

Paramedic Certification & Recertification Policies

(4 Year Certification)

WEST VIRGINIA
Department of

**Health &
Human
Resources**
BUREAU FOR PUBLIC HEALTH
Office of Emergency Medical Services



Paramedic Initial Certification Policy and Procedures

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

POLICY: To ensure consistent standards and procedures for certifying as a Paramedic 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 18 years of age or greater.
- 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.** Possess a current EMT certification.
- H.** Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards annually.
- I.** Successfully complete a WVOEMS approved MCI Awareness and Operations. (6 hours)
- J.** Successfully complete an approved CPR refresher course meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of current valid CPR certification.
- K.** Successfully complete a WVOEMS ALS Protocol In-service. (4 hours)

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- L. Complete a Paramedic Education Program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in a manner prescribed under the Accreditation of EMS Programs (CoAEMSP).
- M. Successfully complete and pass all practical skills evaluations for the paramedic level of certification as outlined by National Registry.
- N. Successfully complete and pass all cognitive examinations with a certifying score for the paramedic level determined by the National Registry of EMT's cognitive examination.
- O. Complete and submit the **Paramedic Initial Certification Education Record**.
- P. Meet other requirements established by the Commissioner.

This policy replaces all previous policies for paramedic initial certification.

APPLICABLE CODE/RULE: WV Code §16-4C-6 and §16-4C-8 and §64 CS 48-6.

Paramedic Initial Certification Education Record

This document shall be completed as part of the requirements for ALS initial certification verifying the provider has successfully obtained certification as a paramedic through the National Registry of EMT's and has completed of State and Federal requirements.

NAME:		
Certification Number: WV		
Agency Affiliation:		<input type="checkbox"/> Not Affiliated
Initial Certification Requirements		DATE
NREMT Paramedic Certification (<i>Attach Card</i>)		
State and Federal Requirements		HOURS DATE
WVOEMS MCI Awareness and Operations	6	
Paramedic Protocol In-Service	4	
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 I hereby warrant that the above named ALS 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:		

<i>Signature</i>		
Applicant:		Date:

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

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

<i>Printed Name</i>		

Paramedic Recertification Policy and Procedures

PURPOSE: To establish standard requirements to be met by all applicants seeking to become recertified and authorized to practice Emergency Medical Services at the Paramedic level in West Virginia (Paramedic, M CCP, and MCCN). Paramedics shall have the ability to recertify utilizing two methods: National Registry or State recertification.

POLICY: To ensure consistent standards and procedures for recertifying as a Paramedic in West Virginia.

PROCEDURE/REQUIREMENTS:

- A.** Submit a current complete application form to WVOEMS between April 1 and December 31 of the prior year of expiration. Online application available at www.wvoems.org. The application deadline is 90 days prior to expiration. Example: expire March 31 must submit by December 31.
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 48-6.
 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.
 4. 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
 5. Registered Nurses with paramedic certification must maintain current nursing license.

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- B. 48 Hour Recertification Course** – providers must submit an ALS 48 hour refresher course record documenting completed refresher training consisting of:

<u>Category</u>	<u>Hours</u>
Airway	4
Cardiovascular	12
Medical	8
Trauma	6
Obstetrics/Pediatrics	16
Geriatric	2
Total	48

1. The 48 hour refresher **requires** successful **course completion, practical evaluation,** and **written exam** of the following courses:
 - a. ACLS Refresher (or equivalent WVOEMS approved course)
 - b. PHTLS or ITLS Refresher (or equivalent WVOEMS approved course)
 - c. PEPP or PALS Refresher (or equivalent WVOEMS approved course)

NOTE: Individuals are not required to obtain a certification card in each discipline respectively, but must have verification of course completion.

2. Additional hours of the 48 hour refresher course not covered by the required alphabet classes may be acquired in an hour for hour classroom setting or by approved online education in those topics respectively. Completion of the courses listed in “B-1” will equate to 24 of the required 48 hours. The 24 additional hours shall consist of the following:

a. Airway	1 hour
b. Medical	13 hours
<i>i. Cardiac Compromise</i>	<i>3 hours</i>
<i>ii. Allergic Reaction</i>	<i>1 Hour</i>
<i>iii. Near Drowning</i>	<i>1 Hour</i>
<i>iv. Toxicology and Overdose</i>	<i>1 Hour</i>
<i>v. Adult Respiratory Distress</i>	<i>1 Hour</i>
<i>vi. Altered Mental Status</i>	<i>1 Hour</i>
<i>vii. Acute Abdomen</i>	<i>1 Hour</i>
<i>viii. Shock</i>	<i>1 Hour</i>

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ix. <i>Dyspnea</i>	1 Hour	
x. <i>Chest Pain Management</i>	2 Hours	
c. Obstetrics		2 hours
i. <i>Eclampsia/Pre-Eclampsia</i>		
ii. <i>Prolapsed Cord</i>		
iii. <i>Presenting Part/Breach Presentation</i>		
iv. <i>Immobilizing the Pregnant Patient</i>		
v. <i>Multiple Births</i>		
vi. <i>Newborn Resuscitation</i>		
vii. <i>Caudal Delivery</i>		
d. Pediatrics		6 hours
i. <i>Shock</i>	2 Hours	
ii. <i>Cardiac Arrest</i>	2 Hours	
iii. <i>Trauma</i>	1 Hour	
iv. <i>Respiratory</i>	1 Hour	
e. Geriatric		2 hours
	TOTAL	24 hours

3. Other approved alphabet courses may be applied to respective appropriate sections:
 - a. Advanced Medical Life Support (AMLS)
 - b. Advanced Trauma Life Support (ATLS)
 - c. Geriatric Emergency Medical Services (GEMS)
 - d. International Trauma Life Support (ITLS)
 - e. Neonatal Resuscitation Program (NRP)
 - f. Pediatric International Trauma Life Support (PITLS)
 - g. Developmental Disabilities Life Support (DDLS)
 - h. Other WVOEMS approved courses

4. Successful completion of an approved WV CCT Training Program may be used to meet requirements of this section (one time only).

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5. All recertification hours may be acquired through WVOEMS approved courses. Recertification and CE courses may be taken online if available and pre-approved by WVOEMS as outlined in “E”. On-line course may only apply to 50% of the certification requirements. 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, CIS entry, or other approved method.
- C. Additional Continuing Education** – providers must submit an **Paramedic Recertification Continuing Education Record** documenting an additional continuing education as well as show proof of 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 included as part of the additional CE hours:
 - a. Haz Mat awareness meeting OSHA 1910.120 or higher standards annually.
 - b. WVOEMS ALS Protocol review totaling **4 hours** per recertification period.
 - c. 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.
 - d. Approved CPR refresher meeting WV §64 CSR 48-6.8.a.4. Applicants must show proof of current valid CPR certification.

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2. Additional continuing education may be acquired through in squad training, EMS conferences, rescue courses related to EMS, law enforcement courses related to EMS, approved online courses, and portions of the alphabet courses listed in "B-3" that have **not** been applied to the 48 hour refresher requirements. 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, CIS entry, or other approved method.
 3. Refer to the WVOEMS EMS Education Approval Policy and Procedures document that outlines the process for submission and approval of educational opportunities.
 4. A maximum of twelve (12) CE hours will be applied from any one topic area related to EMS. (Example: EMS related Rescue or Law Enforcement classes)
 5. College courses:
 - a. A maximum of 12 hours may be applied to this section for successful completion of the following topics:
 - i. Anatomy
 - ii. Cellular Biology
 - iii. Communications
 - iv. Chemistry
 - v. Microbiology
 - vi. Pharmacology
 - vii. Psychology
 - viii. Sociology
 - b. Coursework must be completed during the certification period.
 - c. Documentation must be an official college transcript.
 - d. One (1) college credit will equal eight (8) hours CE not to exceed twelve (12) hours per topic.
- D. Skills Requirement** – providers must successfully complete the **Paramedic Recertification Skills Evaluation Form** that is signed by an Educational Institute Representative or TSN representative and Agency Medical Director.

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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 your required education.

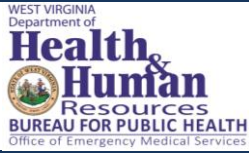
F. National Registry OPTION: ALS providers may also recertify utilizing National Registry in the following manner:

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.
This policy replaces all previous policies for Paramedic Recertification.

Paramedic Recertification - 48 Hour Refresher Course

The 48 hour refresher course must be comprised of at least three (3) alphabet courses including ACLS, ITLS or PHTLS, and PEPP or PALS. WVOEMS approved equivalents may be utilized for any of these courses. These curriculums must be taught and tested however certification is not mandated. The remaining 24 hours of the 48 hour refresher class may be comprised of 24 individually taught hours. Do to the outside regulation and frequent curriculum changes from the bodies the govern the alphabet courses; hours in addition to the required 8 hour refresher cannot be carried over and applied to the remaining 24 hours. Additional courses such as GEMS and AMLS can be applied to the remaining hours.

NAME:			
Certification Number: WV		Expiration Date:	
Agency Affiliation:			<input type="checkbox"/> Not Affiliated
Course	Hours	Date	Verification
ACLS Refresher or WVOEMS Approved Equivalent	8		
ITLS or PHTLS Refresher or WVOEMS Approved Equivalent	8		
PEPP or PALS Refresher or WVOEMS Approved Equivalent	8		
TOTAL	24		
Additional Hours Required to Complete the 48 hour Refresher Course			
Topic	Hours	Date	Verification
Airway Management	1		
Medical	13		
Cardiac Compromise	3		
Allergic Reaction	1		
Near Drowning	1		
Toxicology and Overdose	1		
Adult Respiratory Distress	1		
Altered Mental Status	1		
Acute Abdomen	1		
Shock	1		
Dyspnea	1		
Chest Pain Management	2		
Obstetrics / Pediatrics	8		
Eclampsia / Pre-Eclampsia, Immobilization, Prolapsed Cord, Presenting Part, Breach Presentation, Multiple Births, Newborn Resuscitation, Caudal Delivery	2		
Shock	2		
Cardiac Arrest	2		
Trauma	1		
Respiratory	1		
Geriatric Considerations	2		
TOTAL	24		



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Paramedic Recertification-Continuing Education Record

This document shall be completed as part of the requirements for ALS recertification verifying the completion of 32 hours of continuing education.

NAME:		
Certification Number: WV		Expiration Date:
Agency Affiliation:		<input type="checkbox"/> Not Affiliated
48 Hour Recertification Course		DATE
WVOEMS Approved 48 hour Paramedic Refresher Course Components <i>(Only required for those NOT utilizing the National Registry method)</i>		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements (4 Year Certification)	HOURS	DATE
MCI or Disaster Management related training including drills	2	
Paramedic Protocol Refresher	4	
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.		
Additional Elective CE (Minimum of 6 hour required)	HOURS	DATE
<small><i>By signing below I hereby warrant that I have 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></small>		
Applicant: _____		Date:
<i>Signature</i>		
Educational Institute or TSN Representative: _____		
<i>Signature</i>		
Educational Institute or TSN Representative: _____		Date:
<i>Printed Name</i>		

Paramedic Recertification-Skills Evaluation

This document shall be completed as part of the requirements for ALS 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
Airway Management / Intubation	
Chest Decompression	
Cardiac Arrest Management	
EKG Interpretation	
Intraosseous Infusion (Adult and Pediatric)	
Intravenous Therapy	
Needle Cricothyrotomy / <i>optional</i> Percutaneous Cricothyrotomy	
Patient Assessment (Medical and Trauma)	
Medication Administration	
<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 ALS 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>	