



*CMIE-BASED RECERTIFICATION*

# ***LOG BOOK***

# EMT-Paramedic

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Providers must be complete with the program  
**AT LEAST 60 DAYS PRIOR**  
**TO THEIR EMT EXPIRATION DATE!**

60 days prior to my EMT-Paramedic expiration date is:

\_\_\_/\_\_\_/\_\_\_

***Office of Prehospital Care***

462 Grider Street

Buffalo, New York 14215

(716) 898-3600

[www.OPCEMS.org](http://www.OPCEMS.org)

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# Introduction

Welcome to the CME-Based Recertification Program. Your agency has contracted with the *Office of Prehospital Care* to assist you with achieving recertification over the next several years. We encourage each participant to utilize this log book as a resource to help ensure success with the program.

This is an agency-based program. This means that the agency must not only apply to be in the program, but it must also assist its members within the program. An individual can not recertify in the program unless they belong to an agency that is participating in the program. Agencies must abide by certain requirements of the program such as, but not limited to:

- Maintaining pilot recertification program records for a minimum of 7 years.
- Complying with all deadline dates outlined within the program. A common problem has been with delays in agencies and providers obtaining the required signatures and thereby submitting renewal paperwork late.
- Assuring that all agency and participant files are kept up to date. Files found to be more than 30 days out of date will be in violation of the program.
- Assuring that the contents of all files are kept in chronological order.
- Assuring that all program records must be made available within 24 hours for auditing purposes.
- Assuring that all forms are submitted within the required time periods.
- Abiding by all regulations and policies set-forth by the CME-Based Program.

To be eligible for program participation, one must meet the following requirements:

- Currently certified and maintain certification through recertification process.
- Current active member OR employee of an agency registered with the pilot program.
- Actively providing prehospital care at the certification level sought AND the agency must be authorized to provide care at the level for which the participant seeks recertification. (i.e. A paramedic can not renew paramedic certification through the program if the agency is not authorized to provide paramedic-level care).

As a participant in this program, you may attend any core session hosted by the *Office of Prehospital Care* only. Often, our courses will be scheduled several months in advance. Courses are listed on our website: [www.OPCEMS.org](http://www.OPCEMS.org)

Please allow adequate time to complete the program. We strongly advise each participant to frequently review their status in the program with their Agency's Program Coordinator. As a reminder, completed paperwork is due to the New York State Department of Health 45-days prior to your expiration date; which means that each participant should complete the program no less than 60 days prior to expiration. Should you find that you don't have enough time to complete the Pilot Program, you MUST enroll in and successfully complete a NYS EMT/AEMT Refresher Course and pass a State administered practical and written certification exam.

As always, please feel free to call the OPC at (716) 898-3600 if you have any questions.

Best of luck with the program!

# EMT-Paramedic

Refresher Training  
"Core Content"

## Advanced Cardiac Life Support – 2 Day Original (6 ½ hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Preparatory (2.5 hours)
- Airway (2 hours)
- Pulmonary/Cardiology (2 hours)
- Additional CME (remaining hours)

## PALS or PEPP – 2 Day Original (10 ½ hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Preparatory (2.5 hours)
- Airway (2 hours)
- Pulmonary/Cardiology (1 hour)
- Neonatology (1.5 hours)
- Pediatrics (1.5 hours)
- Special Chall/Acute Int. (2 hours)
- Additional CME (remaining hours)

## ITLS or PHTLS – 2 Day Original (16 hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Airway (2 hours)
- Trauma (10 hours)
- Operations (2 hours)
- Infectious/Comm Diseases (1 hour)
- Abuse & Assault (1 hour)
- Additional CME (remaining hours)

**Continued on Next Page...**

**Preparatory (1 hour)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Respiratory/Cardiac (3 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Poison/Environmental/Behavioral (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Diabetes/AMS/Allergies (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Neuro/Gastro/Renal/Urology (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Obstetrics & Gynecology (3 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Hematology/Tox (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_



**CPR COURSE COMPLETION**

- Your CPR Card must be current at the time of recertification
- Must be a course designed for Healthcare Providers and include the following:  
(Adult, Child and Infant 1 & 2 rescuer CPR and obstructed airway management)

Name of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of your card for your agency's CME coordinator!**

**ACLS COURSE COMPLETION**

- Your ACLS card must be current at the time of recertification

Name of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of your card for your agency's CME coordinator!**

**Geriatrics - 3 hours minimum**

- This counts towards the 24 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of any certificates or attendance sheets for your agency's CME coordinator!**

**WMD/Terrorism - 3 hours minimum**

- This counts towards the 24 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of any certificates or attendance sheets for your agency's CME coordinator!**

### Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (included in book).
- PHTLS/ITLS and PEPP courses are great ways to verify skill competency.

Skill	Date Completed	Instructor's Name	Completed NYS Skill sheet? (Yes/No)	Competency Verified (Yes/No)
Patient Assessment - Trauma <sup>1</sup>				
Patient Assessment - Medical <sup>2</sup>				
Airway/Ventilation - Simple Adjuncts <sup>1,2</sup>				
Airway/Ventilation - Supplemental Oxygen Delivery <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - one rescuer <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - two rescuer <sup>1,2</sup>				
Airway/Ventilation – Advanced Airway Adjuncts <sup>1,2,3</sup>				
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge) <sup>3</sup>				
Hemorrhage Control & Splinting - Long-Bone Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Joint Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Traction Splinting <sup>1</sup>				
IV Therapy/Medication Administration <sup>3</sup>				
Spinal Immobilization Seated <sup>1</sup>				
Spinal Immobilization Supine <sup>1</sup>				

<sup>1</sup> PHTLS/BTLS offers an opportunity to verify this skill. <sup>2</sup> PEPP offers an opportunity to verify this skill.

<sup>3</sup> ACLS offers an opportunity to verify this skill

ADDITIONAL DOCUMENTATION SPACE:

### Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (included in book).
- PHTLS/ITLS and PEPP courses are great ways to verify skill competency.

Skill	Date Completed	Instructor's Name	Completed NYS Skill sheet? (Yes/No)	Competency Verified (Yes/No)
Patient Assessment - Trauma <sup>1</sup>				
Patient Assessment - Medical <sup>2</sup>				
Airway/Ventilation - Simple Adjuncts <sup>1,2</sup>				
Airway/Ventilation - Supplemental Oxygen Delivery <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - one rescuer <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - two rescuer <sup>1,2</sup>				
Airway/Ventilation – Advanced Airway Adjuncts <sup>1,2,3</sup>				
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge) <sup>3</sup>				
Hemorrhage Control & Splinting - Long-Bone Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Joint Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Traction Splinting <sup>1</sup>				
IV Therapy/Medication Administration <sup>3</sup>				
Spinal Immobilization Seated <sup>1</sup>				
Spinal Immobilization Supine <sup>1</sup>				

<sup>1</sup> PHTLS/BTLS offers an opportunity to verify this skill. <sup>2</sup> PEPP offers an opportunity to verify this skill.

<sup>3</sup> ACLS offers an opportunity to verify this skill



