



**EMERGENCY MEDICAL SERVICES
DEPARTMENT OF EMERGENCY MANAGEMENT**

2501 South 35th Street, Suite D, Tacoma WA 98409-7405; PHONE: (253)798-7722

**EMT RECERTIFICATION REQUIREMENTS
CHECK-OFF SHEET**

(all items to be submitted to EMS Office for review)

Name _____

Address _____

Email _____

Telephone (work) _____ (Cell) _____

Agency _____

Required Documentation	Completed
1. State of Washington Recertification- online application in SAW account. https://secureaccess.wa.gov/myAccess/saw/select.do	
2. CME documentation, 30 hours in current cycle which must match the agency's OTEP plan as approved by DOH/EMS Office: a. Training report generated by training platform and must show individual's name, topics, date didactic topics were assigned, date didactic topics were completed. * ∞ b. Current BLS Healthcare Provider level CPR card (AHA, ASHI, ARC)	a. b.
3. Skills competency required by MPD: a. Training report lists skills name and date of completion. § b. # Copy of completed Pierce County Specific EMT skills packet. ∞ (skills packet must be within the last twelve months of certification cycle prior to recert date)	a. b.
4. # NREMT-Assessment EMT Computer Written Exam test results documentation. (written test must be within the last twelve months of certification cycle prior to recert date)	

* Note that individual course certificates/rosters may be required as needed and requested by the MPD.

§ Note that individual skills sheets may be required as needed and requested by the MPD.

∞ Note if CME records do not match agency's OTEP plan, the individual will need to recertify via the Traditional CME method with additional needs indicated by the # symbol.