BCoFD ALS Refresher Guide 2018

If your ALS card expires in 2018

Courses listed are suggestions for filling in education requirements of National Registry, only use courses you have taken or attended.

Go to: www.nremt.org

-Log In

-My Current Role: My certification; Change My Recertification Model: 2016 NCCR Model -Then Add A Course

NATIONAL (30 hours/Max 10 online) - Must be NCCR course

COURSE DETAILS

Course Type: National Component (NCCR) Course Name: "National Continued Competency Requirements (NCCR) – ALS Refresher Part 1" Course Approved By: State EMS Office: Maryland Course Completion Date: Date of final lecture Course Duration: 24 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? Yes **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland **City:** Woodlawn (if taken at Sta 3/Woodlawn): or appropriate for your location ADDITIONAL COURSE INFORMATION Lead Instructor Name: fill in if desired Course Description: fill in if desired Sponsor: Baltimore County Fire Department/Maryland Fire Rescue Institute Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records

COURSE DETAILS

Course Type: National Component (NCCR) Course Name: "National Continued Competency Requirements (NCCR) – ALS Refresher Part 2" Course Approved By: State EMS Office: Maryland Course Completion Date: Date of final online module Course Duration: 6 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? No

COURSE LOCATION

Country: United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion City: city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: fill in if desired Course Description: fill in if desired Sponsor: Baltimore County Fire Department/Maryland Fire Rescue Institute Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records

LOCAL (15 hours/Max 10 online) - Can be any MIEMSS/BCoFD/National course at this time

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Maryland ALS Protocol Update 2016" Course Approved By: State EMS Office: Maryland Course Completion Date: Date on MIEMSS Certificate Course Duration: 3 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? No **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired Sponsor: Maryland Institute of Emergency Medical Services System Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Maryland ALS Protocol Update 2017" Course Approved By: State EMS Office: Maryland Course Completion Date: Date on MIEMSS Certificate Course Duration: 1 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? No COURSE LOCATION Country: United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion City: city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired Sponsor: Maryland Institute of Emergency Medical Services System Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "BLS Skills Refresher" Course Approved By: State EMS Office: Maryland Course Completion Date: Last date of attendance of BLS session at FRA Course Duration: 8 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? Yes **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland **City:** Sparrows Point ADDITIONAL COURSE INFORMATION Lead Instructor Name: fill in if desired Course Description: fill in if desired **Sponsor:** Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "CPR" Course Approved By: State EMS Office: Maryland Course Completion Date: Date of attendance of CPR Course Duration: 2 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? Yes **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland City: Sparrows Point ADDITIONAL COURSE INFORMATION Lead Instructor Name: fill in if desired Course Description: fill in if desired **Sponsor:** Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Bloodborne Pathogens 2016" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 1 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? No **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired **Sponsor:** Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course

*Can upload course completion certificate or transcript with course if desired, keep for personal records.

INDIVIDUAL (15 hours/Max 15 hours online) - Can be any MIEMSS/BCoFD/National course at this time

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Bloodborne Pathogens 2017" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 1 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? No *COURSE LOCATION* Country: United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion City: city closest to where you completed the majority of the online portion *ADDITIONAL COURSE INFORMATION* Lead Instructor Name: none Course Description: fill in if desired Sponsor: Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Critical Incident Stress Management Overview" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 0 Hours: 30 Minutes Did you teach this course? No Was an instructor present at this course? No **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none **Course Description:** fill in if desired Sponsor: Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "2016 Hazardous Materials Refresher" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 4 Hours: 00 Minutes Did you teach this course? No Was an instructor present at this course? Yes COURSE LOCATION Country: United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion City: city closest to where you completed the majority of the online portion City: city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired Sponsor: Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course

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COURSE DETAILS

Course Type: Continuing Education Course Course Name: "New EMS Equipment" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 0 Hours: 30 Minutes Did you teach this course? No Was an instructor present at this course? No COURSE LOCATION **Country:** United States Enter a State or City, or a Postal Code: State and City **State:** Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired **Sponsor:** Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Pet Oxygen Mask Training Program" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 0 Hours: 30 Minutes Did you teach this course? No Was an instructor present at this course? No **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired **Sponsor:** Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course *Can upload course completion certificate or transcript with course if desired, keep for personal records.

COURSE DETAILS

Course Type: Continuing Education Course Course Name: "Fall eMeds Update" Course Approved By: State EMS Office: Maryland Course Completion Date: Date completed on duty Course Duration: 0 Hours: 30 Minutes Did you teach this course? No Was an instructor present at this course? No **COURSE LOCATION Country:** United States Enter a State or City, or a Postal Code: State and City State: Maryland or state where you completed the majority of the online portion **City:** city closest to where you completed the majority of the online portion ADDITIONAL COURSE INFORMATION Lead Instructor Name: none Course Description: fill in if desired Sponsor: Baltimore County Fire Department Save & View Transcript/Save & Upload Attachments*/Save & Add Another Course

*Can upload course completion certificate or transcript with course if desired, keep for personal records.

For the remaining 8 hours you can add any EMS training you have taken recently which is state approved or accredited through CAPCE

Once you have entered all your class information, it will ask you for payment/voucher number, contact the Fire Rescue Academy for a voucher number.

AFTER your National Registry application has been approved and updated you need to apply for your Maryland recertification.

MIEMSS has changed their process for Paramedic recertification.

-Go to www.miemsslicense.com and create an account if not already done so.

-Log in and go to Applications.

-Complete an application for Paramedic recertification. The only information you should need is your current registry information.

If you have any questions that are not answered with this file, contact the Fire Rescue Academy PM/FF Krystal Kelly kkelly@baltimorecountymd.gov

PM Susan Arnett sarnett@baltimorecountymd.gov