



EMT Reinstatement Report	
Complies with 202 KAR 7:301(6)(1)(h)	
Name	
KEMSIS #	
*Your KEMSIS number is the number on the front of your Kentucky Licensure or Certification card. Please include your KEMSIS number on any communications with the KBEMS office.	

48 Hours Continuing Education Requirements (See Below)			
<p>24 Hours Continuing Education completed within the twelve (12) months preceding application, of which sixteen (16) hours must be in mandatory topics areas and eight (8) hours may be electives to include the following minimum contact hours and topics</p> <ul style="list-style-type: none"> • One (1) Disaster Management or MCI • Two (2) Airway Management • Three (3) Patient Assessment • Four (4) Medical or Behavioral Emergencies • Four (4) Trauma • Two (2) Obstetrics or Gynecology or Infants and Children • Eight (8) Elective Hours (Emergency Driving, HAZMAT, Ambulance Operations, Incident Command System) <p>AND</p> <p>24 Hours of successful completion of the National Standard Curriculum for Emergency Medical Technician Refresher Course (NREMT-EMT) Refresher or NCCP) OR Continuing Education hours that meet the requirements of the curriculum listed below (completed within twenty-four (24) months preceding application):</p> <ul style="list-style-type: none"> • One (1) Preparatory or Disaster Management/MCI • Two (2) Airway Management • Three (3) Patient Assessment • Four (4) Medical or Behavioral Emergencies • Four (4) Trauma • Two (2) Obstetrics or Gynecology or Infants and Children • Eight (8) Elective Hours (Emergency Driving, HAZMAT, Ambulance Operations, Incident Command System) 			
<p>I hereby certify that I have completed the continuing education for reinstatement as required by 202 KAR 7:301 EMT. I understand that knowingly supplying false information on this form is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me as incomplete if I fail to provide all information requested on this form.</p>			
Signature		Date	