



**EMS Educator Professional Recertification Application**  
 EMERGENCY MEDICAL SERVICES EDUCATOR CERTIFICATION SERVICES

**Recertification Requirements:**

- Fill out the Recertification Application
- Complete either of the following 2 options:
  1. Submit 12 Hours of educationally related Continuing Education from either a local, regional or national conference or other course.
    - a. For CE Conference/Course: attach a certificate of completion/attendance to the recertification form.
    - b. For a college level course: attach a copy of the course description and an unofficial transcript or grade sheet showing successful completion
    - c. Pay a Recertification Fee of \$100 \*Note: All Con-Ed Submissions are subject to review
  2. Apply to retake the Certification Exam
    - a. The fee to take the exam is: \$150
    - b. Allow sufficient time to take the exam

Submit the completed Recertification Application to EMSECS at least 30 days prior to certification expiration

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- I am submitting proof of 12 hours of continuing education (\$100 recertification fee required)
- I will be retaking the exam (\$150 exam fee required)

***Please make all payments to NAEMSE***

Credit Card Type: American Express    Visa    Mastercard

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Return to: **National Association of EMS Educators**  
**c/o EMSECS Office Staff**  
 Foster Plaza 6, 681 Andersen Drive  
 Pittsburgh, PA 15220-2766  
 Phone: (412) 920-4775  
 Fax: (412) 920-4780