


**Region 1 NCCR-2016 Training Application (EMT)**

**Program Coordinator:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Course Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Sponsoring Institution:** \_\_\_\_\_

The Program Coordinator or Instructor hereby affirms that the information on this application is true and correct and that the courses listed below will conform to NCCR Education Guides as published by the National Registry in 10/2016.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Program Start Date:** \_\_\_\_\_  
 **Indicate preferences:** ONE BUNDLED Number Individual Numbers Session Numbers (include list of topics in each session on a separate sheet)

APPROVAL NUMBER(S) FORMAT: 2425-R1- \_\_\_\_\_ -T\_\_

**Entire Approval Number(s) must appear on certificates of attendance**

OEMS #	Title of Course	Credits	Instructor
NCCR:	National Continued Competency Requirements	(20 total)	
	• Ventilation (skills required)	1	
	• Oxygenation (skills required)	0.5	
	• Post-Resuscitation Care	0.5	
	• Stroke	1	
	• Cardiac Arrest (Ventricular Assist Devices)	0.5	
	• Cardiac Arrest (skills required)	2	
	• Pediatric Cardiac Arrest (skills required)	2	
	• Trauma Triage (skills required)	0.5	
	• Central Nervous System Injury	0.5	
	• Hemorrhage Control (skills required )#	0.5	
	• Special Healthcare Needs	1.5	
	• OB Emergencies	0.5	
	• Psychiatric Emergencies (skills required)	0.5	
	• Neurological Emergencies	0.5	
	• Pain Management	0.5	
	• Toxicological Emergencies (skills required)	0.5	
	• Endocrine Emergencies (skills required)	1	
	• Immunological Emergencies (skills required)	0.5	

	• Infectious Diseases	0.5	
	• At-Risk Populations	0.5	
	• Pediatric Transport*	0.5	
	• Field Triage—Disasters/MCI's (skills required)	0.5	
	• Ambulance Safety	0.5	
	• EMS Provider Hygiene, Safety and Vaccinations	0.5	
	• EMS Culture of Safety	0.5	
	• Crew Resource Management	1	
	• EMS Research	0.5	
	• Evidence Based Guidelines (activity required)	0.5	
	National Continued Competency Requirements (NCCR) "bundled course" (includes all above)	20	

------(REGION USE ONLY)-----

These courses are approved at the **EMT level** for delivery in **EMS Region I** beginning \_\_\_\_\_ to \_\_\_\_\_ (open dates require 2 week notification to OEMS/Region prior to course delivery).

If 'blanket' approval, requires 30-day notification to Region prior to course delivery per A/R 2-212; course number expires March 31 2025.

\_\_\_\_\_  
J. Dominic Singh, Executive Director

\_\_\_\_\_  
Date

Date Received by Region