site and URL).
- b) Certificate indicating course or topic title, completion date and number of CME hours awarded.
- c) If used for Core, it must be pre-approved by a qualified CIC, and signed off by that CIC.
- d) If the agency is using a Learning Management System (LMS) for electronic tracking and record storage, they must ensure the system retains the same information as described above.
- e) A standard CME certificate form can be found at the end of this manual. (appendix)

#### **D. Affiliation Agreements & MOU's**

1. Each agency must maintain its own "agency" file listing each registered participant, and the CME program policies and procedures.
2. Training documentation may be kept at a central location when an affiliation agreement is in place. All participant files must be kept up to date and accurate regardless of any written agreement.
3. Affiliate options can include, but are not limited to, working with a local college, hospital, Course Sponsor, or County EMS Coordinators office. These efforts are encouraged by Bureau of EMS.

4. If an affiliate option is chosen, a detailed Memorandum of Understanding (MOU) must be developed and signed by both entities and kept on file at both agencies and the Bureau of EMS. A copy of any agreement must be provided to the Bureau of EMS within 10 days of execution.

5. Affiliation agreements will differ slightly from one agency to another. Affiliation agreements must include, but are not limited to:

- a) A description of the financial responsibilities of each party including identification of the party responsible for submission of vouchers to the Bureau of EMS for reimbursement.
- b) Specific details outlining each party's responsibility for the CME program including any monetary requirements of the agreement.
- c) The location where participant files will be stored and how access will be provided to the affiliate, the participant, and the Bureau of EMS.
  - (1) Physical files may be kept at the affiliate's location as long as this is stated in the affiliation agreement and access can be guaranteed to the agency, the participant and Bureau of EMS within 24 hours of a request.
  - (2) Access to participant and agency files must be provided during the bi-annual agency full-service inspections by the Bureau of EMS.
- d) The requirement of monthly participant summary reports to the agency from the affiliate. These reports must show the most updated information on each participant in the program.
- e) Identification of the party responsible for verification of participant skills proficiency.
  - (1) All skills are required to be verified using Psychomotor Skills Exam Sheets (PSE Sheets) and be scenario based.
  - (2) PSE's should reflect skills practice over the period of certification.
- f) Identification of the responsibilities of each affiliate related to the delivery of educational content. This should include a description of the type of educational content the affiliate agrees to provide to the agency and the program participants.
- g) Identification of the agency and the affiliates responsibilities for verification of participant attendance. A verifiable sign-in and sign-out sheet must be used for attendance purposes.
- h) Identification of names, locations, telephone numbers and address of all responsible parties from the agency and the affiliate.

6. Affiliation agreements meeting all program requirements must be reviewed and approved by the Bureau of EMS prior to implementation.

## **E. CME Coordinator**

1. Each participating agency shall designate a CME Program Coordinator to oversee the CME Program. The CME Program Coordinator is the point of contact for program participants, the Medical Director, agency affiliates and the Bureau of EMS.

2. The CME Program Coordinator must be an employee/member of the agency who will oversee the agency's CME program and continuing medical education in accordance with the NYS CME Program Administrative Manual, NYCRR Title 10, Chapter 6, Part 800 regulatory requirements, the Bureau of EMS Policy Statements, and the approved agency CME policies and procedures.

3. If there is a change in the CME Coordinator, the new CME Coordinator shall be responsible for notifying Bureau of EMS within 10 business days by submitting an updated registration form (DOH-4227).

4. Responsibilities of the CME Coordinator include:

a) Ensure all training records are maintained and filed in accordance with this Manual, NYCRR Title 10, Chapter 6, Part 800 regulatory requirements, applicable Bureau of EMS Policy Statements, and the approved agency CME policies and procedures.

b) Track all CME Program participants progress at regular intervals (minimum of every 3 months), and providing program participants with a progress report that includes, but is not limited to:

(1) the expiration date of the participants certification;

(2) the first date the participant may submit the recertification application;

(3) the last date that the participant may submit the recertification application;

(4) an accounting of core content hours achieved in each topic area;

(5) an accounting of mandatory content hours achieved in each topic area; and

(6) an accounting of individual content hours achieved.

c) Properly prepare, verify, and submit all agency CME Program paperwork to the Bureau of EMS within the required timelines.

d) Properly prepare, verify and submit all vouchers to the Bureau of EMS for payment.

## **F. CME Program Medical Director**

1. The Agency's Medical Director must agree to support the agency's participation in the CME Program.

2. The Medical Director should be an active participant in the administrative development of the program, the in-service training and other continuing education activities.

3. If there is a change in the Medical Director, the agency Coordinator must notify Bureau of EMS within 10 business days by submitting an updated registration form (DOH-4227).

### III. SECTION THREE: CME PARTICIPANTS

#### A. Eligibility

1. CFR's, EMTs, AEMT's, EMT-Critical Care Technicians and Paramedics may participate in the CME Recertification Program if they are:
  - a) currently certified in New York State;
  - b) in continuous practice;
  - c) are a member/employee of an agency registered in the CME program authorized to provide the level of care for which the participant is seeking recertification; and
  - d) meet all other Bureau of EMS program requirements as stated in this manual.
2. Individual participation in the CME program is voluntary.
  - a) An EMS Agency cannot require a member/employee to participate in the CME program.
  - b) Participants may withdraw from the program at any time.
3. While the CME program is voluntary, it is the only option for currently certified NYS Critical Care Providers to recertify at this level after August 16, 2019 (Policy Statement 17-07).
4. All CME participants, meeting the requirements outlined above, can register with the Bureau of EMS at the time of application using the recertification application for the level they are recertifying.
5. Applications to renew certification must be submitted via the Department's electronic CME Recertification Form later than 45-days of the participants certification expiring. Applications may not be submitted more than nine (9) months prior to their current certification expiration date.
6. Participants must not allow their certification to expire during the program. Expired certifications are not eligible for renewal through the CME program.

#### B. Instructors and Instructor Candidates

1. Certified Lab Instructors, Certified Instructor Coordinators and instructor candidates are eligible to participate in the CME Recertification Program for their provider certification. (Not teaching certification)
2. All Certified Instructor Coordinators must complete at least one original certification course at the EMT level as the CIC of record prior to teaching core content. (Refer to Bureau of EMS website for current policy statement)
3. Eligible instructors teaching core content can do so to the EMT level, regardless of certification they hold. CIC's meeting advanced teaching requirements may teach up to their level of certification. (Refer to Bureau of EMS website for current policy statement)
4. Instructors who prepare and teach topics can utilize their teaching towards the CME Program.

- a) An instructor may not utilize the same curriculum more than one time in their current recertification cycle.
- b) CME hours must be verifiable through attendance records, CIC sign offs, etc.
- c) There is no limit to the number of teaching hours a CIC can claim during a recertification cycle.
- d) CIC, CLI courses such as NAMSE is not a Pre-hospital Clinical course. This is a teaching philosophy course, it is not valued as recertification credit.
- e) Approved Bureau of EMS certified instructor updated courses may apply towards recertification credit when reviewing clinical knowledge, new science, products and/or skills.
- f) A CIC who teaches an original or refresher course through traditional means or CME can claim the maximum allowable CME hours towards their Core content and additional hours.
  - (1) For example, an EMT CIC who teaches an original EMT course can use those hours of instruction towards their recertification through the CME program. This EMT CIC can also use the hours he/she teaches in a traditional refresher course.
  - (2) Documentation of these hours on the recertification application must include the course number assigned by the Bureau of EMS.
  - (3) These hours must be the hours that the CIC taught or was in attendance for if they were taught by another CIC or non-CIC.
  - (4) The CIC does not have to be the instructor for the full version of these courses.

**C. Providers Certified Through Reciprocity, and Military Extension.**

1. Those providers who have obtained NYS certification through Reciprocity, or Military extension and are active certified providers at the time of application are eligible to participate and recertify in the NYS CME Recertification Program provided all CME Recertification requirements are met.



## IV. SECTION FOUR: CME CONTENT REQUIREMENTS

### A. Required CMEs

1. To renew certification a provider must:

- a) Complete the minimum hours of appropriate continuing medical education (CME) for the level being recertified. This education includes:
  - (1) “Core” Refresher Training. (review of current National EMS Education Standards)
  - (2) Healthcare Provider or equivalent CPR Certification. (infant, child and adult Chocking and CPR w/AED)
  - (3) Advance Cardiac Life Support (ACLS) Certification. (Paramedic & EMT-CC)
  - (4) Pediatric Advanced Life Support (PALS) or Equivalent. (Paramedic & EMT-CC)
  - (5) Additional CME that is Prehospital and EMS related.
- b) Verify Skills Competency. Practical Skills Exam (PSE) sheets must be used.

### B. “Core” Refresher Training

1. “Core” Refresher Training is a review of the original or refresher training for the specific level of certification.

- a) The topics are based on the National Education Standards and listed on the recertification application for that level of certification.
- b) While the “Core” refresher training is ideal for remediation, it does not expand beyond the entry level training requirements found within the standards for that level of certification.

2. CME credit towards your “Core” refresher training may be obtained through:

- a) Classroom lecture;
- b) Online training;
- c) Blended learning programs;
- d) Self-study;
- e) Teaching; and
- f) Attending education programs and conferences.

3. A New York State Certified Instructor Coordinator (CIC) must oversee and approve all “Core” content.

- a) The CIC bears sole responsibility for the content of these sessions.

- b) If a CIC does not deliver the “core” content in a session, they must review the session description and objectives to assure the session meets “core” requirements.
- c) The CIC must review the content of the CME and have proof that the participant attended the CME before credit can be applied.

4. If CME credit from an outside source is being requested to be used as “Core Content,” the CIC must approve this through review of CME description, objectives, attendance verification, and any handouts that were obtained by the participant. Once reviewed by the CIC, the CIC can approve or deny the content to be used as “Core Content” for CME refresher.

Example: if a participant attends an EMS conference and wishes to use some CME hours towards the Core, then the CIC must review the conference session description, presentation handouts, and verification of attendance.

5. Core content requirements for the CFR, EMT, Advanced EMT, EMT- Critical Care, and Paramedic each have specific hour and topic requirements. A detailed chart is provided in the appendix of this manual outlining the specific topic hours required of each provider level. The following is an overview of the total required hours for each provider level:

- a) CFR = 25 total hours
  - (1) Fifteen (15) hours Core Content
  - (2) Ten (10) hours non-core additional CME
- b) EMT = 45 total hours
  - (1) Twenty (20) hours Core Content
  - (2) Twenty-five (25) hours non-core additional CME
- c) AEMT = 50 total hours
  - (1) Twenty-five (25) hours Core Content
  - (2) Twenty-five (25) hours non-core additional CME
- d) EMT-Critical Care = 55 total hours
  - (1) Thirty (30) hours Core Content
  - (2) Twenty-five (25) hours additional CME
- e) Paramedic = 60 total hours
  - (1) Thirty-five (35) hours Core Content
  - (2) Twenty-five (25) hours additional CME

6. All provider levels must include documentation of completion of mandatory non-core additional CME topic hours. These mandatory CME topic hours are included in the total number of hours provided above and include:

- a) One (1) hour- Mental Health of the EMT.
- b) One (1) hour- Patient Lifting, Moving and Transport
- c) One (1) hour - Safe Transport of the Pediatric Patient
- d) Two (2) hours- Emergency Vehicle Operations

**C. Formal Core Refresher Training course (Using a Course Sponsorship)**

1. Many Course Sponsors offer formal courses specifically put together to meet the “Core Content” requirements. Course Sponsors may set up a “Core Content” refresher course in accordance with the Administration Manual for EMS Education programs.

- a) Funding specific to the CME program is available to the Sponsorship upon successful completion of the course for qualified students.
- b) Additional rules may apply under Current Funding Policy.

2. Upon completion of the course each student must receive from the CIC, and the Course Sponsorship, a certificate listing the core topics and hours completed. The certificate must be signed by the CIC with their CIC number (see Appendix D: Sample CME Certificate).

3. Some Sponsors may allow CME Participants to attend specific portions of a traditional refresher course to fulfill their Core requirements.

- a) When completed in this manner the Course Sponsor may charge a fee for attendance, but this fee is not reimbursable through Bureau of EMS education funding.
- b) The monies that the agency receives from Bureau of EMS after the participant has recertified through the CME program can be used to cover these expenses.
- c) The CME Participant should not enroll as a refresher student in a traditional refresher course. If the Participant does enroll, they will not be eligible to continue in the CME program for that recertification cycle and will be required to complete the refresher course and pass the New York State written and psychomotor exam.

**D. Core Content without Course Sponsor Affiliation**

1. Core Content requirements may be obtained outside of a Course Sponsor Affiliation.

- a) In-house training and drills when instructed by, overseen by, or approved by a CIC.
- b) On-going training programs identified as Core content through a coordinated regional or multiple agency effort.
- c) EMS conferences held in New York State such as Vital Signs.
  - (1) These conferences offer the courses acceptable for Core content and are approved by a New York State CIC.

(2) Credit for conference attendance applied towards Core content requires proof of topics attended and credit earned for each, not just your attendance at the conference.

d) National Continuing Education Programs (“alphabet” courses) such as PHTLS, ITLS, BTLIS, PALS, PEPP, EPC, ACLS, AMLS, GEMS, etc. can also be used in combination to accumulate the required Core CME hours.

(1) These courses are standards based and do not require the oversight of a CIC.

(2) CIC’s may sign off on full National Continuing Education Programs such as ACLS, BTLIS, and others upon receiving documentation of completion by the participant.

(3) Credit can be applied for instruction of national education programs if you can properly document your instruction hours.

(4) Instruction hours of a course cannot exceed the total hours of the course and must adhere to the requirements outlined in Section III. B.

(a) For example, if you teach ACLS 6 times in a year for a total of 96 hours of instruction, you cannot count instruction hours for this course in excess of 16 hours which is the total amount of time of one full course.

e) Core content through self-study.

(1) Self-study includes such methods as reading magazine articles related to pre-hospital patient care or using internet training courses.

(2) Core content hours when completed through self-study is limited to a maximum of 50% of the total required Core content hours, unless the sponsoring agency has been approved to provide 100% on-line education by Bureau of EMS. (See Section Eight: Specialty Programs)

2. A CIC must approve all Core content material and attest to the participant’s completion of that educational component by signing the participants application.

## **E. CPR Certification**

1. CPR certification must meet current standards for American Heart Association (AHA) guidelines and include;

- a) Adult 1 & 2 Rescuer CPR + AED
- b) Adult Obstructed Airway
- c) Child 1 & 2 Rescuer CPR + AED
- d) Child Obstructed Airway

- e) Infant 1 & 2 Rescuer CPR + AED
- f) Infant Obstructed Airway

2. A CPR instructor may claim a maximum of nine (9) hours of CME towards their recertification once in a recertification cycle for teaching a full CPR course that meets the requirements and content. Instructors should adhere to all requirements outlined in Section III. B.

3. A photocopy of the most current CPR certification card, with a valid expiration date must be submitted at the time of recertification.

4. Paramedics and Critical Care EMT's must also provide verification of course completion in Advance Cardiac Life Support (ACLS) and Pediatric Advanced Life support (PALS) by submitting a photocopy of their current, non-expired, certification card at the time of recertification.

5. On-line courses for learning CPR and ACLS must include a classroom component to prove skill competency in order to be accepted. Skill competency verification must be included within the participants CME file at the agency.

#### **F. Additional CME (Non-Core)**

1. Additional CMEs allow for the study of a variety of EMS related topics to fit the interest of the participant or to meet the needs of the agency and community. It allows for more options and choices for an individual provider and can be utilized to update and/or introduce new material.

2. Unlike the Core content, additional CME's are intended to expand upon the basic knowledge learned in an original EMS course. Each level of certification is required to meet a minimum of 25 additional CME hours (See Appendix A: CME Program Requirements Matrix).

#### **G. Skills Competency**

1. All EMS providers should practice and review their skills regularly. The CME Recertification Program requires verification of competency for specific essential skills needed to perform at each level of EMS certification.

2. The following skills are required for each level of certification:

##### **a) CFR**

- (1) Patient Assessment, Medical & Trauma;
- (2) Airway & Ventilation including; Airway Adjuncts, Supplemental Oxygen, One and Two Rescuer Bag Valve Mask;
- (3) Hemorrhage Control; and
- (4) Cardiac Arrest with Automatic External Defibrillator (AED).

##### **b) EMT**

- (1) Patient Assessment, Medical & Trauma;

(2) Airway & Ventilation including; Airway Adjuncts, Supplemental Oxygen, One and Two Rescuer Bag Valve Mask;

(3) Hemorrhage Control;

(4) Splinting including; Long bone injury, Joint Injury, and Traction Splinting; and

(5) Cardiac Arrest with Automatic External Defibrillator (AED).

c) **AEMT**

(1) Patient Assessment, Medical & Trauma;

(2) Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask;

(3) Cardiac Arrest Management with Automatic External Defibrillator (AED);

(4) Hemorrhage Control;

(5) Splinting including; Long bone injury, Joint Injury, and Traction Splinting; and

(6) IV/IO Therapy & Medication Administration.

d) **EMT- Critical Care**

(1) Patient Assessment, Medical & Trauma;

(2) Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask;

(3) Cardiac Arrest Management to include; Knowledge of Monitor/Defibrillator, Therapeutic Modalities, Megacode;

(4) Hemorrhage Control;

(5) Splinting including; Long bone injury, Joint Injury, and Traction Splinting; and

(6) IV/IO Therapy & Medication Administration.

e) **EMT- Paramedic**

(1) Patient Assessment, Medical & Trauma;

(2) Airway & Ventilation including; Basic and advanced Adjuncts, Supplemental Oxygen, one & two rescuer Bag Valve Mask;

(3) Cardiac Arrest Management to include; Knowledge of Monitor/Defibrillator, Therapeutic Modalities, Megacode;

(4) Hemorrhage Control;

(5) Splinting including; Long bone injury, Joint Injury, and Traction Splinting; and

(6) IV/IO Therapy & Medication Administration.

3. The use of psychomotor examination sheets is not intended to be a formal (pass/fail) psychomotor examination. The Bureau of EMS encourages continuous assessment of the providers skills throughout the period of certification.

a) Each skill can be signed off after successful demonstration of the participants competency in the skill.

b) This is accomplished through direct observation and documentation on NYS approved Practical Skills Exam sheets (PSES).

c) Each Skill sheet must have the signature of the Training Officer attests to the proficiency of the skills practiced.

d) All agencies, and Course Sponsorships must use the Practical Skill Exam Sheets (PSES) for skills review. These PSE sheets will then be kept in the participants CME file and produced upon request by Bureau of EMS.

## **V. SECTION FIVE: CME RECERTIFICATION APPLICATION**

### **A. Registration**

1. Participants of the CME program must be an active member of a participating agency.
2. Participant registration may be done at the time of application.
3. Page one of the application details the requirements the participant must agree to, and initial. This will enroll the participant with the participating agency and identify where all records must be retained for that recertification cycle.

### **B. Recertification Forms**

1. Participants must submit the appropriate New York State CME Recertification Application for the level of certification the participant is seeking to renew.
2. National Registry, out of state, or any form used in place of the approved NYS Recertification Application form will be denied for recertification and returned to the applicant.
3. All acceptable applications for recertification may be downloaded from the Bureau of EMS web site in fillable Adobe Acrobat format.

### **C. Personal information**

1. When completing the recertification application, be sure to include:
  - a) the applicant's NYS EMS certification number;
  - b) the last four digits of the applicant's social security number;
  - c) the applicant's phone number; and
  - d) the applicant's current address.
2. The information contained in the application will be used to identify the participant and verify eligibility for recertification through the CME Recertification Program
3. The EMS provider recertification card will be mailed to the address provided on the application.
4. The Bureau of EMS may contact the applicant to return the application in the event of any unforeseen problems in the application or documentation submitted.

### **D. Criminal Affirmation**

1. The applicant should sign the criminal affirmation only if they have not been convicted of, and are not currently charged with, a misdemeanor or felony in accordance with 10 NYCRR Part 800.
  - a) Not signing is not an automatic bar from recertification and the participant should still submit their application.
  - b) The Department of Health will determine if a charge or conviction (if any) is applicable under the provisions of 10 NYCRR Part 800.



2. The criminal affirmation signature should be signed at the time of submission. Applications containing signatures older than 60 days, from the date of submission to the Bureau of EMS, will not be accepted.

**E. Documenting CME's**

1. Document each topic, the date of the course, the CME hours earned, course title, or Bureau of EMS assigned course number (if applicable) and, the source for that topic as it is filed in the participant CME folder (Refer to Agency Responsibilities for record keeping).
2. For the core component, the application should reflect the total hours earned for each section, and the source of those hours.
3. For all certification levels, CFR, EMT, AEMT, EMT – Critical Care and Paramedic, the responsible CIC must sign attesting to the completion and documentation of the participant's core refresher training.
4. Documenting the source means, documenting where the material came from.

Example: Core topic; airway. Source; Brady, Edition 11. Or, course # 1234 or, Target Solutions and the URL to that topic.

**F. Additional Non-core Documentation;**

1. List each topic or course. Indicate the source, the date of completion and the CME hours earned for that training session.

Example; Course #, or topic, name of presenter, or entity sponsoring the course, date of completion and the CME hours earned.

2. When listing National Courses list the name of the course and the source, hours earned to complete the course, and the date of completion.

Example; PHTLS, ABC Ambulance Service, 04/09/2019, 16 Hours.

3. Attendance to Conferences and Seminars can earn several hours towards the additional CME requirements.

a) When listing these CME's on your application you must list the conference name, topics attended, and CME hours earned.

b) Do not list only the name of the conference. Credit is earned based on the topics you attended while at that event.

Acceptable Example resulting in approval of credit

EMS World Expo:		
Drug Overdoses	09.28.19	1.5hrs
LGBT & Gender Identity	09.28.19	1.5hrs
EMS Providers Personal Mental Health	09.28.19	1.5hrs

Unacceptable Example resulting in denial of credit

EMS World Expo	09.28.19	4.5hrs
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4. CME sessions listed on the recertification application must be reflected in the participant's CME file.

Example:

Participant collects CME's from several sources over the period of certification between June 2018, and June 2021. CME's earned should be listed starting with June 2018 and continued chronologically through to May 2021.

**G. Electronic Documentation**

1. When using electronic record keeping a participant must still submit an official Bureau of EMS recertification application for that level of certification.
2. Agencies are encouraged to scan records and upload to a reputable LMS platform.

**H. Verifying skills**

1. For all provider levels, the agency Training Officer must verify that the providers have maintained appropriate skills proficiency.
2. A Participants skills assessment must be documented on Bureau of EMS approved PSE test forms and signed by the Training Officer upon completion.
3. Documentation of skills proficiency using the psychomotor examination sheets is not intended to be a formal (pass/fail) psychomotor examination test. These forms help to assure all elements of that skill are assessed and documented.

**I. Proof of CPR, PALS & ACLS Training**

1. When the application has been completed a copy (both front and back) of the participant's current, not expired, CPR card must be attached to the application.
2. Paramedics and EMT-CC must also submit proof of ACLS and PALS certification by providing a copy, (originals will not be accepted) both front and back of a current (not expired) ACLS and PALS card.

**J. Signatures**

1. Upon completion of the application the participant and the agency Coordinator must sign the application on page one.

**K. 45-Day Rule**

1. When submitting the participant application, it must be post marked no more than nine (9) months and no later than 45-days prior to your current certification expiration date.
2. Applications received more than nine (9) months before a participant's certification expiration may be processed, however, the participant will lose any time left on their current certification.
3. Late applications, those postmarked after the 45 days prior to but, before the participants certification expires may result in denied recertification.
  - a) Participants who have been denied recertification due to expired certification or late submission will need to enroll into a traditional refresher course to become recertified.

b) No extensions of certification dates can be granted unless the participant meets the requirements for a traditional military extension.

4. For EMT-Critical Care Technicians, the CME Recertification Program is the only available option for recertification.

5. For the protection of the participant and the EMS agency, the Bureau of EMS strongly recommends that all submissions for CME recertification be sent using a return-receipt or tracking method of delivery.

a) If the submission is received after the 45-day deadline, the participant may not receive EMS recertification.

b) The Bureau of EMS is not responsible for recertification applications that were not received.

#### **L. Electronic Submission**

1. In the interest of reducing paper flow and providing a more secure method for CME, participants must submit CME Recertification applications to the Bureau of EMS using the electronic web form located on the BEMS website at:

<https://www.health.ny.gov/professionals/ems/certification/cmerecert.htm>

2. After submitting the electronic form, the applicant and submitter (if different) will receive an electronic receipt of the submitted document. This receipt will provide verification that the submission was received by the Department and is under review. The receipt is not an approval of the application for recertification.

#### **M. Expired Certification**

1. Applications submitted electronically after the participants certification has expired will be denied certification through CME.

2. Participants denied certification due to a late application, or expired certification will need to enroll into a traditional refresher course to become recertified.

#### **N. Receiving the New Card**

1. Once the application has been submitted to the Bureau of EMS, please allow up to 6 weeks for processing.

2. Bureau of EMS is not responsible for applications not received due to courier, mail, or any form of electronic submission.

3. Bureau of EMS strongly recommends using forms of traceable delivery when submitting applications. Bureau of EMS is not responsible for documents that have not been successfully submitted.

4. A copy of the participant's new recertification card must be presented to the agency Coordinator, be copied and placed in the participant's CME file at the agency. If records are kept electronically, the card should be scanned and uploaded to the participant's file.

## **VI. SECTION SIX: PROGRAM FUNDING**

### **A. Funding**

1. Funding is available for the core refresher portion of the CME Recertification Program provided the agency and the participant is eligible for reimbursement. Either the course sponsor or the agency, but not both, may submit for education funding reimbursement.
2. Funding is only available for the Core refresher CME's. All reimbursements are paid directly to the course sponsor or participating agency and not the individual participant.
3. All funds received from Bureau of EMS must be utilized for training purposes only.
4. A separate account and/or budget line must be used to keep all Bureau of EMS funds.
5. Course sponsors and agencies must adhere to the current Bureau of EMS Funding Policy Statement found on the Bureau of EMS web site.

### **B. Course Sponsor Vouchering**

1. A Course Sponsor offering CME Core Content refresher training that covers all the required core content curriculum may request funding reimbursement for an EMS refresher candidate, provided that candidate has completed the core refresher requirements and an affiliation agreement is in place with the participating agency.
2. The course sponsor must submit a Course Sponsorship standard voucher (AC-3253s). In addition, the course sponsor must submit the voucher with a course memorandum listing each student with their certification number and level of training.
3. The course sponsor must submit the required voucher and memorandum no later than ninety (90) days after the completion of the core refresher training course.

### **C. Agency Vouchering**

1. Participating agencies may voucher for Core Content refresher training expenses only after the participant has successfully been recertified through the CME program and only if a course sponsor has not already submitted for payment.
2. The agency must submit an agency standard voucher (AC-3253s) filling out all required fields including box 6 listing the name, level of certification, and the certification number of each provider for whom reimbursement is requested.
3. Vouchers must be submitted to Bureau of EMS no later than 15 days after the participants certification expiration date.
4. Any voucher received after the 15 days, may not be eligible for payment.
5. It is the agencies responsibility to assure they obtain a copy of the participant's new certification card to confirm they have been recertified.
6. All funds that an agency receives as reimbursement for a member/employee recertifying through the CME program must be placed into a separate account or line item within their accounting records.
  - a) These funds must be used for CME recertification training purposes only.

b) The funds can be used to reimburse an agency's member/employee for CME training they paid for during the most recent recertification period.

## **VII. SECTION SEVEN: PROGRAM AUDIT**

### **A. Auditing the CME Program**

1. By registering in the CME Recertification Program, the participating agency and its affiliate or designees agree to make program records available, within 24 hours of notice, for auditing purposes by Bureau of EMS and/or the New York State Office of State Comptroller.
2. If the Bureau of EMS or NYS Office of the State Comptroller are denied access to these records, for any reason, the Bureau of EMS has the right to, suspend or revoke the agency's participation in the CME program and may seek to recover any funds issued to the participating agency or affiliate by NYS.

## VIII. SECTION EIGHT: SPECIALITY PROGRAMS

### A. Distributive Learning and Podcasting;

1. Distributive Learning is considered by Bureau of EMS as a classroom-based education tool and not a method of self-study.
2. Distributive learning allows Course Sponsors, instructors, students and educational content to be located in different, non-centralized locations so that instruction and learning may occur independently with spontaneous real time two-way communications between instructor, and student.
3. Refer to the current Bureau of EMS policy statement and Course Sponsor's Administrative Manual for distributive learning and podcasting course requirements

### B. Online Internet Learning and Learning Management Systems (LMS) and Self-Study

1. Online Internet Learning and Learning Management Systems (LMS) for CME recertification is becoming one of the most common methods to obtain self-study CMEs and retain accurate records of a participant's education history.
2. Numerous internet sites related to EMS offer online education programs. Many are now paired with LMS tools used to document, track and organize a participant's CME hours.
3. Online CME training is limited to 50% of the total CME hours, required by the program, when a participant uses them as self-study.
  - a) To utilize online education programs for 100% self-study education the program must be administered by the agency, and/or the affiliate course sponsor and approved by the Bureau of EMS prior to the start of the program.
  - b) An individual CME participant who is not registered with an agency approved to utilize 100% online education will be denied recertification for exceeding the maximum allowable CME hours for self-study.
4. Agencies offering more than 50% online CME content to its members/employees must receive approval by the Bureau of EMS Central Office.
  - a) Agencies must provide the following information prior to approval of online CME content beyond 50%:
    - (1) detail of the online program administration must be included in the agency policies and procedures;
    - (2) the agency must provide information for the online program vendor to the Bureau of EMS for review and approval;
    - (3) the agency policies and procedures must detail the security of online content, including controlling access to records; and
    - (4) the agency policies and procedures must include details on how a participant gains access to utilize the program;

(5) the agency policies and procedures must describe tracking of online CME activities, and offline activities including skills;

(6) the agency policies and procedures must describe how training records are maintained online including how and where the LMS information is backed up.

5. All skills competency reviews must be hands-on. No online skills practice can be applied towards CME recertification.



## **IX. SECTION NINE: APPENDIX**

- A. CME Program Requirements Matrix**
- B. CME Verification Form**
- C. EASV Inspection Form DOH-3780**
- D. Sample CME Certificate**

**APPENDIX A: CME PROGRAM REQUIREMENTS MATRIX**

Topic	CFR	EMT	AEMT	EMT-CC	Paramedic
<b>Core Content</b>					
Preparatory	1	1	1	1	2
Airway	1	2	2	3	3
Pharmacology, Medication Admin, Emerg. Meds.	1	1	2	3	3
Immunology	0.5	0.5	1	1	1
Toxicology	0.5	0.5	0.5	1	1
Endocrine	0.5	0.5	1	1	1
Neurology	0.5	0.5	0.5	1	1
Abdominal, Gen-Renal, GI, Hematology	1	1	1	1	1
Respiratory	1	1	2	3	3
Psychiatric	1	1	1	1	2
Cardiology	1	2	2	3	3
Shock and Resuscitation	1	2	3	3	4
Trauma	1	2	3	3	3
Geriatrics	0.5	1.5	1.5	1.5	2
OB, Neonate, Pediatrics	1	1.5	1.5	1.5	2
Special Needs Patients	0.5	1	1	1	2
EMS Operations	2	1	1	1	1
<b>Non-Core Content (Mandatory)</b>					
Mental Health of the EMT	1	1	1	1	1
Patient Lifting, Moving and Transportation	1	1	1	1	1
Safe Transport of the Pediatric Patient	1	1	1	1	1
Emergency Vehicle Operations	2	2	2	2	2
<b>Non-Core Content (Additional)</b>					
Individual Flexible Content Hours	5	20	20	20	20
<b>Program Totals</b>					
Total Core Hours	15	20	25	30	35
Total Non-Core Content (Mandatory)	5	5	5	5	5
Total Non-Core Content (Additional)	5	20	20	20	20
Total CME Hours minus Skills	<b>25</b>	<b>45</b>	<b>50</b>	<b>55</b>	<b>60</b>

## APPENDIX B: CME Verification Form

New Your State Bureau of Emergency Medical Services	
Continuing Medical Education (CME) Course Verification Form	
<i>Form should be utilized for courses that do not provide a certificate of completion.</i>	
Full Name: _____	NYS EMT# _____
Agency: _____	
Level of Certification: EMT    AEMT    EMT-CC    Paramedic	
<b>SECTION ONE:</b>	
Course Date: _____	
Start/Arrival Time: ____:____	End/Departure Time: ____:____    CME Hours Earned: _____
Course/Session Title: _____	
Presenter: _____	Credentials: _____
Presenter: _____	Credentials: _____
<b>SECTION TWO:</b>	
Type of Course: ___ Core Content    ___ Mandatory Non Core    ___ Additional Non Core	
Level of Course Content: ___ BLS    ___ ALS	
Course Delivery: ___ Classroom/Lecture    ___ Online (self-study/self paced)    ___ Podcast    ___ Publication	
___ Other: _____	
<b>If Applicable:</b>	
Course Location: _____	
Web-site (Source) Name: _____	
Magazine or Publication Name: _____	
NYS Course Number: _____	Sponsor: _____
<b>SECTION THREE:</b>	
Provide a brief description about learning objectives: _____	
_____	
_____	
<b>SECTION FOUR:</b>	
Instructor Name: _____	
Instructor Signature: _____	Provider Signature: _____
CIC# (if applicable): _____	
Date: _____	Date: _____
<b>CORE HOURS REVIEW/APPROVAL:</b>	
Reviewed by: _____	CIC: _____    Date: _____    Approved Hrs: _____

## APPENDIX C: EASV Inspection Form DOH-3780

New York State Department of Health  
Bureau of Emergency Medical Services

### Inspection Report for Emergency Ambulance Service Vehicles

NYS EMS PROGRAM STAFF USE ONLY																		
Agency Name			Agency Code		Inspection Location			Time	Date									
Vehicle VIN			Year	Mfg	DMV Reg Exp	DMV Insp Exp	Vehicle License & Agency ID											
Driver/Attendant					Driver's License No. & Exp. Date			EMT No. & Exp. Date										
Registered Owner of Vehicle					Privately Owned Vehicle <input type="checkbox"/> YES <input type="checkbox"/> NO													
YES	NO				YES	NO												
<b>800.26 Emergency Care Equipment</b>					<b>800.26 Safety Equipment</b>													
		a.1	Sterile 4x4 pads (12)				d.1	Flares (6) or equivalent										
		a.2	Tape, assorted (3)				d.2	Battery lantern										
		a.3	Conforming gauze, assorted (6)				d.3	Fire extinguisher, 10 BC										
		a.4	Universal dressings, 10x30 (2)				<b>800.26 Extrication Equipment</b>											
		a.5	Sterile dressings, 5x9 (6)															
		a.6	Bandage shears															
		a.7	Triangular bandages (6)															
		a.8	Sterile saline (500 cc) Exp.															
		a.9	Occlusive dressing															
		a.10	Glucose or equivalent															
		a.11	Sterile burn sheet (1)															
		a.12	Sterile OB supplies															
		a.13	Adult BP cuff (1)															
		a.13	Pediatric BP cuff (1)															
		a.13	Stethoscope (1)															
		a.14	Adult cervical collars (S, M, L)															
		a.15	Carrying case (jump case)															
<b>800.26 Oxygen and Resuscitation Equipment</b>					<b>800 General and Vehicle Requirements</b>													
		b.1	Portable O2 w/flowmeter; D size, min. 1000 psi				.26(c)	Direct communication w/dispatcher & ambulance										
		b.2	Adult BVM w/air cushion mask & O2 attachment				.21(a)	DVM inspection										
		b.2	Pediatric BVM w/air cushion mask & O2 attachment				.21(a)	DOH inspection Exp.										
		b.3	Airways, Adult & Pediatric (4)				.21(b)	DMV registration										
		b.4	Adult nonrebreather masks (2)				.21(b)	Vehicle mechanical condition										
		b.4	Adult nasal cannulas (2)				.21(b)	Tires										
		b.5	Portable suction, min. 300 mm Hg				.21(b)	Lights and warning devices										
		b.5	Yankauer suction catheter (2)				.21(e)	Agency name & DOH logo (3 sides)										
		b.6	Pen light or equivalent				.23(a)	Equipment clean & sanitary										
Comments							.23(a)	Equipment operable										
							.23(c)	Fluids in plastic containers (>249 cc)										
							.23(d)	Equipment secured										
							.23(e)	O2 cylinders secured										
							.23(e)	O2 cylinders in hydrostatic test										
							.23(f)	Medications & controlled substances safe & secure										
								ALS equipment & supplies in accordance with plan and approved by med. control										
										<b>Privately Owned Vehicles Only</b>								

DOH-3780 (12/93) Distribution: WHITE- Bureau of EMS Central Office

YELLOW-Bureau of EMS Area Office

PINK-Ambulance Agency

## APPENDIX D: Sample CME Certificate



Department  
of Health

Continuing Medical Education Record

### CERTIFICATE OF ATTENDANCE

This document certifies that:

\_\_\_\_\_  
(PROVIDER NAME)

\_\_\_\_\_  
(PROVIDER CERTIFICATION NUMBER)

Attended CME session titled:

\_\_\_\_\_  
(SESSION TITLE)

On: \_\_\_\_\_  
(SESSION DATES)

This course has been approved for \_\_\_\_\_ hours of    (ALS / BLS) continuing education  
credit hours in the category of    (SESSION CATEGORY)   .

INSTRUCTOR NAME:

\_\_\_\_\_  
(INSTRUCTOR NAME)

INSTRUCTOR CREDENTIALS:

\_\_\_\_\_  
(ex: EMT / PARAMEDIC / MD / etc.)

COURSE LOCATION:

\_\_\_\_\_  
(LOCATION OF THE COURSE)

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

ADMINISTRATIVE CONTENT APPROVAL	
NYS CIC:	_____ (NYS CIC NAME)
NYS CIC #:	_____ (NYS CIC #)
APPROVED HOURS	_____ (NUM OF CME HOURS APPROVED)

THIS DOCUMENT MUST BE RETAINED IN THE AGENCY CME RECERTIFICATION PROGRAM FILE FOR THE PARTICIPANT

**Do you have questions?**

**Find us on the Web at:**

**<http://www.health.state.ny.us/nysdoh/ems/main.htm>**

**Or contact us at:**

**Bureau of Emergency Medical Services and Trauma Systems**

**New York State Department of Health**

**875 Central Avenue**

**Albany, New York 12206**

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