

Guidelines for the SC Approved
**CONTINUING EDUCATION
PROGRAM**

*Meets National Registry NCCP Recertification Requirements for
EMT, AEMT, and Paramedic*

Published by South Carolina

Department of **H**ealth and **E**nvironmental **C**ontrol

Bureau of Emergency Medical Services

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DEFINITIONS

For consistency and clarity in understanding all aspects of this document, the following definitions will apply.

CAPCE: (<https://www.capce.org/>) Commission on Accreditation of Pre-Hospital Continuing Education, formerly Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

CONTINUING EDUCATION PROGRAM (CEP or CE Program): A formal training program developed by SC DHEC that follows the National Continued Competency Program (NCCP) recertification model established by the National Registry. Both national and local competency content information can be obtained via this comprehensive structured program.

CONTINUUM: State EMS information system which combines the former Credentialing Information System (CIS) and the former Prehospital Medical Information System (PreMIS). Future upgrade to Continuum will include the former State Medical Asset Resource Tracking Tool (SMARRT).

DHEC (DEPARTMENT): The South Carolina Department of Health and Environment Control's Bureau of Emergency Medical Services.

DISTRIBUTIVE EDUCATION: Defined by CAPCE as "...an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and the students and instructors are not able to interact in real time."

EMT: In the context of this document, the term EMT will be used for all levels of certification (EMT, AEMT, or Paramedic) unless otherwise noted.

IST: In-Service Training is a DHEC approved training program for the purpose of recertification of EMTs in South Carolina. The SC IST Program was renamed the SC Continuing Education Program in 2016 after the National Registry changed the recertification process to the NCCP model.

LICENSED AGENCY: Any agency that has been licensed by DHEC to provide patient care at the level of EMT, AEMT, or Paramedic.

LOCAL TRAINING INSTITUTION: Any licensed agency that has been approved by the Department to offer a Continued Education Program.

NATIONAL CONTINUED COMPETENCY PROGRAM: Recertification program designed by the National Registry. NCCP has three areas of recertification requirements; national, local, and individual. The hours differ in each area for each level of EMT.

TRAINING INSTITUTION: Any licensed agency that has been approved by the Department to conduct any type of formal training for the certification or recertification of EMTs in South Carolina.

HISTORY OF SC CONTINUING EDUCATION PROGRAM

Prior to 1986, EMTs could recertify by any one of the following methods:

- Completing a DHEC-approved refresher course (any level EMT) and successfully passing the state written and practical certification examination.
- Accruing DHEC-approved Continuing Education Units (EMT-Intermediate and EMT-Paramedic) and successfully passing the state written and practical certification examination. In 1992, the CEU option became available for the EMT-Basic.
- For the EMT-Basic: Completing a DHEC-approved EMT-Basic In-Service Training program under the direction of the licensed EMS Agency training officer and successfully passing the state written and practical certification examination.

In 1986, changes in the EMS law provided for an In-Service Training Program (IST) for all levels of EMTs under the direction of the medical control physician of the SC licensed EMS Agency. This program, once approved by DHEC's Division of EMS, provided the physician with the option to waive the state written and/or practical certification examination for participants who successfully completed all minimum requirements of the program as specified by DHEC. The medical control physician had the ultimate responsibility for program quality and compliance with guidelines.

In 1996, the In-Service Training program was revised to a more "user-friendly" format and to provide guidance to those EMTs who desire to maintain their National Registration.

In 2003, the In-Service Training program was revised to reflect the current breakdown of the Basic, Intermediate & Paramedic DOT refresher programs and to be more "user-friendly" in assisting EMTs with the National Registry Re-Registration process.

In 2011, the In-Service Training Program was revised to coincide with the current National Registry standards of recertification at the EMT, Advanced EMT and Paramedic levels. Individuals that are currently not certified by the National Registry will meet the same standards as those that are National Registry certified (*SC IST, 2011*).

In 2016, the traditional SC In-Service Training Program was revised to coincide with the National Continued Competency Program (NCCP) which was implemented by the National Registry of EMTs as the new national standard in the recertification of EMTs. The traditional SC IST Program was renamed the SC Continued Education Program (CEP) to reflect the change of the standard.

In order to avoid confusion and maintain consistency, the Department has chosen to continue with the policy from 2011 that individuals that are currently not certified as National Registry will meet the same standards as those that are National Registry certified.

BRIEF HISTORY OF NATIONAL EMS CONTINUED

COMPETENCY

Since the registration of the first nationally certified EMS professional in 1971, EMS practice has evolved significantly. Over the last four decades, the EMS profession has advanced from the provision of rudimentary care and transportation, to the delivery of sophisticated emergency medicine in the out-of-hospital environment.

The 2007 release of the National EMS Scope of Practice Model identified four levels of provider care:

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician
- Paramedic

Further, in 2009 the National EMS Education Standards were completed. These standards identified the depth and breadth of education necessary to bring entry-level providers to a competent level recognized in the National EMS Scope of Practice Model.

Since its inception, the National Registry of EMTs (NREMT) has been verifying entry-level and continued competence of EMS providers across the nation. As the educational standards have evolved, the NREMT has carried out the task of updating the measurement of knowledge and skill for the EMS profession. As entry-level requirements have changed, so too must the requirements for continued competency.

The ultimate goal of the NREMT is the protection of the public by ensuring EMS professionals possess the requisite entry-level knowledge and skills. Throughout the career of an EMS professional, the NREMT establishes recertification standards to help ensure that providers are competent and current in the art and science of out-of-hospital emergency medicine.

Since the 1980s, recertification requirements were based on the premise that all providers completed the same “clock hours” of training. While it was permissible to adapt some training to local needs, the recertification process did not provide a formal pathway for adaptability. Refresher content areas did not prescribe training over areas of practice where significant change had occurred. Lastly, there was no venue for medical directors and systems to focus training on needs identified by the continuous quality improvement process (*NREMT, 2015*).

PRINCIPLES AND APPLICATION OF THE CONTINUED COMPETENCY PROGRAM

In 2010, a task force met to consider revisions of the NREMT's recertification process. The task force was a multi-disciplinary group comprised of representatives of the major regulatory, medical oversight and operational components of Emergency Medical Services.

During the 2000s, continued competency was being addressed as a necessity for all medical specialties. The ongoing work of the American Board of Medical Specialties (ABMS) was reviewed by the task force. In summary, the NREMT's continued competency task force selected five key principles identified by the ABMS. These principles were adopted and included in the recertification process for National EMS Certification.

These principles are:

1. Professional Standing
2. Practice Performance
3. Life-Long Learning
4. Self-Assessment
5. Individual Continuing Education

1. Professional Standing

For an individual to hold National EMS Certification, the individual must not be barred from licensure/certification in any state. Holding a current valid license/certification is a critical element to assure the public that EMS providers have not faced any action that would bar them from practice.

Eligibility for licensure must be maintained in order to retain National EMS Certification. Every individual who possesses National EMS Certification must be eligible and not barred from licensure in any state. The NREMT requires disclosure of any criminal convictions or licensure/certification limitations as part of the certification and recertification requirements.

The NREMT has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public. You may review further information related to this policy at https://www.nremt.org/nremt/about/policy_felony.asp

2. Practice Performance

Each EMS system across the nation has evolved to meet the individual needs of the community or region it serves. Because EMS care is delivered at the local level, National EMS Certification requires competency and education at the local level. EMS systems assess competency by having continuous quality assurance programs (CQA). Continued competency

to practice is validated by the EMS provider's EMS supervisor or training officer at the EMT and EMT levels and by the provider's physician medical director at the Intermediate, AEMT and Paramedic levels. All 50 state EMS systems are collecting run data and reporting the data to the state and national databases via the National EMS Information Systems (NEMSIS). When CQA and NEMSIS data are reviewed by local system administrators and medical directors, competency of both the EMS professional and system performance are improved. In order to maintain National EMS Certification as a provider with active status, an individual must be practicing in an EMS system.

3. Life-Long Learning

Initial education/training is intended to provide entry-level knowledge and skills for an EMS provider. Building on the foundation of initial education, life-long learning aids providers in adapting to the continuous changes in patient care, education, protocols and other influencing factors of EMS practice. Life-long learning is part of continued competency and is key to an EMS professional's career.

The NREMT's National Continued Competency Program requires life-long learning as a part of continued competency. The improvement of patient care and providing quality care should be the goal of every EMS professional regardless of location.

4. Self-Assessment

EMS professionals are expected to be competent over the entire clinical domain of out-of-hospital emergency care. Because the domain of emergency medicine is so large, identification of areas of strengths and weaknesses is essential to efficiently guide the focus of an individual's continuing education.

In the pilot phase of the new National Continued Competency Program, the NREMT launched a low-stakes self-assessment covering four broad domains of out-of-hospital emergency care to include Airway, Respiration & Ventilation; Cardiology & Resuscitation; Medical, Obstetrics & Gynecology; and Trauma. Because this self-assessment was low-stakes and the culture around self-assessment was not widely accepted in the EMS community, the reliability of aggregated data to inform individual providers, agencies and states could not be optimized. While it is the vision and hope of the NREMT that the EMS community will embrace the importance and utility of self-assessment data, at the current time, the NREMT will not require a self-assessment component as part of national EMS recertification.

5. Individual Continuing Education

Continuous improvement of the depth and breadth of the entire clinical domain of out-of-hospital emergency care must be part of a continuous competency program. Continuing education focused on areas of need of the EMS professional has the potential to improve knowledge, sharpen their skills, and positively affect patient outcomes. Individual continuing education embraces the principle of life-long learning (*NREMT, 2015*).

CONTINUING EDUCATION PROGRAM PERSONNEL QUALIFICATIONS

Medical Control Physician Responsibilities

The Medical Control Physician (Primary and/or Assistant) is responsible for the verification of competency for each EMT. The Medical Control Physician is encouraged to take an active part in the teaching and evaluation process of the training program. DHEC must be notified, **within ten (10) business days**, of any change in the Medical Control Physician (Primary and/or Assistant).

Minimum requirements for the Medical Control Physician (Primary and/or Assistant) include:

- 1) The medical control physician (Primary and/or Assistant) is listed on the institution's roster in Continuum – AND - has attended/completed a SC state approved medical control workshop.
- 2) The medical control physician (Primary and/or Assistant) for that SC licensed EMS provider has been verified on a properly completed medical control change form located on file with DHEC.
- 3) The Medical Control Physician must ensure that each EMT is competent and has satisfied ALL requirements of the Continuing Education Program.

EMS Director Responsibilities

It is important that the EMS director of each SC licensed EMS agency be familiar with the agency's CE program and its policies, so that the program can continue should a vacancy occur in the CEP Program Director or CEP Training Officer positions.

CEP Program Director

Each SC licensed EMS agency must designate one person as the CEP Program Director. This is an administrative role and is responsible for assuring compliance with all program requirements and submission of all paperwork to DHEC. Being EMT certified is not necessary for the CEP Program Director role. DHEC must be notified in writing, **within ten (10) business days**, of any change in the agency's CEP Program Director.

Minimum Requirements:

- 1) Be listed as the CEP Program Director (volunteer or paid) on the institution's roster in Continuum.
- 2) Must complete a SC DHEC approved Training Officer's Orientation initial workshop within one year of being assigned as Program Director.
- 3) Must complete a SC DHEC approved Training Officer's Orientation refresher workshop during their certification period as determined by the Bureau.

4) Must be endorsed by his/her agency's EMS Director.

CEP Training Officer

Each SC licensed EMS agency must designate one person as the CEP Training Officer. This person is considered the primary instructor of the CEP. DHEC must be notified in writing, **within ten (10) business days**, of any change in the program's Training Officer. This person may also be the CEP Program Director for the agency; however, this is not a requirement.

Minimum Requirements:

- 1) Be listed as the Training Officer (volunteer or paid) on the institution's roster in Continuum.
- 2) Must complete a SC DHEC approved Training Officer's Orientation initial workshop within one year of being assigned as Training Officer.
- 3) Must complete a SC DHEC approved Training Officer's Orientation refresher workshop during their certification period as determined by the Bureau.
- 4) Must be endorsed by his/her agency's EMS Director.
- 5) Must be currently certified as a SC CEP Instructor or higher.
- 6) Must be certified at or above the level of candidates they will instruct.

CEP (Institution) Instructors

Any instructor used in the Continuing Education Program that **is** currently listed on the institution's Continuum roster must meet one of the following requirements:

- 1) Must be currently certified as a SC CEP Instructor or higher.

OR

- 2) Be "uniquely" qualified to serve as an instructor on the subject ("Subject Matter Expert"). (Such qualifications may be additional provider/instructor certifications such as BLS/ACLS instructor, ITLS, PALS, etc., or be a specialist in the area of instruction provided).

All CEP courses must have a Primary Instructor. To be eligible as a Primary Instructor for a CEP course, the CEP Instructor must be certified at or above the level of candidates they will instruct. Any level of CEP Instructor can be listed as a Secondary Instructor.

Guest Instructors

A guest instructor is any instructor that is **not** currently on the institution's Continuum roster (volunteer or paid). Guest instructors may be used during the program as long as it does not involve more than 50% of the program for each year. A guest instructor should be "uniquely" qualified to serve as an

instructor on the subject (“Subject Matter Expert”). (Such qualifications may be additional provider/instructor certifications such as BLS/ACLS instructor, ITLS, PALS, etc., or be a specialist in the area of instruction provided). A guest instructor does not need to be certified as a SC Instructor or SC EMT at any level.

When a guest instructor is used, the institution must still provide a Primary Instructor for that course. To be eligible as a Primary Instructor for a CEP course, the CEP Instructor must be certified at or above the level of candidates they will instruct.

SC CONTINUING EDUCATION PROGRAM INSTRUCTOR

The Department currently recognizes four levels of instructors in South Carolina EMS. **All instructors are required to have their current Instructor card on their person at all times when performing in an instructor capacity. Any level of Instructor card will be accepted when teaching CEP Courses.** Documentation of all instructor credentials shall be kept on file by the institution and must be provided to DHEC upon request.

- **SC CEP Instructor** – A SC CEP Instructor is the lowest level of instructor recognized by DHEC. A SC CEP Instructor is certified to teach only at the local training institution level. A CEP Instructor certification is needed to teach in an agency’s Continuing Education Program. The instructor must be certified at or above the level of students they will instruct.
- **SC EMT Instructor** – A SC EMT Instructor certification is needed to teach EMT courses for a SC DHEC approved EMT training institution.
- **SC AEMT Instructor** – A SC AEMT Instructor certification is needed to teach AEMT courses for a SC DHEC approved AEMT training institution.
- **SC Paramedic Instructor** – A SC Paramedic Instructor is the highest level of instructor recognized by DHEC. A Paramedic Instructor is needed to teach Paramedic for a SC DHEC approved Paramedic training institution.

To obtain a SC CEP Instructor credential, the applicant must meet the following criteria:

- 1) Must be endorsed by the EMS Director of the agency or agencies for which they will instruct.
- 2) Must be currently on the Continuum roster (volunteer or paid) for the agency or agencies for which they will instruct.
- 3) Must have been certified (EMT, AEMT, or Paramedic) at their current level for **at least two (2) years.**

- 4) Have documentation of completion of one of the following programs or equivalent:
 - a) National EMS Instructor Training Program
 - b) The National or State Fire Academy Instructor Training Program
 - c) SC EMS Instructor Training Program (40 Hours)
 - d) Current certification as a SC EMT, AEMT, or Paramedic Instructor

To renew a SC CEP Instructor credential, the applicant must meet the following criteria:

- 1) Must be endorsed by the EMS Director for the agency or agencies for which they will instruct.
- 2) Must be currently on the Continuum roster (volunteer or paid) for the agency or agencies for which they will instruct.
- 3) Must have been certified (EMT, AEMT, or Paramedic) at their current level for **at least two (2) years.**
- 4) Must be currently certified as a CEP Instructor or higher.
- 5) Must have completed **a minimum of six (6) hours** of Department approved continuing education units (CEU) in instructor methodology during their current certification period. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
- 6) Must have documentation of teaching **a minimum of twenty-four (24) hours** in a SC approved CEP Program during their current certification period. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
- 7) The CEU and minimum hours taught in a SC approved CEP Program requirements are waived if instructor is currently certified as a SC EMT, AEMT, or Paramedic Instructor and have met the requirements to maintain those higher level instructor certifications.

INSTRUCTOR REVOCATION

All instructors are expected to provide a positive example for their students and adhere to all federal and state laws, regulations and policies that govern their profession.

The personal conduct of instructors must be above reproach. The success or failure of any course rests on the conduct and behavior of the instructor. Prudent and mature judgment should always be exercised.

The authorization of an agency to provide a SC Continuing Education Program is a privilege. In accordance with SC EMS Regulation 61-7, the Department may suspend or revoke the authorization of an instructor for any of the following reasons:

- Any act of misconduct as outlined in Section 1100 of EMS Regulation 61-7
- Expiration, suspension or revocation of the holder's NR or SC EMT certification
- Failure to maintain required credentials necessary for instructor authorization
- Any act of proven harassment (sexual or otherwise) toward any student, instructor or training institution personnel
- Use of profane, obscene or vulgar language while in the presence of students or training institution personnel
- Conducting class without the required minimum equipment available and in clean, working condition
- The use of any curricula, texts, or materials not approved by the Department
- Gross or repeated violations of policies pertaining to the SC Continuing Education Program
- Multiple instructor reprimands within a given period of time as established by the Department
- Any other actions determined by the Department that compromises the integrity of the program.

Those actions may include, but are not limited to the following:

- An instructor who places himself/herself in a situation which will bring embarrassment or unfavorable notoriety to himself/herself or the training institution
- Unprofessional behavior in the classroom or on the property of the training institution or class site
- Conducting class while under the influence of alcohol or drugs (prescribed, non-prescribed or illegal)
- Falsification of any paperwork pertaining to the course – i.e. attendance records, equipment lists, skill verification documents, certificate application cards, grades, etc.

Agencies may impose any disciplinary measures on their instructors as deemed necessary in accordance with that agency's policies and procedures.

OVERVIEW OF THE NATIONAL CONTINUED COMPETENCY PROGRAM

The National Continued Competency Program has three overarching requirements:

- 1) NATIONAL Continued Competency Requirements (NCCR)
- 2) LOCAL Continued Competency Requirements (LCCR)
- 3) INDIVIDUAL Continued Competency Requirements (ICCR)

The required hours of education vary at each level of National EMS Certification based upon the complexity of maintenance of continued competency, the invasiveness of the care provided, and the depth and breadth of the knowledge base.

The following table lists the required number of hours of continuing education for each level of National EMS Certification and the respective allowable Distributive Education (Table 1). Each overarching requirement is explained in detail in the following sections. (*NREMT, 2015*)

Table 1. NCCP Hour Requirements*

	National	Local	Individual	Total Hours
NREMT	20 (up to 7 DE)	10 (up to 7 DE)	10 (up to 10 DE)	40
NRAEMT	25 (up to 8 DE)	12.5 (up to 8 DE)	12.5 (up to 12.5 DE)	50
NRP	30 (up to 10 DE)	15 (up to 10 DE)	15 (up to 15 DE)	60

**Total Distributive Education (DE) allowance: NREMT 24 hours; NRAEMT 28.5 hours; NRP 35 hours*

SC CONTINUING EDUCATION PROGRAM OVERVIEW & REQUIREMENTS

This program meets the National Registry standards for all levels of EMTs. **A National Registry Certification does NOT grant authority to practice in South Carolina. All National Registry EMTs must meet all SC certification and recertification requirements to practice in South Carolina.** A completed recertification application must still be submitted to the Department. On the application, the EMT will need a copy of their new National Registry certification card, the other required credentials needed for their certification level, and completion of a background check as required by the Department.

The principle focus of the SC Continuing Education Program is the emphasis on regular training. The CE Program is set up to cover all the material and skills needed to recertify the Nationally Registered provider's certification within the two (2) year certification period.

All "State Only" EMTs must complete the same standard as those that are National Registry certified. Since SC "State Only" EMTs are certified for four (4) years, they must complete the CEP requirements once in the first two (2) years of their certification and again in the second two (2) years of their certification.

The SC Continuing Education Program must provide training in a "classroom" setting to maintain educational integrity. EMTs attending a CE Program class are not allowed to enter the class late or leave the class early for any reason and receive credit for the training. This includes, but is not limited to, personnel running calls or performing other work-related duties. **No credit will be given if the participant is not present for the entire class. There is no partial credit given in the SC Continuing Education Program.**

All required paperwork for the Continuing Education Program, as well as the most current copy of the CEP Guidelines can be found on the SC EMS Portal at www.scemsportal.org. The copy of the Guidelines located on the portal will be considered as the "official" version.

While the CEP Program Director and/or CEP Training Officer may assist the individual provider in the recertification process as much as they wish, **it is ultimately the responsibility of the individual provider to make sure his/her certification requirements are met and that all the pertinent paperwork is completed and submitted!**

Be sure to retain copies of all documentation regarding your certification that you submit to DHEC and the National Registry in case your application is audited.

SC CONTINUING EDUCATION PROGRAM INITIAL APPLICATION PROCEDURE

Only SC DHEC licensed EMS Agencies may apply for a SC CE Program. The procedure for starting a CE Program at a SC DHEC licensed EMS Agency is as follows:

- 1) A completed SC CE Program application must be submitted to DHEC.
- 2) The requesting agency will complete a self-inventory of their program training equipment on Enclosure 6 - Minimum Equipment List and return the signed form to the DHEC Compliance Manager.
- 3) A site inspection will be scheduled and conducted by a Department representative.
- 4) The Training Officer must be currently certified as a SC CE Instructor or higher. *Any exception to this requirement will be handled by the Department on a case-by-case basis.*
- 5) The Program Director and Training Officer must take a Training Officer Initial Orientation class within 1 year of being assigned to their roles. *Any exception to this requirement will be handled by the Department on a case-by-case basis.*

Forms must contain signatures of the agency's EMS Director, Medical Control Physician, Program Director, and Training Officer where applicable.

SC Continuing Education Programs are certified for four years and will run concurrent with the agency's license. All SC CE Program educational materials will run on an April 1st to March 31st cycle to coincide with the National Registry's recertification cycle.

Application packets received incomplete will be marked "Unapproved" and returned to the agency.

SC CONTINUING EDUCATION PROGRAM RENEWAL **APPLICATION PROCEDURE**

The procedure for the renewing of a CEP at a SC DHEC licensed EMS Agency is as follows:

- 1) A completed SC CE Program renewal application must be submitted to DHEC.
- 2) The requesting agency will complete a self-inventory of their program training equipment on Enclosure 6 - Minimum Equipment List and return signed form to the DHEC Compliance Manager.
- 3) A random compliance inspection of the program may be conducted prior to the program's renewal date.
- 4) The Training Officer must be currently certified as a SC CEP Instructor or higher. *Any exception to this requirement will be handled by the Department on a case-by-case basis.*
- 5) The Program Director and Training Officer must take a Training Officer Initial Orientation class within 1 year of being assigned to their roles. If the Program Director or Training Officer have already had the Initial Orientation, they must have attended a Refresher Orientation class within the last 4 years. *Any exception to this requirement will be handled by the Department on a case-by-case basis.*
- 6) A random audit of the program's sign-in rosters and/or paperwork may be conducted prior to the program's renewal date.

Forms must contain signatures of the agency's EMS Director, Medical Control Physician, Program Director, and Training Officer where applicable.

Renewal application packets received incomplete will be marked "Unapproved" and returned to the agency.

If the agency's current CE Program certification expires prior to the agency's submission of an "Approved" application, the agency's CE Program will be "Suspended" from the date of expiration until an "Approved" application is received by DHEC.

SC CONTINUING EDUCATION PROGRAM OPERATION

Each agency may impose additional and/or more stringent requirements (attendance, subject matter, skills, etc.) than those outlined in this document.

ALL EMTs PARTICIPATING IN A SC CONTINUING EDUCATION PROGRAM MUST HAVE ACCESS TO THE MOST CURRENT COPY OF THESE GUIDELINES. It is the responsibility of the agency's CEP Program Director to ensure that each EMT has access to a copy of these guidelines. The Program Director must keep **annual** documentation on file for each EMT that will attest to the receipt of, or the access to, the most current copy of these guidelines.

Only current, non-suspended, certified SC EMTs may participate in a SC CE Program for recertification.

Yearly training schedules are to be entered into Continuum. Failure to submit your agency's training schedule may cause the "Suspension" of your program until the schedule is received by DHEC. The submitted schedule must include, at a minimum: the date of the class, the times of the class, and the location of the class. If a class has to be rescheduled for any reason, please make the change to the scheduled course in Continuum as soon as possible.

While all CEP Course Rosters should be entered into Continuum electronically, a "hard copy" should be used to record the signatures of the students to verify their attendance should the need for an audit arise. All students are required to sign their own signature on the "hard copy" of a Class Attendance Roster. The information contained on the "hard copy" of the Class Attendance Roster should be entered into Continuum **within ten (10) business days** of the training.

*****Once submitted, all rosters in Continuum will be locked and cannot be changed without contacting the Department. *****

While the Department does not endorse one method over another in regards to obtaining a class attendance roster, the Program Director or Training Officer is required to make sure that all students sign the roster in order to receive credit. The roster must be complete and accurate. **The roster must include: the date of the class, the times of the class, the subject matter and time allotted to each subject, the instructor(s) names, and the signature of the CEP Program Director or Training Officer.**

*****It is required that all unused roster spaces on the "hard copy" attendance roster be crossed out in ink after the class has started to prevent any later additions. If a student leaves prior to the conclusion of class, for any reason, that student's name must be marked through with a single line and initialed by the instructor. *****

Computerized forms/records may be reproduced/re-created for any form(s)/packet(s) provided by DHEC for use with these guidelines so long as the same information is present and in a similar format. Please keep re-creations of these forms/packets as close to the original as possible for

consistency and ease in auditing and recertification eligibility evaluations. Hard copies must be maintained by the agency for audits and for recertification requests. Hard copies can be in the form of paper or electronic copies.

*****All recertification records must be kept by the agency for at least four years or one complete state certification cycle.*****

Program participants may occasionally attend another DHEC approved SC Continuing Education Program to receive credit toward their recertification. A participant must attend the majority of their CEP courses at their primary CEP institution. If a participant wishes to attend a session at a different CEP than their primary, the participant should contact their CEP Training Officer and the CEP Training Officer or CEP Program Director of the secondary CEP institution to request permission to attend the training at the secondary CEP institution. Should the participant fail to make contact with the secondary CEP institution, the participant may not be allowed into the training session.

Attendance in a CEP training session is at the discretion of the CEP Program Director and/or CEP Training Officer of the institution offering the training. Any fees incurred within this process will be the sole responsibility of the individual receiving the training.

DHEC reserves the right to perform random audits of any DHEC approved SC Continuing Education Program or DHEC approved SC Instructor and the records pertaining to that program or instructor. All records applicable to the agency's CE Program must be available for audit and/or inspection. If the primary agency has other agencies participating in their CE Program, all program records must be maintained by the primary agency and the primary agency's Training Officer and/or Program Director. If an instructor is to be audited, then all records applicable to that instructor and their programs must be made available for audit and/or inspection. The preferred method for sending records to DHEC for an audit will be via electronic means. If hard copies of an agency's CE Program files are needed, the agency will be given **no more than 48 hours** to produce such copies of all the CE Program records requested prior to the arrival of a DHEC representative.

Any violations of this policy may result in sanctions being levied on the instructor, the Program Director, the Training Officer, and/or the agency itself. Such sanctions may include fines, suspensions, and/or revocations as determined by the Department.

I. DIDACTIC REQUIREMENTS

The CEP participant must satisfy specific didactic requirements during the recertification period. In order to receive credit, a properly completed and signed class roster for each training session and/or a certificate of completion must accompany documentation of all program didactic training upon request of the Department or NREMT.

NATIONAL Continued Competency Requirements

The National Continued Competency Requirements (NCCR) replace the material currently taught in the traditional DOT refresher and represent 50% of the overall requirements necessary to renew National EMS Certification. Topics included in the National Continued Competency Requirements are updated every four (4) years based upon input obtained from national EMS stakeholders. The current topics and hour requirements for the NCCR can be found on the National Registry website at www.nremt.org. Topics chosen are informed by:

- Evidenced-based medicine
- Any changes in the National EMS Scope of Practice Model
- Science-based position papers that affect EMS patient care
- Patient care tasks that have low frequency yet high criticality
- Peer-reviewed articles that improve knowledge to deliver patient care

Topics identified are then approved for inclusion into the National Continued Competency Program by the NREMT Board of Directors Continued Competency Committee. Further, every four years the NREMT will provide the educational materials (i.e., lesson plans) for the NCCR component to the EMS community.

A copy of the EMT Education Guidelines can be found at <https://www.nremt.org/nremt/downloads/NCCREMTEducationGuidelines.pdf>.

A copy of the Paramedic Education Guidelines can be found at <https://www.nremt.org/nremt/downloads/NCCRParamedicEducationGuidelines.pdf>

Copies of the National Registry's Recertification Requirements brochures can be found at <https://www.nremt.org/nremt/about/brochuresRecertification.asp>

Registrants may use a course only once toward the total number of hours required in each topic.

Individuals may complete up to 1/3 of the NCCR as Distributive Education (DE; i.e., CAPCE Designation F3 **, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the national component can be found in Table 2. The total number of DE hours allowed for the NCCR will be decided by the NREMT's Continued Competency Committee and will be published with each change to the component topics.

Table 2. Maximum Number of DE Allowed for the NCCR

	NCCR Maximum Allowable
NREMT	7 hours
NRAEMT	8 hours
NRP	10 hours

LOCAL Continued Competency Requirements

The Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level and represent 25% of the necessary requirements for all provider levels. The LCCR topics may be chosen by State EMS Offices, EMS region directors (where applicable), and agency-level administrators (for example Medical Directors and Training Officers). Mechanisms that can be used to choose local topics include, but are not limited to:

- Changes in local protocols
- Tasks that require remediation based upon a quality assurance system
- National EMS Information Systems (NEMSIS)
- Individuals may complete up to 2/3 of the LCCR as Distributive Education (DE; i.e., CAPCE Designation F3 **, video review, directed studies, etc.) The maximum number of DE hours allowed for each level of certification for the local component can be found in Table 3.

Table 3. Maximum Number of DE Allowed for the LCCR

	LCCR Maximum Allowable
NREMT	7 hours
NRAEMT	8 hours
NRP	10 hours

Meeting the National and Local Continued Competency Requirements

The NCCR and LCCR can be met by using one of two different paths. One path being for an individual that is employed by an agency that offers training in a state approved formal training program (i.e. CE Program). The second path is for an individual that is employed by an agency that does not offer training in a state approved formal training program or an individual that is unaffiliated with an EMS agency.

For individuals that take part in a state approved formal training program through their agency, the national and local hours can be obtained through that program. The local content should be established based on the agency's needs and dynamics. For example, an agency on the coast may want to include training on jellyfish stings and other possible sea envenomation emergencies, while an agency in the upstate may want to include training on wilderness emergencies. The content should also be determined by agency "opportunities" found through QA/QI process for the agency.

Methods for individuals that are unaffiliated with an EMS agency can meet their National Continued Competency Requirements and Local Continued Competency Requirements via personally structured formal continuing education outlined in the *Acceptable Continuing Education Methodologies* section of this document.

For individuals that are unaffiliated with an EMS agency or work for an agency that does not offer a formal agency training program, please contact your local EMS Regional Office for assistance. It is the responsibility of the individual to make sure that any course(s) they take meets all didactic and skill competency requirements. Students should retain proof of successful completion for their records. All fees incurred within this process will be the responsibility of the individual receiving the training.

INDIVIDUAL Continued Competency Requirements

The Individual Continued Competency Requirements (ICCR) represent 25% of the required continuing education. To satisfy these requirements, an individual may select any EMS-related education.

There are no limitations on the number of hours in a specific topic, however, an individual may not use the same course more than once in a registration cycle.

Individuals may complete all of the ICCR as Distributive Education (DE; i.e., CAPCE Designation F3^{**}, video review, directed studies, etc.). The maximum number of DE hours allowed for each level of certification for the individual component can be found in Table 4 (*NREMT, 2015*).

Table 4. Maximum Number of DE Allowed for the ICCR

	ICCR Maximum Allowable DE
NREMT	10 hours
NRAEMT	12.5 hours
NRP	15 hours

Didactic Competency Documentation

All approved SC CE Program agencies must maintain documentation of each participant’s didactic competency. This documentation must be provided to DHEC upon request.

Each CE Program agency will provide comprehensive written examinations to each participant at least once every 2 years to document didactic competency. This examination must be a minimum of 100 questions. It is acceptable to administer several smaller examinations throughout the program in lieu of administering a single exam. Copies of the participant’s didactic competency documentation shall be presented to the Department upon request.

The Training Officer, with guidance from the provider’s Medical Control Physician, shall establish a minimum passing score necessary for the individual EMT to be considered for “re-certification” privileges. Under no circumstances shall the minimum passing score be less than 70% (69.5 may be rounded up to 70). Any CE Program participant maintaining a score less than the established minimum will not be permitted to receive re-certification of their SC state EMT credential under the approved SC CEP until they have demonstrated competency as verified by signature their Medical Control Physician. SC “State Only” EMTs who do not successfully complete a DHEC approved SC CE Program will be required to obtain a valid National Registry credential and successfully pass the required federal and state criminal background check in order to receive a SC EMT certification (SC IST, 2011).

II. SKILLS REQUIREMENTS

Practice performance (skills) competency

As with the traditional recertification model, verification of skill competence is required at the local level. Medical Control Director, primary or assistant, is solely responsible for the verification of skill competency for each participant in his/her covered agencies. A detailed description of the skills requiring verification of continued competence may be found in Table 5 and Table 6. The expectation of validation of this part of the local requirements is that the EMS professional has been verified as competent over every required skill and any necessary remediation has been undertaken. Each participant must perform and demonstrate skill competency for each skill applicable to his/her level of certification. If at all possible, the medical control director should be present to conduct all skill evaluations.

Competency may be verified through any of the following methods:

- Quality assurance or quality improvement programs
- Direct observation of the skills being performed in an actual setting
- Other means of skill evaluation (practical testing, etc.)

Skills Competency Documentation:

All approved SC CE Programs must maintain documentation of each participant's skill competency. This documentation must be provided to DHEC upon request.

Each CE Program will provide skill verification evaluations to each certified participant on their Continuum roster once every two (2) years to document skills competency. Documentation may be kept using the National Registry skill check sheets for each certified person if desired. The agency's medical control physician may delegate the evaluation of skills to the Training Officer, however, the verification of skill competency by signature remains the responsibility of the medical control physician. Copies of the participant's skills competency documentation shall be presented to the Department upon request (*SC IST, 2011*).

Table 5. Required Continued Competency Skills for NREMTs

NREMT

Patient Assessment/Management <ul style="list-style-type: none">• Medical and Trauma
Ventilatory Management Skills/Knowledge <ul style="list-style-type: none">• Simple Adjuncts• Supplemental Oxygen Delivery• Bag Valve Mask (One and Two Rescuers)
Cardiac Arrest Management <ul style="list-style-type: none">• Automatic External Defibrillator (AED)
Hemorrhage Control & Splinting Procedures
Spinal Immobilization <ul style="list-style-type: none">• Seated Patients• Supine Patients
OB/Gynecologic Skills/Knowledge
Other Related Skills/Knowledge <ul style="list-style-type: none">• Radio Communications• Report Writing and Documentation

Table 6. Required Continued Competency Skills for NRAEMTs and NRPs

NRAEMT	NRP
<p>Patient Assessment/Management</p> <ul style="list-style-type: none"> • Medical and Trauma <p>Ventilatory Management Skills/Knowledge</p> <ul style="list-style-type: none"> • Simple adjuncts • Supplemental oxygen delivery • Supraglottic airways (PTL, Combitube, King LT) <p>Cardiac Arrest Management</p> <ul style="list-style-type: none"> • Automatic External Defibrillator (AED) <p>Hemorrhage Control & Splinting Procedures</p> <p>IV Therapy & IO Therapy</p> <ul style="list-style-type: none"> • Medication administration <p>Spinal Immobilization</p> <ul style="list-style-type: none"> • Seated Patients • Supine Patients <p>OB/Gynecologic Skills/Knowledge</p> <p>Other Related Skills/Knowledge</p> <ul style="list-style-type: none"> • Radio communications • Report writing and documentation 	<p>Patient Assessment/Management</p> <ul style="list-style-type: none"> • Medical and trauma <p>Ventilatory Management Skills/Knowledge</p> <ul style="list-style-type: none"> • Simple adjuncts • Supplemental oxygen delivery • Supraglottic airways (PTL, Combitube, King LT) • Endotracheal intubation • Chest decompression • Transtracheal Jet Ventilation/Cricothyrotomy <p>Cardiac Arrest Management</p> <ul style="list-style-type: none"> • Megacode & ECG recognition • Therapeutic modalities • Monitor/defibrillator knowledge (setup, routine maintenance, pacing) <p>Hemorrhage Control & Splinting Procedures IV</p> <p>IV Therapy & IO Therapy</p> <ul style="list-style-type: none"> • Medication administration <p>Spinal Immobilization</p> <ul style="list-style-type: none"> • Seated Patients • Supine Patients <p>OB/Gynecologic Skills/Knowledge</p> <p>Other Related Skills/Knowledge</p> <ul style="list-style-type: none"> • Radio communications • Report writing and documentation

III. OTHER REQUIRED CREDENTIALS

All EMTs (at any level) must present a valid BLS credential at the time of their recertification. A valid BLS credential is one that has an expiration date **greater** than that of the EMT's current SC state EMT certification. Current BLS credentials accepted by the Department are:

- 1) American Heart Association – BLS for Healthcare Providers
- 2) American Red Cross – CPR for the Professional Rescuer
- 3) American Health and Safety Institute – CPR Pro

In addition to a valid BLS credential, all SC Paramedics must present a valid ACLS credential at the time of their recertification. A valid ACLS credential is one that has an expiration date **greater** than that of the EMT's current SC state EMT certification. Current BLS credentials accepted by the Department are:

- 1) American Heart Association – ACLS
- 2) American Red Cross – ACLS
- 3) American Health and Safety Institute – ACLS

Any credential not listed above must be approved by DHEC and will be handled on a case-by-case basis.

IV. CRIMINAL BACKGROUND CHECK

All EMTs (at any level) must undergo a Federal (FBI) and State (SLED) criminal background check**, supported by fingerprints, prior to being issued a certification/recertification.

The background checks that the state receives are only used in the certification or recertification of the individual. **The individual cannot receive a copy of the background checks from the state for any reason.** The state does not maintain any copies of the checks and/or reports.

Note: **Criminal background checks are only valid for 45 days from the date that the Bureau receives the results. The current vendor used by the Department for this purpose is Safran MorphoTrust USA. Go to www.identogo.com or call 1-866-254-2366. SC DHEC EMT certification/re-certification **ORI# SC920111Z**

MAKE-UP OF CEP CLASSES

It is the discretion of the Program Director and Training Officer to offer any make-up for a CE Program Class. A class may be made-up by any of the following three (3) methods:

- 1) Didactic classes may be videotaped for viewing by participants who were absent for the initial class. *The make-up class must be presented in an educational setting with a facilitator present.* Watching the tapes at home or while subject to calls or performing other work-related duties at a duty station without a facilitator is **NOT** permitted for make-up credit.
- 2) The EMS provider may hold special repeat classes at any time for each CE Program session.
- 3) The Training Officer may decide to allow other methods to make-up the content at his/her discretion (i.e.: writing a report, using online CAPCE courses, attending another DHEC approved CEP, etc.)

TRANSFER OF CEP CREDIT

Continuing education program credit may be transferred from any SC licensed EMS agency to another as participants change employment. **EMPLOYEES HAVE A RIGHT TO THEIR INDIVIDUAL TRAINING RECORDS.** The EMS agency must provide an original, signed copy of these records, plus all certificates of accumulated CEUs to the EMT **within 30 calendar days of a written request by the individual or the separation of employment with the employee.** Separation of employment includes resignation and termination.

FAILURE OF AN AGENCY TO PROVIDE THE EMT WITH THEIR INDIVIDUAL TRAINING RECORD WITHIN THE REQUIRED TIME FRAME MAY RESULT IN "SUSPENSION" OF THE AGENCY'S PROGRAM.

- 1) When leaving one agency, the participant (EMT) **will obtain** the original copy of his/her Individual Training Record (Didactic & Skills) with all dates, times, and signatures – Records to include all certificates of accumulated CEUs. In addition, all blank topics / subtopics / skills should have been crossed out in ink to prevent later additions. *The date the EMT left the agency's CE Program should be placed at the top of the EMT's Individual Training Record.* The EMS Agency must retain a "copy" of the training record for verification and audit purposes.
- 2) When the participant obtains employment (volunteer or paid) with another SC licensed EMS agency that has a DHEC-approved CE Program, the individual training record is turned over to the current Training Officer or Program Director. The current Training Officer or Program Director, must confirm the participant's training record, by phone or letter, with the training

officer of the prior agency before accepting the record.

A TRAINING OFFICER OR PROGRAM DIRECTOR SHOULD **NOT** ACCEPT ANY OTHER AGENCY'S CONTINUING EDUCATION PROGRAM RECORD IF IT IS NOT COMPLETE (CONTAINING ALL NECESSARY SIGNATURES AND BLANK SUBTOPICS CROSSED OUT).

A new Individual Training Record must be started on the participant and the old transferred record attached as verification of previous training. *The date the EMT begins the agency's CE Program should be placed at the top of the EMT's Individual Training Record.*

RECERTIFICATION METHODS

For SC "State Only" EMTs, you must complete the didactic requirements, skills requirements, other required credentials, and criminal background check as described in these guidelines. Once you have completed all requirements, you must complete the appropriate recertification application and submit the application to the Department no less than thirty (30) days prior to your expiration date. This will allow time for the Department to process your application and mail your new certification card to the address you have listed in Continuum before your current certification expires. Certifications will only be mailed to the individual EMT and not their agency.

*****It is the individual EMT's responsibility to make sure their certification does not lapse*****

To Apply for NREMT Recertification You Need to:

- Demonstrate continued cognitive competency through continuing education or examination.
- Complete all other recertification requirements.

All other recertification requirements include: criminal conviction and licensure limitation statements, verification of skills, Training Officer and Physician Medical Director's signature (if applicable).

There are two methods that may be used to meet continued cognitive competency requirements

- Recertification by examination
- Documentation of continuing education

Recertification by Examination

The recertification by examination option enables you to demonstrate continued cognitive competence without requiring you to document continuing education. This option is available during the last six months of your recertification cycle.

The steps to schedule the recertification by examination may be found below:

- Log in to your account on the NREMT website and look for the “Recertification by Examination” option. Complete a recertification by examination application and pay the exam fee. *****Be sure you are completing the recertification application (and not the initial certification application).*****
- After 24-48 hours, go to the NREMT website, log in to your account and print your Authorization to Test (ATT) letter. Follow the directions on the letter to schedule your exam.
- Take and pass the exam by March 31 of the year your certification expires. You may make one attempt to demonstrate continued cognitive competency by taking an exam (in lieu of documenting continuing education). After successful completion of the recertification by examination, you will receive an abbreviated Cognitive Competency by Exam recertification application on your NREMT account
- Return the abbreviated recertification application by March 31 of the year your certification expires with signatures and supporting documentation. While the exam must be successfully completed by March 31, the abbreviated application may be postmarked between April 1 and April 30 with the additional \$50 reinstatement fee.

Continuing Education Method

The continuing education option allows you to demonstrate continued cognitive competency by documenting the hours of continuing education you completed during your certification cycle.

Use the NREMT online recertification process to track your continuing education hours, affiliate with your agency and submit your application online for quicker processing.

Nationally Recognized Continuing Education Courses

A number of organizations such as the American Heart Association (AHA), National Association

of EMTs (NAEMT), the American College of Emergency Physicians (ACEP), and the American Academy of Pediatrics (AAP) have developed continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes. Generally speaking, these courses tend to review original training, may introduce new concepts and focus on the current trends in the management of patients. Some examples of these programs would include Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), and Pediatric Education for Prehospital Professionals (PEPP). In addition to EMS specific classes and certifications, many courses are developed nationally, and some are mandated for individuals working in EMS, public safety or healthcare settings.

Nationally Recognized Continuing Education courses can be used to fulfill a topic in the National Continued Competency Requirements provided the course meets the depth and breadth outlined in the Instructional Guidelines posted by the NREMT. These courses can also be used to meet the local requirements if mandated by the local entity.

The following are maximum hours per course that can be applied towards the new National Continued Competency Program (NCCR, LCCR and ICCR):

- Hours for standardized courses (including, but not limited to, ABLS, ACLS, AMLS, EMPACT, EPC, ITLS, PHTLS, PALS, PEPP, etc.) can be obtained by looking on the National Registry website, www.nremt.org.
- Credit can be applied for college courses that relate to your role as an EMS professional (1 college credit = 8 hours of continuing education). Examples include, but not limited to, anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, statistics, etc. **Please contact the National Registry for actual amount of credit.**
- Hours from the following courses can be applied hour-for-hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

The following **cannot** be applied towards the new National Continued Competency Program (NCCR, LCCR and ICCR):

- Performance of duty or volunteer time with agencies
- Clinical rotations
- Instructor methodology courses
- Management/leadership courses
- Preceptor hours
- Serving as a skills examiner for a NREMT exam

NOTE: Course hours may be split between two or more topic areas of the NCCR or between components (NCCR, LCCR and ICCR). Registrants may use a course only once toward the total number of hours required in the NCCR. Local (LCCR) hours are defined by the Medical Director/Training Officer, the State, or both. There are no limitations on the number of hours in a specific topic area for the ICCR, however, registrants may not use the same course more than once in a registration cycle. Excess hours from a course can be carried over to another requirement area. For example, if an eight-hour class meets the requirements for use in 6 hours of the NCCR the remaining 2 hours can be used to satisfy hour requirements of the LCCR or ICCR.

General Recertification Policies

As in other professions in which the safety of the public is paramount, EMS professionals need to meet competency requirements every two years to maintain National EMS Certification. Keeping National EMS Certification current attests to the public and employers that certified EMS professionals are prepared to provide competent and safe emergency medical care.

The NREMT reserves the right to investigate recertification materials at any time. Nationally certified EMS professionals must retain verification of attendance of all education they acquire. Failure to submit verification or documentation when audited will result in denial of eligibility to recertify (*NREMT, 2015*).

ACCEPTABLE CONTINUING EDUCATION METHODOLOGIES

APPROVAL OF CONTINUING EDUCATION (CE)

The National Registry of Emergency Medical Technicians does not approve or endorse initial or continuing EMS Education.

The Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) and state EMS offices approve and accredit continuing education offerings. CAPCE has established a system for evaluating continuing education offerings and assuring potential attendees/participants of the quality of such activities. This process validates the educational integrity of activities and awards accredited continuing education hours to participants. CAPCE requires the sponsoring agency to submit an application for approval of an activity for continuing education credit. **All education submitted for recertification must be approved by CAPCE or the State.**

CONTINUING EDUCATION

Continuing Education may occur at the EMS system level with multiple EMS providers present or by individuals seeking to meet the recertification requirements. This guide includes types of education individuals or systems may use to deliver the education requirements.

When an EMS system hosts education for groups of EMS providers, multiple provider levels may receive the education. Education does not have to be offered separately at each level. When groups of different levels of providers are present, the Training Officer may structure the course so that fundamental information is offered to all providers and then advanced level information regarding interventions can be offered to advanced providers toward the end of the educational offering as an example. When topics are unique to a level only those providers need to be present.

Individuals seeking to meet the requirements may do so via offerings within their EMS systems or via other methods. Other methods may include:

- Structured Continuing Education
- Formal Training Programs
- Conferences and Symposia
- Globally Recognized Continuing Education Courses (such as ACLS, PHTLS, ITLS, etc.)
- Distributive Education (NCCR=no more than 1/3; LCCR=no more than 2/3; ICCR=unlimited)
- Case Reviews

- Grand Rounds
- Directed Studies
- Teaching

Explanation of Acceptable Education Methodologies

Structured Continuing Education

Structured continuing education is delivered via lecture presented by physicians, nurses with EMS experience, state-approved EMS instructors, or providers with expertise in the subject matter. Many states have rules detailing who may deliver structured continuing education. When a state does have these rules, all nationally certified EMS professionals must follow the rules of their state(s) in order for the NREMT to accept their education.

Structured continuing education in the National Continued Competency Program must be at the depth and breadth required in the Continued Competency Instructional Guidelines. It is suggested that conference lecturers, vendors of education and distributive education providers include these guidelines in their presentation and inform attending nationally certified EMS professionals that this information is provided in the educational offering.

Organizationally Structured Continuing Education

An EMS agency, state or national conference, or a formal educational institution/continuing education provider may choose to provide a service to nationally certified EMS professionals covering all of the National Continued Competency Requirements for recertification.

In an organizationally structured approach, the organization's Training Officer can access the NREMT website to enter continuing education information directly into the EMS professionals' account. The individual EMS professional can also enter continuing education information/hours directly into the individual's account.

Personally Structured Continuing Education

Personally structured continuing education may be achieved by the EMS professional who is familiar with the National Continued Competency Requirements and actively seeks out continuing education topics that are required for recertification. EMS professionals who choose to personally structure their National Continued Competency Requirements topics must be sure to cover each of the National topics required.

Personally structured continuing education can be obtained via conferences/symposia, distributive education (NCCR=no more than 1/3; LCCR=no more than 2/3; ICCR=unlimited), nationally recognized continuing education courses, case reviews, grand rounds, sentinel event reviews or teaching provided this is approved by the Training Officer or Medical

Director.

When the EMS professional utilizes the personally structured approach, the individual should enter continuing education information into the individual's account on the NREMT website.

Unaffiliated or Inactive Personally Structured Continuing Education

Some individuals are unaffiliated with an EMS agency or are on "inactive" status. These individuals can meet the National Continued Competency Requirements via personally structured formal continuing education outlined above.

Formal Training Programs

Some services may choose to deliver National and Local content by delivering comprehensively structured programs that meet the National Continued Competency Requirements and follow the instructional guidelines provided by the NREMT. Required training in this manner is often given in an "academy" format with EMS professionals being taken off duty to attend mandatory training. This has the advantage of assuring the organization that all of the EMS professionals complete their recertification training on a well-defined schedule.

Conferences and Symposia

Most conferences and symposia are lecture-based programs hosted by services, educational institutions, hospitals, or state/regional EMS organizations. Conference coordinators may offer topics included in the National Continued Competency Requirements provided the lecturer covers the topic sufficiently to ensure meeting the depth and breadth outlined in the Instructional Guidelines provided by the NREMT. When a lecture meets these guidelines, the conference coordinator should identify to those who attend that this lecture can be used towards meeting the National EMS Certification recertification requirements. Conference lecturers may exceed the information outlined in these guidelines but must also include information that is in the NCCP instructional guidelines in order for it to be acceptable for recertification.

This method of completing requirements is typically self-directed and requires individual attentiveness to documentation to ensure completion of recertification requirements. Providers should place the completion of this topic within their individual accounts on the NREMT website to use their credit for attending.

Nationally Recognized Continuing Education Courses

A number of organizations such as the American Heart Association (AHA), National Association of EMTs (NAEMT), and the American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) have developed continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes.

Generally speaking, these courses tend to review original training, may introduce new concepts and focus on the current trends in the management of patients. Some examples of these programs would include Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), and Pediatric Education for Prehospital Professionals (PEPP). In addition to EMS specific classes and certifications, many courses are developed nationally, and some are mandated for individuals working in EMS, public safety or healthcare settings.

Nationally Recognized Continuing Education courses can be used to fulfill a topic in the National Continued Competency Requirements provided the course meets the depth and breadth outlined in the Instructional Guidelines posted by the NREMT. These courses can also be used to meet the local requirements if mandated by the local entity.

Distributive Education

Distributive education is defined by the Commission for Accreditation of Pre-Hospital Continuing Education (CAPCE) as "...an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time. CE activities that are offered online, via CD-ROM or video, or through reading journal articles or listening to audio tapes are usually considered by CAPCE as distributed learning" (CAPCE, 2015). CAPCE uses the F3 designation for distributive education. Other CAPCE designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

To be used effectively, these programs must be developed by credible sources, be medically accurate and educationally sound. These programs should be accredited by state, CAPCE, or other accrediting bodies and include some form of outcome measurement.

Distributive education is an acceptable method of attaining NCCR, LCCR and ICCR recertification requirements. However, no more than 1/3 of the total hours for NCCR and 2/3 of the total hours for LCCR can be achieved by distributive education. All of the ICCR may be completed through distributive education.

Case Reviews/Run Review

Case reviews are frequently cited as part of the continuous quality improvement process. Often termed "run reviews," a case review should entail events leading up to the incident, patient assessment and management accomplished by the team, and information regarding the patient. Case reviews should include pathophysiology of the condition of the patient, changes in the patient presentation based upon time or interventions provided, other measures that could have been provided to the patient, and follow-up information regarding the patient's in-hospital care. Selection of cases should be determined by system administrators and medical directors. Case reviews may include skill labs when appropriate. Identification of the providers who cared for the patient should not be provided. Case reviews are for educational purposes and not designed to admonish providers. Case reviews must protect patient privacy at all times.

Grand Rounds

Grand Rounds are an educational methodology used by physicians who are seeking continuing medical education. They typically take place in a hospital. EMS providers may attend these “Grand Rounds,” with the understanding that all treatments discussed during the Grand Round may not be within their scope of knowledge and practice.

Directed Studies

Directed studies, i.e., “literature reviews,” can be a valuable learning experience. The review should be defined by an EMS Training Officer or Medical Director, and include a written analysis by the provider. Directed studies are best suited for providers who need individual attention or specific educational topics or who were unable to attend offerings provided by the EMS system. When using directed studies, the Training Officer must ensure that the readings cover the depth and breadth of a topic outlined in the Instructional Guidelines posted by the NREMT. Directed studies need to be hour- for-hour. A properly conducted directed study that is awarded one hour should take one hour to complete. Oral questions regarding the reading should be asked of the provider to ensure the accomplishment of the objectives of the directed study.

Directed studies are classified as “Distributive Education”. No more than 1/3 of the total hours for NCCR and 2/3 of the total hours for LCCR can be achieved by distributive education. All of the ICCR may be completed through distributive education.

Teaching

Teaching topics within the National Continued Competency Program is the same as taking the topic. Teachers of the topics obtain the same credit as learners on a hour-for-hour basis (**NREMT, 2015**).

SC “State Only” EMTs

The original SC IST program was established to assist SC “State Only” EMTs recertify their SC EMT certification. Over the years the program began to include those SC EMTs that desired to maintain their National Registry certification. In 2011, the program was revised to coincide with the then-current National Registry standards for recertification of all levels of EMT. Also in 2011, the program adopted the requirement that individuals that were not certified as National Registry would meet the same standards as those that were National Registry certified.

All SC EMTs that became “initially” SC certified at their current level on or after October 1, 2006 - as well as those SC EMTs whose certifications lapsed and became re-certified after October 1, 2006 - must present a current National Registry Credential for their level of certification each time they apply for re-certification of their SC EMT certification.

With the current change of the National Registry standard for recertification (NCCP), the State will continue to require those EMTs that are not National Registry certified to meet the same standards as those that are National Registry certified. The CE Program is set up to cover all the material and skills needed to recertify the Nationally Registered provider’s certification within the two (2) year certification period. **Since SC “State Only” EMTs are certified for four (4) years, they must complete the CE Program cycle and all its components once in the first two (2) years of their certification and again in the second two (2) years of their certification.**

***** If a SC “State Only” EMT’s employer requires certification for continued employment, the individual should submit their application no less than thirty (30) days prior to that individual’s expiration date in order to allow for processing by the Department. It is the responsibility of the individual, and not their Training Officer, CEP Program Director, agency, or the Department to make sure that their certification is kept current.**

REFERENCES

CAPCE. (2015). *Answers to Frequently Asked Questions*.
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