

EMR

(Emergency Medical Responder)

Certification & Recertification Policies

(2 Year Certification)

WEST VIRGINIA
Department of

**Health &
Human
Resources**

BUREAU FOR PUBLIC HEALTH

Office of Emergency Medical Services



EMR Initial Certification Policy and Procedures

PURPOSE: To establish requirements necessary for all applicants seeking certification and authorization to be credentialed and practice at the Emergency Medical Responder level.

POLICY: To ensure consistent standards and procedures for certifying as an Emergency Medical Responder (EMR) in West Virginia.

PROCEDURE/REQUIREMENTS:

- A. Apply for certification by completing an online application at www.wvoems.org.
- B. Submit the appropriate fees as required in WV §64 CSR 48-6.9.
- C. Be 16 years of age or greater however; the EMR that is under 18 years of age may not function as the primary patient care attendant or driver of any EMS emergency vehicle per WV §64 CSR 48-6.1.a.
- D. Disclose any limitation or exclusion by any EMS Agency, EMS Medical Director, or any other healthcare professions certification or licensing authority in any state, territory or the U.S. Military Services.
- E. Apply for and be cleared by the State and National background checks for WVOEMS as required in WV §16- 4C-8.1.1:
- F. Create a valid CIS account.
- G. Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards.
- H. Successfully complete a WVOEMS approved MCI Awareness and Operations Training (6 hours).
- I. Successfully complete an approved CPR Training course meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of current certification.
- J. Complete a WVOEMS approved course meeting the current approved education standards consisting of a minimum of seventy two (72) classroom hours conducted by a WVOEMS approved training institute.

EMR Initial Certification Policy and Procedures

- K. Successfully complete and pass all practical skills evaluations for the EMR level of certification conducted by WVOEMS approved skills evaluators.
- L. Successfully complete and pass all cognitive examinations with a passing score for the level of certification, by the following options:
 - 1. **Option 1:** National Registry of EMT cognitive examination.
 - 2. **Option 2:** WV State Initial Certification cognitive examination. This exam shall be administered by WVOEMS approved training agencies.
- M. Complete and submit the **EMR Initial Certification Education Record**.
- N. Meet other requirements established by the Commissioner.

This policy replaces all previous policies for Emergency Medical Responder Initial Certification.

APPLICABLE CODE/RULE: WV Code §16-4C-6, §16-4C-8.1, and §64 CSR 48-6.

EMR Initial Certification-Education Record

This document shall be completed as part of the requirements for EMR initial certification verifying the completion of a WVOEMS approved EMR course, practical skills, and completion of the State and Federal Requirements.

NAME:		
Certification Number: WV		
Agency Affiliation:		<input type="checkbox"/> Not Affiliated
Initial Certification Requirements	WVOEMS Course #	DATE
WVOEMS Approved EMR Initial Course Completion		
WVOEMS Approved Initial Skills Completion		
State and Federal Requirements	HOURS	DATE
WVOEMS MCI Awareness and Operations	6	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Training meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below I hereby warrant that the above named EMR provider has completed the requirements outlined above and on the dates specified. Verification of course completion may be by Educational Institute or TSN Representative signature, submission of certificate of completion, submission of certification card, copy of your education history from an approved WVOEMS database, college transcript, or other approved method.</i>		
Applicant:		
<hr style="width: 60%; margin: 0 auto;"/> <i>Signature</i>		
Applicant:		Date:
<hr style="width: 60%; margin: 0 auto;"/> <i>Printed Name</i>		
Educational Institute or TSN Representative:		
<hr style="width: 60%; margin: 0 auto;"/> <i>Signature</i>		
Educational Institute or TSN Representative:		Date:
<hr style="width: 60%; margin: 0 auto;"/> <i>Printed Name</i>		

EMR Recertification Policy and Procedures (2 Year Certification)

PURPOSE: To establish standard requirements to be met by all applicants seeking to become recertified as an Emergency Medical Responder in West Virginia. EMR's shall have the ability to recertify utilizing two methods: National Registry or State recertification.

POLICY: To ensure consistent standards and procedures for recertifying as an Emergency Medical Responder (EMR) in West Virginia.

PROCEDURE/REQUIREMENTS:

- A.** Submit a current complete online application to WVOEMS between April 1 and September 30 prior to the end of the applicant's certification period. Online application available at www.wvoems.org. The application deadline is 90 days prior to expiration. Example: expire Dec. 31 must submit by Sept. 30.
1. Submit the appropriate fees as required in WV §64 CSR 48-6.9.
 2. Continuously meet all requirements for EMS personnel as described in WV §64 CSR 48.
 3. Disclose any limitation or exclusion by any EMS agency, EMS Medical Director, or any other healthcare profession certification or licensing authority in any state, territory, or the U.S. Military Services.
- B. 12 Hour Recertification Course** – providers must submit an **EMR Recertification Continuing Education Record as well as an EMR Recertification Skills Evaluation Record** documenting completion of a WVOEMS approved refresher class consisting of the following hours:

<u>Category</u>	<u>Hours</u>
Preparatory	1
Airway	2
Illness and Injury	3
Circulation	3
Patient Assessment	2
Childbirth and Children	1
Total	12

EMR Recertification Policy and Procedures (2 Year Certification)

- C. Evaluation** - Complete an Education Determinate Evaluation approved by WVOEMS. A passing score of 70% shall be required for recertification. Applicants shall have three (3) attempts to obtain a passing score of 70% at which point, they will be required to repeat the 12 hour refresher course prior to retesting. This exam shall be administered by WVOEMS approved training agencies.
- D. Additional Continuing Education** – EMR's must submit an **EMR Recertification Continuing Education Record** documenting additional hours of continuing education as well as a current CPR certification. These classes will only be counted for the number of hours listed per recertification period. (Example: you cannot take multiple Haz Mat classes and count the additional hours.)
1. State and Federal mandates require the following additional CE hours:
 - a. Haz Mat awareness meeting OSHA 1910.120 or higher standards annually.
 - b. MCI or Disaster Management related training to include mass casualty drills totaling a minimum of **2 hours** per recertification period. Any additional hours may be applied to required CE.
 - c. Approved CPR refresher totaling meeting WV §64 CSR 48-6.8.a.4. Applicants must show proof of current valid certification.
- E. On-Line Courses** – On-line education is allowed under the following guidelines:
1. On-line courses must be pre-approved by WVOEMS.
 2. WVOEMS will enter these programs as Category 1 (pre-approved) in CIS.
 3. On-line education may account for up to 50% of the required education.

EMR Recertification Policy and Procedures (2 Year Certification)

- F. National Registry OPTION:** EMRs may also recertify utilizing National Registry in the following manner:
1. Complete all requirements for recertification outlined by National Registry.
 2. Submit a copy of your National Registry card to WVOEMS.
 3. Complete the requirements of sections **A**, **C**, and **D** of this policy.
- G. Lapse in Certification –** EMRs that do not maintain a valid certification shall have a period of two years after expiration to recertify their EMR certification. Once meeting the requirements of this policy to recertify, the EMR shall be issued a card valid through the remainder of the normal certification period. (Example: An EMR that has been expired for 18 months and has now met the requirements for recertification, will receive a valid card for the remainder of the normal certification period which would be 6 months.)
1. In cases where a lapse in certification has occurred and there is no background check on file with WVOEMS, the applicant will be required to apply for and be cleared by the State and National background checks for WVOEMS as required in WV §16- 4C-8.1.1

This policy replaces all previous policies for Emergency Medical Responder Recertification.

EMR Recertification Continuing Education Record

This document shall be completed as part of the requirements for EMR recertification.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Exam		DATE
Completion of written exam with a passing score of 70%		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
12 Hour Recertification Course		DATE
WVOEMS Approved 12 hour EMR Refresher Course with skills		
State and Federal Requirements (2 Year Certification)	HOURS	DATE
MCI or Disaster Management related training including drills	2	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below we hereby warrant that the above named EMR provider has completed the requirements outlined above and on the dates specified. Verification of course completion may be by Educational Institute or TSN Representative signature, submission of certificate of completion, submission of certification card, copy of your education history from an approved WVOEMS database, college transcript, or other approved method.</i>		
Applicant:		Date:

<i>Signature</i>		
Educational Institute or TSN Representative:		

<i>Signature</i>		
Educational Institute or TSN Representative:		Date:

<i>Printed Name</i>		

EMR Recertification-Skills Evaluation

This document shall be completed as part of the requirements for EMR recertification and shall be completed once during the recertification period. Skills may be based on direct observation, successful field completion, or skills stations evaluations from an approved WVOEMS Education Institute or TSN or Agency Medical Director.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Cardiac Arrest Management / AED	
Bleeding Control and Shock Management	
Oxygen Administration	
Medical Patient Assessment with Baseline Vitals	
Trauma Patient Assessment with Baseline Vitals	
<i>Both signatures below are required with the exception of those not affiliated with an EMS agency. By signing below we hereby warrant the above named EMR provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	

<i>Signature</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	Date:

<i>Printed Name</i>	
Educational Institute or TSN Representative:	

<i>Signature</i>	
Educational Institute or TSN Representative:	Date:

<i>Printed Name</i>	