

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
October 22, 2014
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair William Akers Kathy Eubank	William Ferguson Donna Burns Dr. Robin Foster Dr. Charles Lane	Warren Short Debbie Akers Adam Harrell Peter Brown	Chad Blosser Samantha Meade John Bianco Marcia Pescitani Ed Rhodes
Jason Jenkins Wayne Perry John Wanamaker			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 1100 without a quorum.	
II. Introductions	Introductions were not necessary	
	<p>A. Officer Reports</p> <p>a. Chairman’s Report – Larry Oliver:</p> <ol style="list-style-type: none"> i. Advisory Board meeting in August ii. Many new appointees iii. RN to Paramedic Competencies and Experiential Learning were passed but CE Plan was sent back. iv. Some concerning discussion was held at the Advisory Board regarding the availability of CE and Initial training. v. Conference Call regarding the alternative approach to HB1010. After the discussion the opinion was we would stay the course <ol style="list-style-type: none"> 1. Need to come up with points showing why we are taking this position 2. MDC has gone on the record as NOT supporting HB1010 3. Ed Rhodes discussed his opinions and information regarding HB1010 	Kathy Eubank entered at 11:10am and the committee had a quorum to conduct business

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (Attached)	Accepted by mutual consent.
IV. Approval of Minutes	The Committee reviewed the minutes of the July 9, 2014 Quarterly Meeting (Attachment: A)	Accepted by mutual consent.
V. Reports of Committee Members	<p>Advisory Board meets Wednesday at Symposium and new Chair for TCC should be appointed so this is Larry's last meeting with TCC.</p> <p>B. Reports of Committee Members</p> <ol style="list-style-type: none"> 1. Medical Direction: Dr. Charles Lane (reported by Debbie Akers) <ol style="list-style-type: none"> a. Completed a White Paper firmly confirming their opposition to HB1010. In final edits now. Not going to be an action item. Will share with the committee once it is finalized C. Office of EMS <ol style="list-style-type: none"> 1. BLS Training Specialist – Greg Neiman (reported by Debbie Akers) <ol style="list-style-type: none"> a. EC Institute <ol style="list-style-type: none"> i. The June Institute was canceled due to the low numbers of eligible candidates. Expecting to have enough to hold the September Institute @ VAVRS. ii. Next Practical is set for August 9th here in the Richmond area. b. Updates <ol style="list-style-type: none"> i. The DED Division will stay on the road for 2014. ii. Next update is scheduled for September 20th, 2014 in the ODEMSA region. iii. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. VEMSES testing <ol style="list-style-type: none"> i. No real change in the results of initial testing. 2. ALS Training Specialist – Debbie Akers <ol style="list-style-type: none"> i. ALS Coordinators do not automatically recertify. They must complete the application and have re-endorsement by every council in which they teach. ii. Are no longer certifying new ALS-Coordinators, must complete the EC process iii. Parent iv. Huge increase in people taking courses out of state and seeking VA credit. As an EC/ALS-C you are allowed to review their documentation and award them v. e-ACLS questions See the TPAM. Also doing e-PALS. Must have the course announced through OEMS vi. NR Stats (Attachment: B) <ol style="list-style-type: none"> 1. NR stats do not include under 18 vii. State by state results (Attachment: C) <ol style="list-style-type: none"> 1. Going in the wrong direction. 2. Paramedic pass rates are dropping as well. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> viii. Accreditation (Attachment: D) <ul style="list-style-type: none"> 1. Flurry of activity 2. 5 year reaccreditations are coming up Nov-Dec 3. SWVEMSC – provisional Accreditation 4. Roanoke Valley reaccreditation in December, site team assigned 5. Paul D. Camp Community College Initial self study has been received 6. Frederick County Reaccreditation in the hands of site team. 7. Chesterfield County Fire & EMS BLS Self Study received. 8. Harrisonburg Rescue Squad BLS Self Study received. ix. Debbie will be working 3. Accreditation/Funding – Adam Harrell <ul style="list-style-type: none"> a. EMSTF (Attachment: E) <ul style="list-style-type: none"> i. Report distributed. 4. Certification Testing – Peter Brown <ul style="list-style-type: none"> a. Evaluator Training <ul style="list-style-type: none"> i. Voice-over this morning ii. Interviewing for new examiner position in the Northern Virginia area iii. Examiner position in the Southwest area in the next month or so iv. Last three initial enhanced tests were over the weekend <ul style="list-style-type: none"> 1. All Enhanced courses must end by 10/31/14. 2. Will still have testing for the next 18 months if necessary 5. Division of Educational Development – Warren Short <ul style="list-style-type: none"> a. Glad to have Adam Harrell join us in the Office. Former Program Rep from the Northern Virginia area <ul style="list-style-type: none"> i. Will be taking over EMSTF ii. Working on our area of the website to make it less complicated b. Ebola <ul style="list-style-type: none"> i. Secretary of HHS is very concerned about the crisis and health and welfare of the citizens and healthcare providers. ii. Karen Owens is the key contact in OEMS and is meeting regularly. iii. Many reference documents on our website. iv. Working on an outreach to the Regional Councils and hospitals to ensure plans are in place in the event of a possible exposure. c. Symposium coming up in 14 days <ul style="list-style-type: none"> i. Registration is closed ii. 1630 people registered. Close to 1900 including vendors attending iii. Largest selection of classes ever 279 d. NASEMSO meeting in Cleveland <ul style="list-style-type: none"> i. Working on putting information points together 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> e. Adam is reviewing the current EMSTF fund and determining if we need to make changes <ul style="list-style-type: none"> i. Looking at an outcome based product to meet the verbiage required with the new funding streams 6. Regulation & Compliance – Ed Rhodes <ul style="list-style-type: none"> a. NCIC Checks <ul style="list-style-type: none"> i. New wage employee in the Office b. Board of Pharmacy was developing a fast track regulatory packet concerning the drug box process, wasting of narcotics, exchange one for one rather than box for box exchange now in comment period. 	
VII. Previous Business	<ul style="list-style-type: none"> A. Workgroups <ul style="list-style-type: none"> a. Online EMS Programs Sub-Committee – Bill Akers <ul style="list-style-type: none"> i. Working diligently and making headway. Fine print that needs to be in the proposal as far as accountability and benchmarks needed. Hope to have a product at the next meeting on December 1st. b. ALS Competency Workgroup – Bill Akers <ul style="list-style-type: none"> On hiatus To clarify the policy on experiential learning that the intention was available to programs. Not required. If they do it, documentation needs to be requested. c. CE Revision Workgroup – Greg Neiman <ul style="list-style-type: none"> i. The proposal was sent back from the EMS Advisory Board ii. A survey was sent to 31,000 Providers (Attachment: F) d. CTS Evaluator Training Workgroup – Greg Neiman <ul style="list-style-type: none"> i. Marcia Pescitani is recording the voice part of the online PowerPoint Presentation today. e. EMT Best Practices Workgroup – Billy Ferguson <ul style="list-style-type: none"> i. Top of our list for January 	<p>Motion by Bill Akers Based on the results of the survey of EMS providers in Virginia, Proposal B, which was originally proposed by the workgroup, is supported by TCC and forwarded back to the Advisory Board for action. Seconded by Wayne Perry</p> <p>Vote: Unanimously Approved</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VII. New Business	<p>A. Debbie Akers - Community Paramedicine is continuing to grow</p> <ol style="list-style-type: none"> a. Must apply for Home Health License in order to conduct a Community Paramedicine program b. A sub-committee under the Advisory Board has been formed to look at this issue and has a number of representatives from across the healthcare spectrum in Virginia c. Will keep TCC informed. <p>B. Bill Akers – TPAM issue specifically on needing EMT prior to enrolling in ALS classes. Warren requested Bill forward any issues to the Office.</p> <p>C. The Office requests a workgroup be formed to investigate testing options for Intermediate when NR stops testing at the I-99 level. The workgroup will begin work in January. Will wait until after Advisory Board meeting in November.</p> <p>D. Warren Short – Beginning January 1, the NR ATT letter will have an expiration of 90-days. If it expires prior to your testing, you must pay for a new ATT letter.</p> <p>E. HB1010</p>	<p>Motion By: John Wanamaker The Training and Certification Committee is in full support of the White Paper in Response to House Bill 1010 as endorsed by the Medical Direction Committee. Second By: Jason Jenkins</p> <p>Vote: Unanimously Approved</p>
VIII. Public Comment	None	
IX. Dates for 2014 Meetings	2015 dates will be determined prior to the January meeting. All Stakeholder groups will be contacted regarding appointment/reappointment to TCC	
X. Adjourn	Meeting adjourned at 1352	

Training & Certification Committee
Wednesday, October 22, 2014 - 10:30 AM
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
Meeting Agenda

- I. Welcome**
- II. Introductions/Orientation**
- III. Approval of Agenda**
- IV. Approval of Minutes from July 9, 2014**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Charles Lane
 - iii. Committee Members
 - c. Office of EMS
 - i. BLS Training Specialist – Warren Short, OEMS
 - ii. ALS Training Specialist – Debbie Akers, OEMS
 - iii. Funding and Accreditation – Adam Harrell, OEMS
 - iv. Certification Testing Coordinator – Peter Brown, OEMS
 - v. Division of Educational Development (DED) - Warren Short, OEMS
 - vi. Regulation & Compliance – Michael Berg, OEMS
 - vii. Other Office Staff
- VI. Previous Business**
 - a. Workgroups
 - i. Online EMS Programs Sub-committee – Bill Akers
 - ii. ALS Competency Workgroup – Bill Akers
 - iii. CE Revision Workgroup – Mike Garnett/Donna Burns - **Decision**
 - iv. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank
 - v. EMT Best Practices Workgroup– Billy Ferguson
- VII. New Business**
- VIII. Public Comment**
- IX. Dates for 2015 Quarterly Meetings**
- X. Adjourn**

**Attachment: A to the
October 22, 2014 TCC Minutes**

**Approved
July 9, 2014
Minutes of the TCC**

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
July 9, 2014
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair William Akers Donna Burns Kathy Eubank Dr. Robin Foster Dr. Charles Lane Wayne Perry John Wanamaker	William Ferguson Jason Jenkins	Dr. George Lindbeck Warren Short Debbie Akers Peter Brown Michael Berg Scott Winston	Chad Blosser Gary Morris Cathy Cockrell Marcia Pescitani

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:35 a.m.	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Accepted by mutual consent.
IV. Approval of Minutes	The Committee reviewed the minutes of the April 9, 2014 Quarterly Meeting (Attachment: A)	Accepted by mutual consent.
V. Reports of Committee Members	<ul style="list-style-type: none"> A. Officer Reports <ul style="list-style-type: none"> a. Chairman’s Report – Larry Oliver: <ul style="list-style-type: none"> i. Since last meeting Stephen Rhea has left and the Executive Committee has appointed Wayne Perry to replace him on the committee ii. Governor has made appointments to the EMS Advisory Board and only four reappointments. There will be many new faces on the EMS Advisory Board this next year. B. Reports of Committee Members <ul style="list-style-type: none"> 1. Medical Direction: Dr. Charles Lane (reported by Debbie Akers) <ul style="list-style-type: none"> a. No action items for MDC and no action items on the agenda for MDC meeting on 7/10. C. Office of EMS <ul style="list-style-type: none"> 1. BLS Training Specialist – Greg Neiman (reported by Debbie Akers) <ul style="list-style-type: none"> a. EC Institute 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> i. The June Institute was canceled due to the low numbers of eligible candidates. Expecting to have enough to hold the September Institute @ VAVRS. ii. Next Practical is set for August 9th here in the Richmond area. b. Updates <ul style="list-style-type: none"> i. The DED Division will stay on the road for 2014. ii. Next update is scheduled for September 20th, 2014 in the ODEMSA region. iii. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. VEMSES testing <ul style="list-style-type: none"> i. No real change in the results of initial testing. 2. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> i. ALS Coordinators are continuing to be re-endorsed and any new candidates are being directed to the EMS Education Coordinator process. 3. Accreditation/Funding <ul style="list-style-type: none"> a. EMSTF (Attachment: B) <ul style="list-style-type: none"> i. Report distributed. ii. 2015 EMSTF Contracts are still being reviewed by the AG’s office. Have advised instructors to submit course approvals and the Office will accept the funding contract when made available. b. Accreditation (Attachment: C) <ul style="list-style-type: none"> i. Report distributed. ii. Re-Accreditation visit was conducted on June 19-20 for UVA Prehospital Intermediate Program – awaiting findings report from site visit team. iii. Re-Accreditation visit for Danville Training Center will be conducted next week. iv. Rappahannock Community College is now under Letter of Review and will be offering their first cohort Paramedic class starting in the fall. v. Southwest Virginia EMS Council Intermediate Program initial accreditation visit will be conducted in mid-August. vi. BLS one year follow-up visits will be conducted on 7/23 at Virginia Beach Fire & EMS Training Center and on 7/30 at Navy Regional. c. BLS NR Statistics (Attachment: D) <ul style="list-style-type: none"> i. Distributed latest results as of 7/03/2014 ii. Also distributed results from 3rd quarter 2013 through 2nd quarter 2014. 4. Certification Testing – Peter Brown <ul style="list-style-type: none"> a. Has replenished staff with recent hirings. Josh Wilkinson and Cody Jackson have been hired in SWEMS region, Chris Christensen has been hired for CSEMS and TJEMS region and Ksenia Stace has been hired for TEMS & PEMS region. 5. Division of Educational Development – Warren Short 	<p style="text-align: center;">Discussion by committee about how to encourage students to complete the testing process.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> a. Issue of the value in education versus access to a test is still of concern to our office so the Office of EMS has changed the process for reciprocity. A check is being conducted to find out where and how education was completed before reciprocity is offered. b. EMSTF funding penalty will be implemented with the 2015 contracts. Those Educators who have had any enforcement action from Regulation and Compliance will not be eligible for funding for the next five (5) years. <p>6. Regulation & Compliance – Michael Berg</p> <ul style="list-style-type: none"> a. The practitioner signature requirement remains in the Governor’s office for signature. There is no deadline requirement for him to sign this regulation b. F.A.R.C. regulatory packet is still being reviewed by the AG’s office. c. The regulatory packet for affiliation is still under review in Regulation and Compliance. d. The criminal background check is not currently required for students enrolling in initial certification programs. e. No further name checks are being conducted as of July 1, 2014. f. All OMD updates have been completed for this year until November. There is no variance or extension available for an OMD/PCD who is about to expire. Please contact your PCD/OMD to encourage their participation in the OMD portal as only about 20% who have utilized the portal to date. g. Board of Pharmacy was developing a fast track regulatory packet concerning the drug box process, wasting of narcotics, exchange one for one rather than box for box exchange. The initial draft did not include one for one exchange. An amendment will be completed to allow this exchange and also directions concerning the wasting of narcotics that would allow provider to provider verification. <p>7. Other Office Staff</p>	
<p>VII. Previous Business</p>	<p>A. Workgroups</p> <ul style="list-style-type: none"> a. Online EMS Programs Sub-Committee – Bill Akers <ul style="list-style-type: none"> i. Three meetings have been conducted to date and the committee is working cautiously and carefully so that a product is produced that is useable at all levels. Quality assurance is focus of group to make sure that product will be providing the best learning experience available in an online learning environment. Goal is that the end product will be of value to all level. b. ALS Competency Workgroup – Bill Akers <p>Attachments: E and F</p> <ul style="list-style-type: none"> i. Presented a motion from the workgroup concerning the revisions of the RN to Paramedic competencies and experiential learning credit. 	<p>Motion By: Bill Akers To: Accept the Proposed RN to Paramedic Competencies Document which will go into effect: with approval by EMS Advisory Board</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. CE Revision Workgroup – Mike Garnett/Donna Burns (Attachment: G)</p> <p>i. Presenting a draft of the proposed hours for Virginia Recertification</p> <p>d. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank</p> <p>i. Marcia Pescitani is recording the voice part of the online PowerPoint Presentation today.</p> <p>e. EMT Best Practices Workgroup – Billy Ferguson (Debbie Akers provided report)</p> <p>i. Workgroup continuing their work.</p>	<p>Second By: Dr. Lane</p> <p>Vote: Unanimous Approval</p> <p>Motion By: Bill Akers To: Accept the Experiential Learning Document which will go into effect: with approval by EMS Advisory Board Second By: Donna Burns</p> <p>Vote: Unanimous Approval</p> <p>Motion By: Donna Burns To: Accept the proposed continuing education hours for providers to recert in Virginia when the Registry implements their new hours in 2016. Virginia Providers wishing to maintain their National Registry must meet the minimum hours as set by the Registry Second By: Wayne Perry</p> <p>Vote: Unanimous Approval</p> <p>Dr. Lane recommended that contact be made with an Educational Specialist to help define best practices.</p>
VII. New Business	<p>A. Warren Short reported that a call for presentations for the 2015 EMS Symposium will be released next week and encouraged everyone to reach out to individuals to submit their proposals</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>for presentations.</p> <p>B. August 1, 2014, registration for EMS Symposium will be opened. It will be a new online process. Several changes will be noted. When selecting the programs, you will be able to do specific searches to assist in selecting their courses. Will be a web-based process to assist in the process.</p> <p>C. Larry Oliver stated that six years ago when appointed to the EMS Advisory board and then to the TCC committee it was his pleasure to serve. The past six years have presented many challenges. He reminded everyone that they serve a very important role in the future of EMS Education in the Commonwealth of Virginia and they should take their role seriously. He stated that the committee has done a lot of positive work and he has been honored and humbled to have had the privilege to serve as the chairman of this committee.</p> <p>D. Warren Short extended the appreciation of the Office of EMS for Larry Oliver's significant contribution to the EMS system in Virginia.</p>	
VIII. Public Comment	<p>Marcia Pescitani stated that the exhibit hall for the 2014 EMS Symposium has been sold out with the exception of a couple of booths in the hallway. Should you know of someone who would be interested in a booth to have them contact her.</p>	
IX. Dates for 2014 Meetings	October 8	
X. Adjourn	Meeting adjourned at 12:36 pm	

Training & Certification Committee
Wednesday, July 9, 2014 - 10:30 AM
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
Meeting Agenda

- I. Welcome**
- II. Introductions/Orientation**
- III. Approval of Agenda**
- IV. Approval of Minutes from April 9, 2014**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Charles Lane
 - iii. Committee Members
 - c. Office of EMS
 - i. BLS Training Specialist – Warren Short, OEMS
 - ii. ALS Training Specialist – Debbie Akers, OEMS
 - iii. Funding and Accreditation – Debbie Akers, OEMS
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 - v. Division of Educational Development (DED) - Warren Short, OEMS
 - vi. Regulation & Compliance – Michael Berg, OEMS
 - vii. Other Office Staff
- VI. Previous Business**
 - a. Workgroups
 - i. Online EMS Programs Sub-committee – Bill Akers
 - ii. ALS Competency Workgroup – Bill Akers – **2 Motions**
 - iii. CE Revision Workgroup – Mike Garnett/Donna Burns - **Motion**
 - iv. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank
 - v. EMT Best Practices Workgroup– Billy Ferguson
- VII. New Business**
- VIII. Public Comment**
- IX. Dates for 2014 Quarterly Meetings 1/8, 4/9, 7/9, 10/8**
- X. Adjourn**

**Attachment: B to the
October 22, 2014 TCC Minutes**

NR Report

BLS NR Statistics

As of 10/08/2014

State Statistics:

Results sent to National Registry: 6,856

Successful within 3 attempts: 4,155 = 72%

No test attempt to date: 1,091 = 16%

Those who tested:

	Attempted	Passed	%	Failed	%
First	5,765	3,615	63%	2,150	37%
Second	1,052	440	42%	612	58%
Third	271	100	37%	171	63%
Fourth	47	25	53%	22	47%
Fifth	11	5	45%	6	55%
Sixth	2	1	50%	1	50%

The above is reflective of the results including our 'Under 18' test candidates that is not reflected when you pull our State report from National Registry. The statistics for the 'Under 18 group are as follows:

Results sent to National Registry: 639

No test attempt to date: 174 = 27%

Those who tested:

	Attempted	Passed	%	Failed	%
First	489	250	44%	274	56%
Second	103	40	38%	63	62%
Third	16	6	38%	10	62%
Fourth	4	2	50%	2	50%
Fifth	1	1	100%	0	0%
Sixth	0				

The National statistics for this same period are as follows:

EMT

Report Date: 10/8/2014 1:38:58 PM
Report Type: State Report (VA)
Registration Level: EMT-Basic / EMT
Course Completion Date: 3rd Quarter 2012 to 4th Quarter 2014
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
5284	65% (3437 / 5284)	75% (3943 / 5284)	75% (3972 / 5284)	0% (1 / 5284)	23% (1230 / 5284)	2% (82 / 5284)

EMR

Report Date: 10/8/2014 1:46:59 PM
Report Type: State Report (VA)
Registration Level: First Responder / EMR
Course Completion Date: 3rd Quarter 2012 to 4th Quarter 2014
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
182	70% (128 / 182)	76% (138 / 182)	76% (138 / 182)	0% (0 / 182)	20% (37 / 182)	4% (7 / 182)

**Attachment: C to the
October 22, 2014 TCC Minutes**

State by State NR Results

2013 FIRST TIME PASS RATE BY STATE

2013

National Average
First Time Pass Rates

EMT = 70%
EMT-Paramedic = 73%

2012

National Average
First Time Pass Rates

EMT = 72%
EMT-Paramedic = 74%

2011

National Average
First Time Pass Rates

EMT-Basic = 70%
EMT-Paramedic = 72%

Key

- ~ No data provided
- x No candidates this calendar year
- # Less than 25 candidates testing
- State does not require National EMS Certification at this level
- ^ State began requiring National EMS Certification at this level in 2012
- bold Improvement from 2012

	2011			2012			2013		
Alabama	66	68	62	64	54	68			
Alaska	--	--	71	95#	91	90			
Arizona	72	75	68	79	75	82			
Arkansas	69	61	68	61	54	50			
California	74	73	70	82	86	81			
Colorado	81	84	81	92	95	91			
Connecticut	67	70	67	86	95	85			
Delaware	69	76	70	100#	100#	100#			
Dist. of Columbia	77	68	65	0#	x	50#			
Florida	69	72	67	--	--	68			
Georgia	--	77	70	75	73	69			
Hawaii	--	--	90	100#	100#	100#			
Idaho	66	71	71	85	80	86			
Illinois	~	~	71	~	~	68			
Indiana	--	--	69	70	66	65			
Iowa	63	65	63	67	73	70			
Kansas	66	66	63	84	81	82			
Kentucky	59	60	56	52	56	53			
Louisiana	72	70	61	77	61	56			
Maine	65	66	68	88	74	75			
Maryland	--	--	69	72	67	70			
Massachusetts	~	~	52	~	~	77			
Michigan	69	67	67	58	68	59			
Minnesota	78	79	79	76	72	80			
Mississippi	54	62	53	57	73	68			
Missouri	65	64	65	63	72	66			
Montana	78	77	78	85	93	91			
Nebraska	68	68	71	77	78	79			
Nevada	59	67	66	80	88	87			
New Hampshire	63	69	67	96	100	98			
New Jersey	--	--	71	88	88	78			
New Mexico	--	69^	61	82	86	88			
New York	~	~	76	~	~	85			
North Carolina	~	~	78	~	~	71			
North Dakota	80	78	80	82	76	77			
Ohio	73	72	72	70	69	74			
Oklahoma	60	66	63	67	84	81			
Oregon	77	80	79	89	84	83			
Pennsylvania	--	--	78	64	69	65			
Rhode Island	57	59	54	47#	50#	73			
South Carolina	62	72	69	78	74	76			
South Dakota	59	71	63	78	74	75			
Tennessee	64	69	68	58	75	74			
Texas	68	69	67	61	67	67			
Utah	--	--	76	82	81	84			
Vermont	72	76	71	94#	x	x			
Virginia	--	68^	63	80	80	78			
Washington	78	81	81	93	93	89			
West Virginia	--	--	55	48	57	53			
Wisconsin	73	68	71	75	74	80			
Wyoming	~	~	92	~	~	100#			

**Attachment: D to the
October 22, 2014 TCC Minutes**

Accreditation Report

Accredited Training Site Directory

As of October 9, 2014



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
American National University	77512	No	--	National – Continuing	CoAEMSP
Central Virginia Community College	68006	Yes	--	National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	No	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	No	--	National – Initial	CoAEMSP
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – LOR	
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	-	CoAEMSP - LOR	
Rappahannock Community College	11903	Yes	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	No	--	CoAEMSP - LOR	
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	No	4	National – Full	CoAEMSP
Tidewater Community College	81016	Yes	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	5	National – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- Patrick Henry Community College is awaiting information from CoAEMSP.
- Rappahannock EMS Council and Prince William County have completed their first cohort class and are in the process of completing their ISSR for CoAEMSP. They will have their accreditation visit scheduled within the next two years.
- Rappahannock Community College has obtained a LOR to allow them to conduct their first cohort class starting in fall of 2014.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Shenandoah EMS Council</i>	79001	No	--	State – Full	May 31, 2015
<i>Danville Area Training Center</i>	69009	No	--	State – Full	July 31, 2019
<i>Dabney S. Lancaster Community College</i>	00502	No	--	State – Full	July 31, 2017
<i>Hampton Fire & EMS</i>	83002	Yes	--	State – Full	February 28, 2017
<i>James City County Fire Rescue</i>	83002	No	--	State – Full	February 28, 2019
<i>John Tyler Community College</i>	04115	No	--	State – Full	April 30, 2017
<i>Nicholas Klimenko and Associates</i>	83008	Yes	2	State – Full	July 31, 2015
<i>Norfolk Fire Department</i>	71008	No	--	State – Full	July 31, 2016
<i>Rappahannock Community College</i>	11903	Yes	3	State – Full	July 31, 2016
<i>Roanoke Regional Fire-EMS Training Center</i>	77505	No	--	State – Full	January 31, 2015
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	July 31, 2019
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2017

Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- The Southwest Virginia EMS Council Site Visit has been conducted and the report is pending.
- Roanoke Regional Fire-EMS Training Center re-accreditation visit will be conducted in December, 2014
- Paul D Camp Community College self-study has been received and has been reviewed by the Office. A site team will be assigned next week.

Accredited AEMT Training Programs in the Commonwealth

<i>Site Name</i>	<i>Site Number</i>	<i># of Alternate Sites</i>	<i>Accreditation Status</i>	<i>Expiration Date</i>

- Frederick County Fire/EMS has submitted their self study. The site team has been assigned and a site visit date is being planned.

Accredited EMT Training Programs in the Commonwealth

<i>Site Name</i>	<i>Site Number</i>	<i># of Alternate Sites</i>	<i>Accreditation Status</i>	<i>Expiration Date</i>
Navy Region Mid-Atlantic Fire EMS		--	State – Full	July 31, 2018
City of Virginia Beach Fire and EMS		--	State – Full	July 31, 2018

- Frederick County Fire/EMS has submitted their self study. The site team has been assigned and a site visit date is being planned.
- Chesterfield Fire and EMS has submitted their self study which is under review by OEMS.
- Harrisonburg Rescue Squad has submitted their self study which is under review by OEMS.

**Attachment: E to the
October 22, 2014 TCC Minutes**

EMSTF Report

Emergency Medical Services Training Funds Summary

As of October 3, 2014





EMS Training Funds Summary of Expenditures

Fiscal Year 2013	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$1,460.00	\$755.00
40 BLS Initial Course Funding	\$729,348.00	\$357,424.83
43 BLS CE Course Funding	\$125,160.00	\$49,936.21
44 ALS CE Course Funding	\$297,360.00	\$78,102.50
45 BLS Auxiliary Program	\$80,000.00	\$18,280.00
46 ALS Auxiliary Program	\$350,000.00	\$161,005.00
49 ALS Initial Course Funding	\$1,102,668.00	\$585,777.45
Total	\$2,685,996.00	\$1,251,280.99

Fiscal Year 2014	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$1,120.00	\$280.00
40 BLS Initial Course Funding	\$780,912.00	\$366,410.86
43 BLS CE Course Funding	\$94,010.00	\$36,578.02
44 ALS CE Course Funding	\$223,270.00	\$79,100.00
45 BLS Auxiliary Program	\$130,000.00	\$59,060.00
46 ALS Auxiliary Program	\$304,000.00	\$168,690.00
49 ALS Initial Course Funding	\$1,188,504.00	\$509,217.51
Total	\$2,721,816.00	\$1,220,176.39

Fiscal Year 2015	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$2,300.00	\$0.00
40 BLS Initial Course Funding	\$387,204.00	\$35,343.00
43 BLS CE Course Funding	\$38,401.50	\$2,212.00
44 ALS CE Course Funding	\$82,582.50	\$1,032.50
45 BLS Auxiliary Program	\$57,360.00	\$0.00
46 ALS Auxiliary Program	\$293,120.00	\$0.00
49 ALS Initial Course Funding	\$614,464.00	\$2,142.00
Total	\$1,475,432.00	\$40,729.50

**Attachment: F to the
October 22, 2014 TCC Minutes**

CE Survey Results

+ Add Page

PAGE 1

Edit Page Options ▼ Move Copy Delete

Show this page only

+ Add Question ▼

Edit Question ▼ Move Copy Delete

The National Registry has proposed the following change to the recertification numbers beginning in 2016. This is the number of hours required in 2 years to maintain Registry Certification and does not include Intermediate as they are no longer certifying/recertifying I-99 in 2016.

Provider Level	Total Hours
EMR	16
EMT	40
AEMT	50
Paramedic	60

Since Virginia will continue to certify and recertify Intermediates we have added that row to the two proposals below. It is important to note that, regardless of which proposal Virginia chooses, the CERTIFICATION PERIODS WILL NOT CHANGE. EMR and EMT will be 4 years and AEMT, I-99 and Paramedic will be 3 years. Proposal A mirrors the Registry Proposal (with the addition of I-99) while Proposal B matches the Registry at EMR and Paramedic but keeps EMT, AEMT(Enhanced) and Intermediate at the current Virginia levels. A workgroup of the Training and Certification Committee is working to set the plan for Virginia. The question to you is, which proposal do you feel Virginia should pursue?

Proposal A	
Provider Level	Total
EMR	16
EMT	40
AEMT	50
Intermediate	55
Paramedic	60

Proposal B	
Provider Level	Total
EMR	16
EMT	36
AEMT	36
Intermediate	48
Paramedic	60

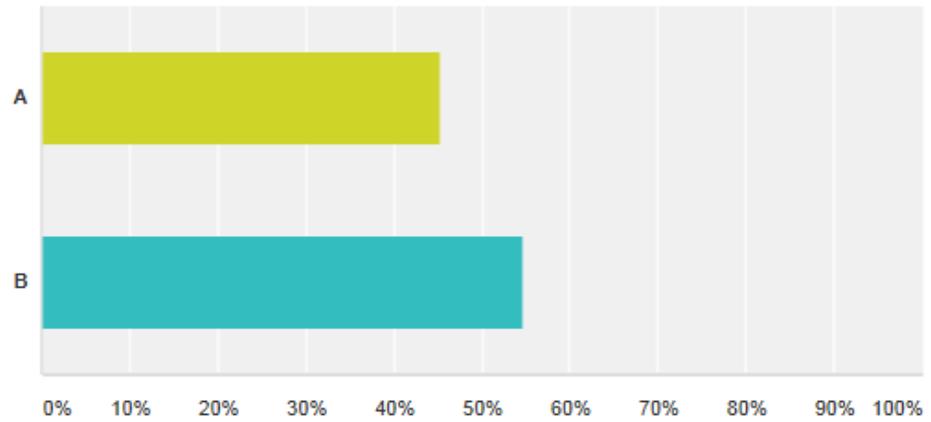
Q1

Customize

Export ▾

I prefer Proposal:

Answered: 3,656 Skipped: 0



Answer Choices	Responses	
- A	45.24%	1,654
- B	54.76%	2,002
Total		3,656

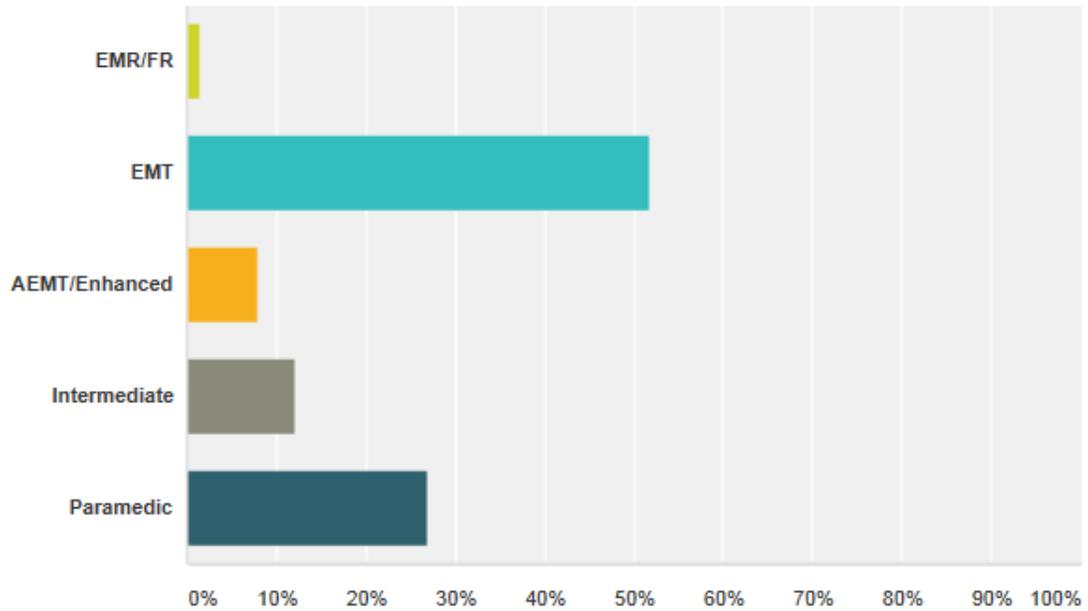
Q2

Customize

Export ▾

My Level of Certification is:

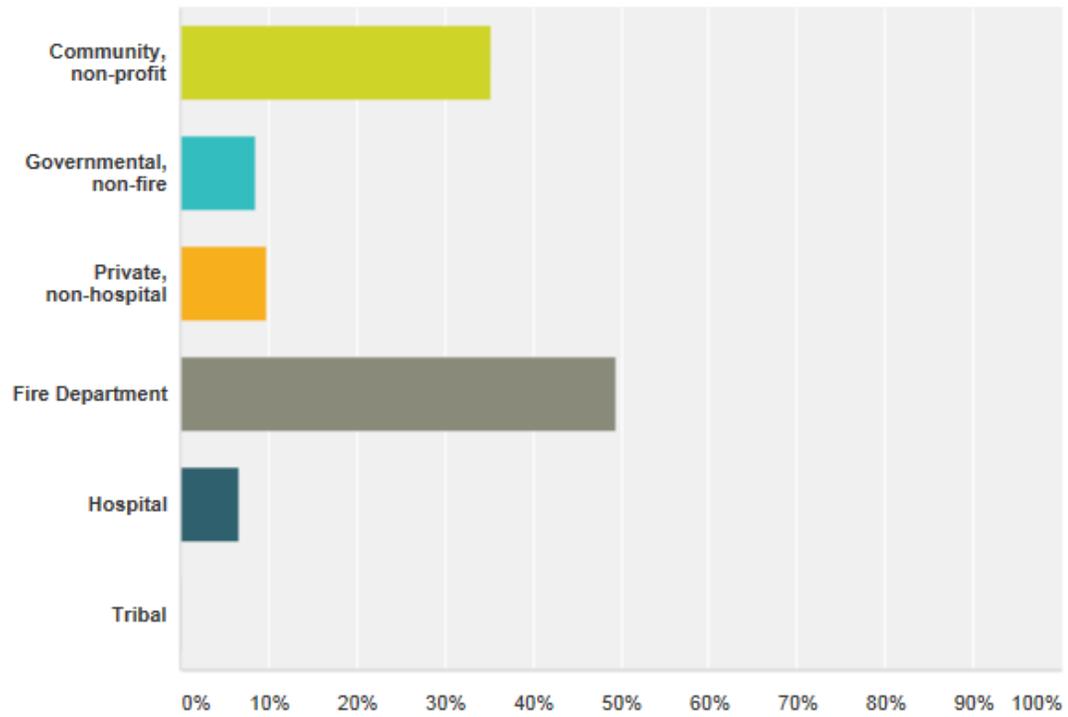
Answered: 3,465 Skipped: 191



Answer Choices	Responses
– EMR/FR	1.39% 48
– EMT	51.72% 1,792
– AEMT/Enhanced	7.91% 274
– Intermediate	12.09% 419
– Paramedic	26.90% 932
Total	3,465

Choose your agency affiliation type.

Answered: 3,465 Skipped: 191



Answer Choices	Responses	
– Community, non-profit	35.24%	1,221
– Governmental, non-fire	8.51%	295
– Private, non-hospital	9.90%	343
– Fire Department	49.47%	1,714
– Hospital	6.70%	232
– Tribal	0.14%	5

Total Respondents: 3,465

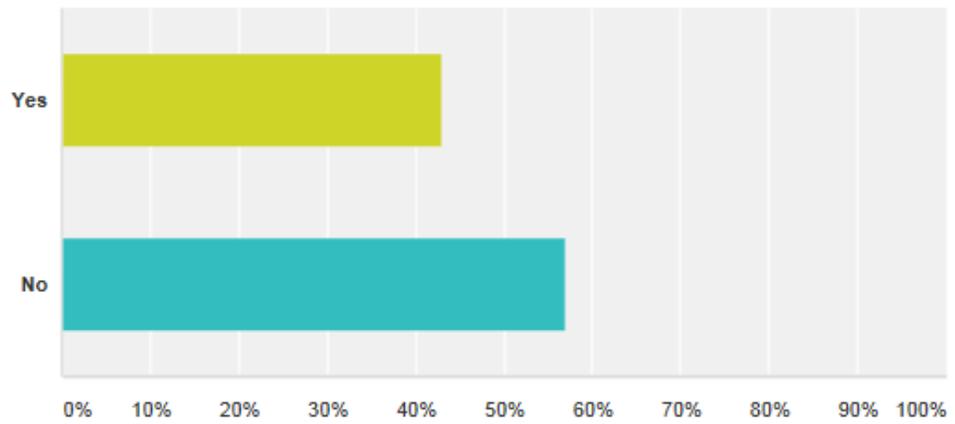
Q4

Customize

Export ▾

Do you have NR certification?

Answered: 3,465 Skipped: 191



Answer Choices	Responses
– Yes	43.03% 1,491
– No	56.97% 1,974
Total	3,465

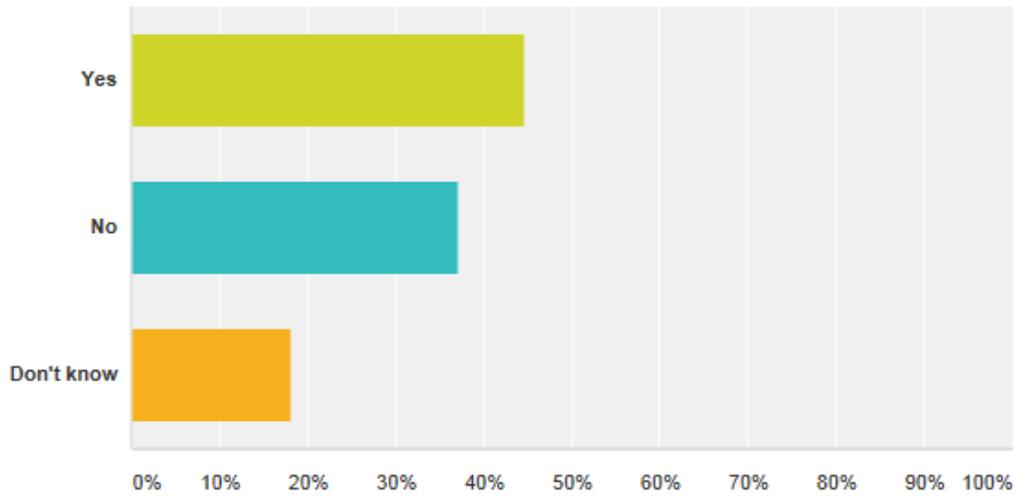
Q5

Customize

Export ▾

Are you planning to keep (or are you required) to maintain your NR certification?

Answered: 3,291 Skipped: 365



Answer Choices	Responses
– Yes	44.70% 1,471
– No	37.07% 1,220
– Don't know	18.23% 600
Total	3,291

Q6 Where do you live?
(Alphabetical)

ACCOMACK –	1.01%	35
ALBEMARLE –	1.56%	54
ALEXANDRIA –	0.87%	30
ALLEGHANY –	0.72%	25
AMELIA –	0.29%	10
AMHERST –	0.35%	12
APPOMATTOX –	0.46%	16
ARLINGTON –	1.10%	38
AUGUSTA –	2.28%	79
BATH –	0.32%	11
BEDFORD CITY –	0.12%	4
BEDFORD COUNTY –	1.44%	50
BLAND –	0.03%	1
BOTETOURT –	0.49%	17
BRISTOL –	0.29%	10
BRUNSWICK –	0.12%	4
BUCHANAN –	0.14%	5
BUCKINGHAM –	0.20%	7
BUENA VISTA –	0.14%	5
CAMPBELL –	0.84%	29
CAROLINE –	0.58%	20
CARROLL –	0.43%	15
CHARLES CITY –	0.17%	6
CHARLOTTE –	0.17%	6
CHARLOTTESVILLE –	0.75%	26
CHESAPEAKE –	1.73%	60
CHESTERFIELD –	3.98%	138
CLARKE –	0.29%	10
COLONIAL HEIGHTS –	0.52%	18
COVINGTON –	0.20%	7
CRAIG –	0.26%	9
CULPEPER –	1.30%	45
CUMBERLAND –	0.09%	3
DANVILLE –	0.46%	16
DICKENSON –	0.14%	5
DINWIDDIE –	0.61%	21
EMPORIA –	0.12%	4
ESSEX –	0.12%	4
FAIRFAX –	0.95%	33
FAIRFAX COUNTY –	3.75%	130
FALLS CHURCH –	0.09%	3
FAUQUIER –	1.62%	56
FLOYD –	0.29%	10
FLUVANNA –	0.84%	29
FRANKLIN CITY –	0.12%	4
FRANKLIN COUNTY –	0.81%	28
FREDERICK –	1.33%	46

FREDERICKSBURG –	0.72%	25
GALAX –	0.03%	1
GILES –	0.32%	11
GLOUCESTER –	0.89%	31
GOOCHLAND –	0.69%	24
GRAYSON –	0.26%	9
GREENE –	0.46%	16
GREENSVILLE –	0.12%	4
HALIFAX –	0.72%	25
HAMPTON –	1.21%	42
HANOVER –	2.40%	83
HARRISONBURG –	0.66%	23
HENRICO –	3.03%	105
HENRY –	0.87%	30
HIGHLAND –	0.09%	3
HOPEWELL –	0.20%	7
ISLE OF WIGHT –	0.69%	24
JAMES CITY COUNTY –	0.92%	32
KING AND QUEEN –	0.29%	10
KING GEORGE –	0.32%	11
KING WILLIAM –	0.63%	22
LANCASTER –	0.12%	4
LEE –	0.26%	9
LEXINGTON –	0.17%	6
LOUDOUN –	4.59%	159
LOUISA –	0.98%	34
LUNENBURG –	0.26%	9
LYNCHBURG –	0.63%	22
MADISON –	0.43%	15
MANASSAS –	0.40%	14
MANASSAS PARK –	0.17%	6
MARTINSVILLE –	0.06%	2
MATHEWS –	0.32%	11
MECKLENBURG –	0.69%	24
MIDDLESEX –	0.20%	7
MONTGOMERY –	2.28%	79
NELSON –	0.49%	17
NEW KENT –	0.55%	19
NEWPORT NEWS –	1.01%	35
NORFOLK –	0.78%	27
NORTHAMPTON –	0.32%	11
NORTHUMBERLAND –	0.38%	13
NORTON –	0.06%	2
NOTTOWAY –	0.14%	5
ORANGE –	0.92%	32
OUT OF STATE –	2.48%	86
PAGE –	0.46%	16

PATRICK –	0.40%	14
PETERSBURG –	0.06%	2
PITTSYLVANIA –	1.01%	35
POQUOSON –	0.12%	4
PORTSMOUTH –	0.26%	9
POWHATAN –	0.49%	17
PRINCE EDWARD –	0.35%	12
PRINCE GEORGE –	0.92%	32
PRINCE WILLIAM –	3.67%	127
PULASKI –	0.46%	16
RADFORD –	0.17%	6
RAPPAHANNOCK –	0.46%	16
RICHMOND CITY –	1.62%	56
RICHMOND COUNTY –	0.20%	7
ROANOKE CITY –	0.98%	34
ROANOKE COUNTY –	1.67%	58
ROCKBRIDGE –	0.14%	5
ROCKINGHAM –	1.79%	62
RUSSELL –	0.20%	7
SALEM –	0.38%	13
SCOTT –	0.03%	1
SHENANDOAH –	0.89%	31
SMYTH –	0.52%	18
SOUTHAMPTON –	0.26%	9
SPOTSYLVANIA –	1.88%	65
STAFFORD –	1.56%	54
STAUNTON –	0.26%	9
SUFFOLK –	0.78%	27
SURRY –	0.06%	2
SUSSEX –	0.17%	6
TAZEWELL –	0.35%	12
VIRGINIA BEACH –	5.05%	175
WARREN –	0.63%	22
WASHINGTON –	0.75%	26
WAYNESBORO –	0.23%	8
WESTMORELAND –	0.43%	15
WILLIAMSBURG –	0.23%	8
WINCHESTER –	0.17%	6
WISE –	0.35%	12
WYTHE –	0.23%	8
YORK –	0.66%	23
Total –		3,465

Q6. Where do you live?
 (Ranked by highest # of
 respondents)

Total –		3,465
VIRGINIA BEACH –	5.05%	175
LOUDOUN –	4.59%	159
CHESTERFIELD –	3.98%	138
FAIRFAX COUNTY –	3.75%	130
PRINCE WILLIAM –	3.67%	127
HENRICO –	3.03%	105
OUT OF STATE –	2.48%	86
HANOVER –	2.40%	83
AUGUSTA –	2.28%	79
MONTGOMERY –	2.28%	79
SPOTSYLVANIA –	1.88%	65
ROCKINGHAM –	1.79%	62
CHESAPEAKE –	1.73%	60
ROANOKE COUNTY –	1.67%	58
FAUQUIER –	1.62%	56
RICHMOND CITY –	1.62%	56
ALBEMARLE –	1.56%	54
STAFFORD –	1.56%	54
BEDFORD COUNTY –	1.44%	50
FREDERICK –	1.33%	46
CULPEPER –	1.30%	45
HAMPTON –	1.21%	42
ARLINGTON –	1.10%	38
ACCOMACK –	1.01%	35
NEWPORT NEWS –	1.01%	35
PITTSYLVANIA –	1.01%	35
LOUISA –	0.98%	34
ROANOKE CITY –	0.98%	34
FAIRFAX –	0.95%	33
JAMES CITY COUNTY –	0.92%	32
ORANGE –	0.92%	32
PRINCE GEORGE –	0.92%	32
GLOUCESTER –	0.89%	31
SHENANDOAH –	0.89%	31
ALEXANDRIA –	0.87%	30
HENRY –	0.87%	30
CAMPBELL –	0.84%	29
FLUVANNA –	0.84%	29
FRANKLIN COUNTY –	0.81%	28
NORFOLK –	0.78%	27
SUFFOLK –	0.78%	27
CHARLOTTESVILLE –	0.75%	26
WASHINGTON –	0.75%	26
ALLEGHANY –	0.72%	25
FREDERICKSBURG –	0.72%	25
HALIFAX –	0.72%	25

GOOCHLAND –	0.69%	24
ISLE OF WIGHT –	0.69%	24
MECKLENBURG –	0.69%	24
HARRISONBURG –	0.66%	23
YORK –	0.66%	23
KING WILLIAM –	0.63%	22
LYNCHBURG –	0.63%	22
WARREN –	0.63%	22
DINWIDDIE –	0.61%	21
CAROLINE –	0.58%	20
NEW KENT –	0.55%	19
COLONIAL HEIGHTS –	0.52%	18
SMYTH –	0.52%	18
BOTETOURT –	0.49%	17
NELSON –	0.49%	17
POWHATAN –	0.49%	17
APPOMATTOX –	0.46%	16
DANVILLE –	0.46%	16
GREENE –	0.46%	16
PAGE –	0.46%	16
PULASKI –	0.46%	16
RAPPAHANNOCK –	0.46%	16
CARROLL –	0.43%	15
MADISON –	0.43%	15
WESTMORELAND –	0.43%	15
MANASSAS –	0.40%	14
PATRICK –	0.40%	14
NORTHUMBERLAND –	0.38%	13
SALEM –	0.38%	13
AMHERST –	0.35%	12
PRINCE EDWARD –	0.35%	12
TAZEWELL –	0.35%	12
WISE –	0.35%	12
BATH –	0.32%	11
GILES –	0.32%	11
KING GEORGE –	0.32%	11
MATHEWS –	0.32%	11
NORTHAMPTON –	0.32%	11
AMELIA –	0.29%	10
BRISTOL –	0.29%	10
CLARKE –	0.29%	10
FLOYD –	0.29%	10
KING AND QUEEN –	0.29%	10
CRAIG –	0.26%	9
GRAYSON –	0.26%	9
LEE –	0.26%	9
LUNENBURG –	0.26%	9

PORTSMOUTH –	0.26%	9
SOUTHAMPTON –	0.26%	9
STAUNTON –	0.26%	9
WAYNESBORO –	0.23%	8
WILLIAMSBURG –	0.23%	8
WYTHE –	0.23%	8
BUCKINGHAM –	0.20%	7
COVINGTON –	0.20%	7
HOPEWELL –	0.20%	7
MIDDLESEX –	0.20%	7
RICHMOND COUNTY –	0.20%	7
RUSSELL –	0.20%	7
CHARLES CITY –	0.17%	6
CHARLOTTE –	0.17%	6
LEXINGTON –	0.17%	6
MANASSAS PARK –	0.17%	6
RADFORD –	0.17%	6
SUSSEX –	0.17%	6
WINCHESTER –	0.17%	6
BUCHANAN –	0.14%	5
BUENA VISTA –	0.14%	5
DICKENSON –	0.14%	5
NOTTOWAY –	0.14%	5
ROCKBRIDGE –	0.14%	5
BEDFORD CITY –	0.12%	4
BRUNSWICK –	0.12%	4
EMPORIA –	0.12%	4
ESSEX –	0.12%	4
FRANKLIN CITY –	0.12%	4
GREENSVILLE –	0.12%	4
LANCASTER –	0.12%	4
POQUOSON –	0.12%	4
CUMBERLAND –	0.09%	3
FALLS CHURCH –	0.09%	3
HIGHLAND –	0.09%	3
MARTINSVILLE –	0.06%	2
NORTON –	0.06%	2
PETERSBURG –	0.06%	2
SURRY –	0.06%	2
BLAND –	0.03%	1
GALAX –	0.03%	1
SCOTT –	0.03%	1

Q7 Thank you for your input. If you have any questions regarding the proposals and/or this survey, please e-mail Greg Neiman at Gregory.Neiman@vdh.virginia.gov. Feel free to add any comments below.

Answered: 295 Skipped: 3,361

#	Responses	Date
1	I think it is important for VA to mirror NR requirements.	10/20/2014 8:33 PM
2	Adding more hours to certification and re-cert just makes it harder to get and maintain volunteers. It took me two years to get my masters while working a 50+ hour a week job it took a lot of time from my family. I can't justify three years for a paramedic, because it would put my family through a lot of hardship again. I would like to find an intermediate class I can attend with my work schedule, but I don't want to waste my time if it goes away in 2 years. We need a way to fit classes and training req'ts to meet the needs of volunteers because they are still the lifeblood of EMS and Fire.	10/20/2014 7:54 PM
3	If NR is going to 3 years. I sure wouldn't have drop that part. 72 hr in 2 years was hard to get.	10/20/2014 3:24 PM
4	WE HOPE TO CONTINUE TO OUR ROLES. THE MORE DIFFICULT IT IS TO MAINTAIN OUR CERTIFICATIONS, THE MORE WE WILL LOSE	10/20/2014 3:04 PM
5	Content of the CE hours is really what counts. I have more merit badges than an Eagle Scout but it's just the same old same old. It's like EMS doesn't change or advance if you look at our CE.	10/20/2014 1:39 PM
6	If adding more CEs, please make them revelant, and not just more numbers to chase.	10/20/2014 10:58 AM
7	I feel more training equals more professionalism and a few more continuing education credits are not that hard to get in 2-4 years.	10/20/2014 9:49 AM
8	it would have been nice to have known the categories the hours were going to include	10/20/2014 8:11 AM
9	Please justify why training requirements would be lowered below the nationally accepted standard.	10/20/2014 6:45 AM
10	It seems that the feds and state agencies are doing everything they can to get rid of VOLUNTEERS!	10/20/2014 5:05 AM
11	Since Intermediates often function at the same level as Paramedics in a large number of agencies in the state, it only makes sense that Intermediates and Paramedics should have similar CE hours requirements.	10/19/2014 8:09 PM
12	I think honestly Intermediates should be held to same re certification standard as Paramedics since in most localities they perform most of the same skill in an ambulance, especially in inter-facility transport	10/19/2014 2:40 PM
13	Thanks for the chance to offer input.	10/19/2014 9:18 AM
14	I think you should consider RN skills and allow us to use them if we are ICU or ER qualified. You overlook additional manpower by limiting us. We may not have time to take enhanced classes because of RN ed requirements!	10/19/2014 2:42 AM
15	The less hours the better. The time required to keep certifications is keeping people from wanting to be EMS providers!	10/18/2014 7:40 PM
16	The number will seem high to most but im in emt-i right now to make sure that you are up to date on all updated or new procedures i think these hours are appropriate if you are serious in being an EMT on any level or in any setting as paid or volunteer then the hours will only be a better way of keeping up skills and up to date on new things rolling out not a burden to have to get them	10/18/2014 5:09 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

17	just keep in mind that the largest ems providers are volunteer. the counties and cites can not afford to have enough paid staff for this service. all ems departments are struggling to fine volunteers, because of all the mandatory cert. hours. the people that makes these decisions are paid staff and they forget the volunteers. we have jobs,families and other important duties in life that will have to do. we dont get paid to take training, so extending traning hours is not something that i,m in favor of. sign FIRE CHIEF ANDY HUGHES LIBERTY VOL. FIRE DEPT.	10/18/2014 11:55 AM
18	While I was not in agreement with using NR to initially certify (as you see now by the low pass rates and other problems with initial certifications), I certainly DO NOT agree with forcing anyone to play the NR "game" who does not wish to in order to practice in Virginia.	10/18/2014 10:46 AM
19	I feel that in order to have the ease of legal recognition the we must maintain or exceed NR standards.	10/18/2014 9:44 AM
20	It is most beneficial for Virginia providers to keep up with National Registry Standards. I understand money controls most everything and keeping the I-99 certification is plausible for Virginia. That being said all new providers obtaining certification should be taught at the National Registry Standard. In my opinion this keeps up the paper entitled "EMS Agenda for the Future".	10/18/2014 8:57 AM
21	I feel that if Virginia is going to keep the I-99, which is a lower standard of care then they should have to take additional CEU's. Most I's that I know don't move up to P because of laziness.	10/18/2014 7:24 AM
22	I don't believe the few extra hours required in the A option over the course of a certification period should present a hardship for anyone. There is no substitute for CE contact hours in training.	10/18/2014 6:40 AM
23	Thanks for all your assistance in answering this survey.Yours truly,Ricky Bohin	10/17/2014 6:03 PM
24	Why wouldn't we follow NR? It's the "national standard". I'm sure people will complain about the additional hours, but it's because of competency. The few extra hours will allow for recertifications to be more hands on, student centered learning with hands-on activities. Students should be happy to get additional hours. Do we want to do just do the bare minimum? I'd suggest following the NR standard as it's a NATIONAL standard.	10/17/2014 5:31 PM
25	I don't agree with decreasing the amount of hours required for Paramedic recert. In my opinion the hours should be more to help us keep everything fresher in our minds throughout our career. I do better doing and studying over and over. By cutting the hours, it's less studying, less refresh of the mind, and potentially increase danger of our patients.	10/17/2014 5:14 PM
26	I think the added hours will cut down on the numbers of volunteers which the state needs to operate its system.Departments are already strained with volunteerism on the down slide, so why add more problebms.Not allowing als classes at the rescue station is also a deterate.	10/17/2014 3:08 PM
27	Would be the least confusing if we all followed Registry requirements. Simple and consistent.	10/17/2014 2:55 PM
28	I have been in EMS for 35 years and at 57 years old, this change will cause me to leave EMS. My employer is a private paid for hire company. They will not pay for me to maintain any of my certification. This placed the burdened on myself or trying to get my rescue squad to over the cost. Either way, the state has not invested interest. This will make volunteer EMS as just a part of history. Audie Pettaway.NR EMT-P, CCEMT-P	10/17/2014 2:37 PM
29	You are over-regulating volunteers right out of the Fire and EMS business. Good experienced and qualified folks willing to serve for the good of humanity and can't - not just because of personal time constraints - but because of the burden of unnecessary training regulations.	10/17/2014 2:31 PM
30	You did not include the option for people who are not affiliated with any agency. It is a required answer, but no affiliation is not an option.	10/17/2014 2:27 PM
31	Thank you for your time and effort on this proposal.	10/17/2014 2:08 PM
32	I live in Gloucester but work in the Clty of Chesapeake. I chose Opition B due to the fact that it is more costly for rural EMS providers to get CE hours. This is very true if you are going to try and keep your NR because the NR only allows a set number of online hours. I would of kept my NR if the hours were all allowed to be online. Traveling to get CE hours is to expensive especially every 2 years.	10/17/2014 12:41 PM
33	Since I will maintain my NR, the levels that Virginia requires are only a formality. I will re-certify every two years with far more CEUs. The only reason that I chose the lower level for Virginia was because it is easier to find NR CEUs than Virginia-approved CEUs. Making continuing education more meaningful (last year's symposium BLS Academy was so bad that I do not plan to attend this year) and easier to obtain credit would do far more for our profession than require four more hours every four years.	10/17/2014 12:30 PM
34	I believe it is difficult enough to obtain the hours required now. To add more would not be fair, especially to those who are volunteer only.	10/17/2014 10:02 AM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

35	Many providers do not need National Registry. Nothing wrong with letting NR be something that takes a little more effort. Makes it a bigger accomplishment. Increasing hours will have a negative impact on retention. Especially on volunteers.	10/17/2014 9:33 AM
36	Living in a rural area, it is already hard enough to get required CE hours. There are very few local CE classes. Internet classes are as well a problem considering most places in the area do not have wifi capabilities. Please consider those of us in rural virginia in your decision making.	10/17/2014 9:01 AM
37	EMT training has been "dumbed down" over the years by concentrating on the "what" and "how" at the expense of the "why". Thinking needs to be emphasized - not remembering checklists.	10/17/2014 8:54 AM
38	We need to keep the intermediate program if the state doesn't it is going to kill the volunteers in the state	10/17/2014 8:27 AM
39	My reason for my first answer: Although longer in hours, and although I'm an "I", I'd rather not have to manage two different hours standards for those who do and those who do not want to maintain NR.	10/17/2014 8:14 AM
40	Additional education requirements makes the VAOEMS certified providers that much stronger.	10/16/2014 11:47 PM
41	Q3 does not include a response for "unaffiliated"	10/16/2014 11:05 PM
42	If you can please share the results. thx	10/16/2014 10:09 PM
43	NR only allows a limited number of ce hours to be earned online which is a problem for many volunteer providers. NR SHOULD ALLOW RECERT HOURS BY COMPUTER CE PROVIDERS.	10/16/2014 9:27 PM
44	Would like to keep EMT at 36hrs	10/16/2014 8:55 PM
45	I lost my NR years ago. But if you are following the NR guidelines you may as well do it across the board. But I will only be VA / state certified.	10/16/2014 8:35 PM
46	I run for a volunteer fire/rescue company that is part of the Loudoun County Fire Rescue system that responds to 911 calls. It's not clear to me if my agency affiliation type, which I selected as "Community, non-profit" is appropriate or not.	10/16/2014 8:30 PM
47	Please align with NR as much as possible	10/16/2014 6:09 PM
48	It is nice that a person can collect CEs and then submit them for recertification when the time comes up.	10/16/2014 5:06 PM
49	we should mirror the NR	10/16/2014 3:48 PM
50	I don't think that 16 hours is enough for EMR, especially every 4 years. As I am involved in training, there is a learning curve associated with the EMR, mainly due to lack of practice time. The EMR generally doesn't ride calls on an ambulance, and most often maintains it for firefighter certification, and therefore doesn't get the additional exposure like an EMT could get the opportunity to do. I would like to see it increased to 24 hours, or at least remain at 18 hours, but please put more than 3 hours of practical skills requirement in to both the EMR and EMT levels. This increased exposure to skills is critical for the success of the provider and can only be of benefit to the citizens in the Commonwealth and surrounding areas.	10/16/2014 3:36 PM
51	It looks like VA/OEMS is pushing volunteers out the door. I caution this move since so many localities rely on volunteers to provide EMS to the residents and visitors in the areas we serve. National Registry is a money making effort disguised as an organization looking to better the system. Let's be realistic and look to make actual improvement rather than more record keeping!	10/16/2014 2:15 PM
52	I feel that any chance to increase the CE requirement should be taken. It is well known that people tend to lose knowledge as time goes and the unfortunate truth is that many people will not research/study on their own thus resulting in deterioration of knowledge and skills. Therefore, in the interest of making EMS a better system, option A should be used.	10/16/2014 1:52 PM
53	Most, instead of looking at this as a way to increase their knowledge, will look at it as an impediment on their ability to "work".. However, if i were the patient, i would prefer my providers to have more knowledge, more remedial training, and more exposure to the tasks they do every day than less.. Additionally, i do not feel the CEU's are a burden, rather an opportunity to refresh skills, and learn new skills for my personal toolbox. Those that feel burdoned by more training should seek other employment.	10/16/2014 1:27 PM
54	EMT-I and paramedic should both be 60 hours. They are considered equal in many instances except for minor protocol situations so i am confused as to why you would try and seperate them further. The more you treat them different the more they will be viewed differently thus resulting in even more confusion and possible discrepansys. JMO	10/16/2014 1:10 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

55	Those who have great access to CE courses will hopefully take advantage of all of them for their educational benefit; however, for those of us who are struggling to achieve our minimum credits, especially those who are trying to condense them into one symposium or those who have even less time and limited access like a full-time student, four more CE units for an EMT does not seem quite necessary. Suffice it to say there are EMTs who have been planning their continuing credits around the required thirty-six, and it would be unfair to add the extra credits at this time. Now that this announcement has been made, Virginia might as well stay current with the National Registry, but let the change occur in 2017 or 2018, not in 2016.	10/16/2014 12:58 PM
56	My initial thoughts were to keep Virginia in line with NREMT, but for those ONLY ever recertifying in Virginia, I don't have an issue with some of the CE requirements being lower.	10/16/2014 12:55 PM
57	As a retired member I will most likely not maintain my certification, without the support from my former department I cannot get the needed training and support....	10/16/2014 12:52 PM
58	I only choose B because I think we need to keep in mind the volunteers. Training, fundraising, running calls are all reason the volunteer EMS ranks are dwindling. An active provider does not need to take more time to recertify.	10/16/2014 12:48 PM
59	If this has to be changed at all, I prefer Option B.	10/16/2014 12:36 PM
60	I am actually out-of-state. have moved	10/16/2014 12:23 PM
61	If emt-I providers are allowed to do everything a paramedic can (in our area) then they need the same amount of ce hours.	10/16/2014 11:22 AM
62	I actually prefer to keep Paramedic at 72 hours.	10/16/2014 10:56 AM
63	Keep hours consistent with NR - it is so much easier to manage your own certification that way, not to mention agency level management. Stop being inconsistent with national standards - do not have separate VA standards (isn't having intermediate enough of a separation from national curriculums and standards??).	10/16/2014 10:36 AM
64	Greg, thank you for all you do.	10/16/2014 10:34 AM
65	Honestly, I feel that the hours are meaningless if the position is not able to do what they are expected to do. I really believe that Virginia is far behind the western states in regards to what is considered standard of care for each level represented. I give an example: EMT-Basics are allowed to establish IV cannulation outside of VA. Why has the state not looked at such a simple skill that in rural areas will be important and in a metropolitan area is appropriate in assisting the advanced level provider. Just saying, it is time for the state to catch up with the rest of the country and take the lead in EMS.	10/16/2014 9:46 AM
66	Increasing level of training is never a bad thing. Recertification at higher hour requirements would bring more legitimacy to much of our profession.	10/16/2014 9:40 AM
67	Took and passed all NR tests- due to age restrictions, I am only able to be Virginia certified.	10/16/2014 9:40 AM
68	I thank you for letting me be a part of a change. I do believe that hrs are a little strict and in that being said I believe that while getting ce hrs it should be more hands on and possibly if it's in a classroom given the opportunity to teach or lecture I believe you learn by doing not just a lecture. I personally would like to be an NREMT Instructor. Thanks for your time and concern. Thanks, Richard A Whittaker Jr B201400592	10/16/2014 9:32 AM
69	I may personally agree with increasing the hours required for recertification, however living in a rural area reliant upon volunteers I see those increases as a deterrent to volunteer rates.	10/16/2014 9:30 AM
70	Thank you for the opportunity to have a voice. I chose the higher hours for a simple reason; with higher level of certification so should the CE to continue to hol the certification.	10/16/2014 9:15 AM
71	I feel that we should go with proposal A because it mirrors the National Registry of EMT's and it would encourage people to keep their Regustry certification. By encouraging people to keep their National Registry certification we are furthering the professionalism of our career by having a common CEU benchmark and increasing our portability across state lines.	10/16/2014 9:02 AM
72	It can be a challenge sometimes to get all of our CE's. Especially for the NR but it's worth it to keep our knowledge strong.	10/16/2014 8:54 AM
73	I think the certification process should mirror NR	10/16/2014 8:54 AM
74	I do not have NR certification, but have maintained a state certification since 2008 (before NR certification was mandatory). I do not plan to obtain NR certification unless it becomes mandatory; this is due to the difficulty in obtaining the certification at remote and limited testing facilities that require me to take a day of personal time off from my normal day job. (I'm a volunteer Firefighter/EMT-B.)	10/16/2014 8:48 AM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

75	My feelings is that National Registry certification should be left up to the individual as it has been in the past. It adds 40 more hours to the course and it is no different than the regular EMT classes that were taught with 110 hrs	10/16/2014 8:43 AM
76	I Could see the higher hours for AEMT/Enhanced if AEMT/Enhanced were authorized to do more advanced procedures/meds.	10/16/2014 8:43 AM
77	I live in Winchester but work in NOVA. I wasn't sure if you want to know where I use me EMT or where I live.	10/16/2014 8:35 AM
78	I am in favor of keeping the higher number of hours for recert. EMT is only 40 hours (10 hours a year). I hope EMT's are training a lot more than that.	10/16/2014 8:28 AM
79	Please publish the results of this survey!!!!!!	10/16/2014 8:25 AM
80	upgrade the intermediate to EMT-P and follow the National Standard.	10/16/2014 8:16 AM
81	I fell that needs to be a bridge class that can move emt-I up to emt-p in the state we live in. I've been a emt-I for 13 years, and can not a ford the class for nremt-p. Can you tell me what to do?	10/16/2014 8:03 AM
82	If NR is making A's get 50 in a 2 year the intermediates should have to get more in 3 years.	10/16/2014 8:02 AM
83	KISS. Keep it the same as NR. I am NR, licensed in Alabama as well as VA, but live across the state line in Kingsport, TN, working for a private ambulance service in Virginia.	10/16/2014 7:59 AM
84	No matter the certification levle, CE is very important. The fact is most new EMS folks are pushed through shorter and shorter classes now and come away with much less knowledge base.. We see it every day and I'm NOT in favor of reducing CE time on top of it. We need to bring up the level of care and stop watering it down!	10/16/2014 7:54 AM
85	I feel that continuing to mirror the NR standard will help streamline the schedules of those who are required to have or elect to retain their NR.	10/16/2014 7:48 AM
86	this state has one of the best ems systems in the country. leave it alone as is, NR is far from perfect and raises the cost for the people who have NR. my training was the I85 program which is better then the I99 program. what I see as a provider with 22 yrs in the field is that providers today relay on tech more then watching and talking to the pt. they need to understand that tech can lead you down the wrong path.	10/16/2014 7:45 AM
87	Continuing education is always a plus for the EMT esp. if you are with a station that doesn't get many calls. This survey doesn't inform the participant with an idea of the workload of 40 CE units. Because I am not required to maintain CE units, I do not keep track of what I've accumulated. Surveying the EMT that understands the workload requirement I believe would be better informed in answering your questions.	10/16/2014 7:44 AM
88	I feel that AEMT and Intermediate levels are generally individuals with less interest, or more often less aptitude, and can greatly benefit from more learning. Overall, this lowers the professional perception of the paramedic field, which in my opinion, I the primary reason the prehospital profession is so low paying. As an illustration, last year my wife was at the high school and wondered about several ambulances there, then she said "Oh I see why. It must be EMT testing, several dumpy looking people just came out to smoke." Our professional image is horrible. More training might help attract and retain a better group.	10/16/2014 7:43 AM
89	N/A	10/16/2014 7:36 AM
90	Recommend you also review your policy for what constitutes approved training and how it is approved. I have taken some very good training both in the state and outside which could not count toward my state recert because they were not "approved." This includes ACLS, PALS, and NALS taken at a military base inside the Commonwealth; these followed the national standard, but did not count for CE because I was not going to ask the organizers to fill out more paperwork when they were already doing me a favor.	10/16/2014 7:29 AM
91	My concern with more hours required is being able to find the training. Sometimes we have to drive to another county to do this. Also with people volunteering this can run into more expenses for them and may hinder some. I do totally agree training is needed, but the extra time and expense is a concern for people doing this for free.	10/16/2014 7:12 AM
92	I would love to know when an Enhanced - to - AEMT bridge will be available so that I could get my NR AEMT and then be a more valuable ALS provider across state lines where NR is recognized. I currently just hold NR EMT and VA Enhanced...	10/16/2014 6:36 AM
93	Will be a Paramedic in Spring 2015 instead of recerting Intermediate	10/16/2014 6:26 AM
94	I am a emt but not (NR) But I do plan on keeping my emt.	10/16/2014 6:11 AM
95	Stay with National Registry	10/16/2014 5:46 AM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

96	I do not support the reduction in hours for training occasionally gets suggested for time constraints. I understand the difficulty in attaining and maintaining CEU hours, but I do not think it should be at the expense of training. We should work to make it more accessible and flexible to receive initial and recertification training. I often get requests from college students that would like EMT training during summer break. If we could accommodate them, we would bring pre-med students into the pre hospital realm of training.	10/16/2014 5:28 AM
97	I feel that while beginning to guide the CE hours towards NR is a great idea and I fully support it, I feel that it is also important for Virginia to shift Enhanced to Advanced in order to allow that to better reflect the NR standard now.	10/16/2014 2:11 AM
98	move to intermediate now	10/16/2014 12:46 AM
99	Thank you for the opportunity to participate in this process	10/16/2014 12:44 AM
100	Reducing the number of recertification hours for any cert level is a disservice to providers and the public. Refreshment of knowledge is critical for all providers. Reducing requirements reduces our profession.	10/15/2014 11:41 PM
101	Thanks for asking input.	10/15/2014 11:35 PM
102	I can't imagine an EMT and AEMT having the same recert hours (36). Most I-99's are practicing close to the paramedic level without the additional initial training, it makes sense that they would have recert hours that are close to a paramedic. I commonly see I's and P's in the same class, so I don't see the major impact of having I's take 55 CE hours.	10/15/2014 10:44 PM
103	Any increase in the requirements for becoming or maintaining an EMS certification at any level HURTS recruitment and retention of VOLUNTEERS!!	10/15/2014 10:44 PM
104	No comment.	10/15/2014 10:40 PM
105	If Intermediate's are still going to be practicing as medics in VA then I think it's a mistake to require them to have fewer hours than Paramedics to recert.	10/15/2014 10:30 PM
106	It's not that hard for me, because I am paid. But, tell the Registry to stop adding on more and more to the volunteers. The have enough on their plate. Stick to the basics and leave the fine print out.	10/15/2014 10:16 PM
107	Are those of us who are not in the National Registry going to be able to take a bridge class to become nationally certified?	10/15/2014 10:13 PM
108	In my opinion, the current CEU requirements for Enhanced providers are at an adequate level.	10/15/2014 10:02 PM
109	# 6 ask Where you live. May I suggest in addition to that question ask where you run. I live in Colonial Heights, but do not run there. I volunteer in rural environment each week. My responses are based on volunteering.	10/15/2014 10:00 PM
110	Thanks Greg for putting out the Survey. As a Paramedic it doesn't really matter to me as the CE requirement is the same. So ultimately I'm indifferent. When doing a survey like this I might do better to highlight the real differences in the proposals so we can honestly compare them. Most I think would opt for the lower requirement just making it easier but not understanding the nuance.	10/15/2014 9:32 PM
111	I am a assistant shift supervisor for our counties sheriffs office, and often times when I am first on scene the fire personal avoid patient care. Even if it is life threatening. I don't know why, and I am considering letting my cert run out because I am left holding the bag while medics and EMTs direct traffic or disappear into the darkness. EMS needs to step up. I obtained my cert to be better able to help those in need. Not to be the care provider while the professional providers stand back and watch or disappear.	10/15/2014 9:27 PM
112	55 credits in 3 years seems reasonable	10/15/2014 9:20 PM
113	It would be nice if we would just match the recertification period of NR. It's such a hassle figuring out how to manage hours so both recerts can happen smoothly.	10/15/2014 9:19 PM
114	National Registry is solely about making money and not good providers. VA needs to keep the I99 program and develop their own test, NOT National Registry.	10/15/2014 9:06 PM
115	I feel staying current with NR will be positive.	10/15/2014 8:57 PM
116	I work in Frederick County but reside out of state	10/15/2014 8:56 PM
117	I wish I knew what the current hours were before answering question #1. It would have been nice to have that information.	10/15/2014 8:53 PM
118	I feel that the program meets all of the EMS operational requirements as is.	10/15/2014 8:52 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

119	I am interested in obtaining my NR but I don't know how to obtain it. What do I need to do to get this? Thanks	10/15/2014 8:49 PM
120	Maintaining the same standard as National Registry simplifies things and keeps Virginia in line with a national standard.	10/15/2014 8:42 PM
121	N/A	10/15/2014 8:41 PM
122	As an instructor, I feel that all the levels should mirror the NREMT (except for Intermediate for the obvious reason). We have such a huge military and federal government contingent we should be thinking of all those who want to maintain registry as well as their state. I am also assuming that it can always be changed if this doesn't work for the majority of the other EMS agencies in the state.	10/15/2014 8:28 PM
123	Once certified class education is more valuable than re testing to maintain certification	10/15/2014 8:03 PM
124	Thank you Office of EMS for working as hard as you do to maintain prehospital excellence in the Commonwealth of Virginia!	10/15/2014 8:00 PM
125	The recertification requirements should be shorter it is hard for volunteers to maintain employment, serve their agencies and keep up their certifications	10/15/2014 7:53 PM
126	Thanks for asking our opinion.	10/15/2014 7:50 PM
127	Keeping the hours the same as the registry and keeping the states longer recertification time is a good compromise.	10/15/2014 7:37 PM
128	I am not sure how much longer I am going to keep my EMT. It is getting more difficult each time I recertify.	10/15/2014 7:30 PM
129	I currently volunteer in Prince George which is a Fire/EMS agency. I am employed for a state agency that is an EMS licensed non-transport provider.	10/15/2014 7:25 PM
130	For EMT 36 or 40 is not really a big deal. Jumping to 50 is quite a bit difference	10/15/2014 7:18 PM
131	Make the expiration dates and certifications periods match the National Registry. This would make the recertification easier on the providers and the documentation would be consistent. Eliminate the EMT-I's and remain with the National Plan	10/15/2014 7:11 PM
132	CE training, in fact ALL EMS training, is all the more important for rural volunteer rescue squads where the quantity and the range of types of patient care is far less than in developed high-population communities where career providers are more likely. Please give due consideration to the needs of the rural providers/volunteers in your deliberations.	10/15/2014 7:00 PM
133	We should be national EMT that should be nationalized. All states should be on the same page.	10/15/2014 6:59 PM
134	I have three cert MD DC VA an nremt please follow nremt	10/15/2014 6:55 PM
135	It would be nice to have information for EMT-B who are interested in taking the national registry exam.	10/15/2014 6:47 PM
136	Generally not a big fan of making things more difficult when less will do. There are enough other things in place to help insure safety and currency to make more CE hours unnecessary.	10/15/2014 6:22 PM
137	Thank you for this info!	10/15/2014 6:17 PM
138	I think it is best to mirror the NR recert hours requirement. This makes it easier to recertify both our state and NR.	10/15/2014 6:10 PM
139	I am curious about how the role of AEMT will fit into the role of prehospital care. But I feel the complexity and increased demand of services requires more time in training.	10/15/2014 6:10 PM
140	I'm going to have to move to AEMT for National Certification since you won't provide a transition course for I-99s	10/15/2014 5:59 PM
141	I really appreciate the opportunity to participate in this survey. It makes me feel apart of a team !	10/15/2014 5:39 PM
142	We need volunteers so why make training and recertification so hard on them. Unfortunately, our communities suffer more without enough volunteers to reach patients and transport them to the hospitals in a timely manner. The only people that benefit from more requirements are paid staff as it forces volunteers out. EMTs are the backbone of EMS and without volunteers you won't have them.	10/15/2014 5:35 PM
143	I chose proposal B as an Intermediate and an Instructor I would have chosen proposal A if the Intermediate was at the 50 hour level. Reason being after numerous recerts at the Intermediate level as well as doing instruction for CE at the Intermediate level 48 ours has always seemed to be sufficient so adding 2 more hours wouldn't be that much of a change from previous. Lastly either one will be fine with me from a provider and instructor standpoint as I never ask for reimbursement for CE hours I teach.	10/15/2014 5:32 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

144	The increase in hours for any level certification is putting an unnecessary burden on volunteer rescue squads. Any squad member can call for ALS assistance on a call, but in our rural areas, most calls can be handled by EMT-B's! With the additional hours required, many prospective volunteers can not put in the time required, and the volunteer agencies are all struggling to cover calls with a minimum of active members. There are ALS certified members available when needed.	10/15/2014 5:27 PM
145	If mirroring NR them revert period should ALS be mirrored. Makes revert more manageable for those maintaining dual cerfs	10/15/2014 5:27 PM
146	I volunteer for an agency as well as work for our local hospital	10/15/2014 5:22 PM
147	Yes, more hours! Our "jobs" are complex, and aren't getting simpler. More Training. 10 hours per year for an EMT (15 for a paramedic) is not unreasonable. Heck, it could (should) be even higher!	10/15/2014 5:18 PM
148	I support more education for re-certificatgion.	10/15/2014 5:10 PM
149	Since everyone is required to certify via NREMT, it would make sense to mirror their recert hours. This makes it easier to keep track of hours completed (via the portal) and to submit documentation to NREMT of hours completed if the individual is audited (like I was in 2013). Steve McGraw	10/15/2014 4:59 PM
150	If the EMT/AEMT/Paramedic is active I feel The 'B' standards would work. I might suggest that newer topics /techniques for treating pt. should be part of the mandatory hours.	10/15/2014 4:57 PM
151	I believe the Office of EMS and the EMS Advisory Board need to take a close look at the impact their decisions are going to have on the future of EMS in the Commonwealth. There seems to be a big push to mirror the NR standards and while doing so, you are negatively impacting the service delivery agencies and localities that are trying to diligently provide the best level of service they can possibly afford for their citizens. Strong consideration should be given to look at a modular or step program for EMS providers to help provide a path and vision from entry level to the paramedic level. The fact that a person can walk in off the street and be a paramedic in a few years is diminishing the service levels of the overall EMS system due to the lack of field experience. Furthermore, the cost associated with the paramedic program is going to obliterate the volunteer EMS systems and place huge financial burdens on localities that will try to maintain and ALS standard level of response. I will never be a proponent for going backwards. However, when the progression was EMT-B, EMT-ST, EMT-CT, and EMT-P there was more opportunity for agencies to produce higher certification level providers for an affordable rate and allowed members to pace themselves through the EMS levels while balancing the other aspects for their professions. For many localities, fire-based EMS systems are the only EMS systems handling the calls. Better communication between state agencies is imperative for the survival and prevention of burn-out for employees and volunteers, the survival of EMS agencies, as well as the ability to provide our customers with the service levels they expect and deserve. From and outsider looking in, it appears as though the state agencies and the National Registry are trying every attempt possible to make EMS privatized. This is ironic because if you look at states big into National Registry and many of the NR reps, the EMS systems are run by the hospitals, a privatized system.	10/15/2014 4:52 PM
152	Having VA's requirements mirror the NR (at all levels) makes maintaining NR certification easier.	10/15/2014 4:52 PM
153	We need to be in line with the NREMT. I have been a paramedic since 2004 and it's always been a pain to coordinate Virginia CE requirements with the NREMT's. We should start accepting a written test for recertification, and allow people to maintain their certifications if they aren't currently practicing or with an agency like the NREMT does.	10/15/2014 4:47 PM
154	I would like to continue to align our requirements with registry	10/15/2014 4:46 PM
155	Continue to use EMSAT and Online CE for training. It is a great way to stay fresh on skills and trends	10/15/2014 4:45 PM
156	While it would be great to mirror NR for ease/simplicity, as a volunteer it is just about right time frame (three years) to get the required 48 hours now. I will be hard pressed to get 55 hours in Proposal A.	10/15/2014 4:38 PM
157	Because I'm sending this from my phone I will keep my comment short and simple. Please oppose any suggested proposals that minimize recertification training hours. It is a strong opinion by those who take pride in this profession that less hours will compromise the integrity and professionalism of Ems.	10/15/2014 4:37 PM
158	Hope clearly defined requirements will make it easier for everyone.	10/15/2014 4:28 PM
159	I do not believe we should decrease the Paramedic hours. We are already used to 72 hours and I don not think a decrease is necessary. I undestand that Virginia follows National Standards and that has served us well and kept us ahead of other states.We should stay ahead and keep the 72 hours.	10/15/2014 4:13 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

160	<p>Greg, I feel that lowering the education requirements at the Cat 1 level will hurt us in the long run. I know folks can do the online items for state purposes, but the in seat/scenario based CE recert is still the best way to go. The Auxiliary EMSTF is an excellent way to give an agency the incentive to do this way of training. "Accrediting" an agency for per head CEs vs. per hour would be even better. This may have been brought up before, but the card fees for courses like ITLS, AMLS, etc causes the Auxilliary fees to go straight to those companies and less towards the individual agency that is responsible and accountable for creating solid scenario based programming. Lecture can only do but so much. Having the funds to support an instructor to student ratio would be an excellent way to spend the funds. I know the state is not an endless supply of funding, but there are not that many agencies that could pull this off with no cost for the provider seeking an excellent learning opportunity. Just a thought, but I think hands on CE Recert vs. "Meat in the seat" courses would be better off for the state all the way around. Thanks for reading. Raj Islam, VBEMS Training Captain</p>	10/15/2014 4:08 PM
161	<p>We need to hold EMTs to a higher standard if we want to progress in the field of medicine. Despite the current requirements, the skill and knowledge of many providers is concerningly lacking....</p>	10/15/2014 4:08 PM
162	<p>There are less and less volunteers taking the EMT class and more people leaving. While I'm all for qualified people we need to find a balance. The fact is the new program's longer and higher standards does not effect the major communities like Chesterfield; where there is a fire station located 8 minutes away for every citizen. However over 90% of all EMS in the smaller communities are volunteer. So while you may think we are better off with more highly educated EMTS, There are fewer and fewer of them. Less EMTS =Less Ambulances on the road-----means more lives at risk.</p>	10/15/2014 4:07 PM
163	<p>More strenuous requirements are killing rural EMS. Please consider us.</p>	10/15/2014 4:07 PM
164	<p>First off each agency requires its providers to do more with less and do more for less pay. I am 1000% against raising requirements for recert. I also can care less about national standards. I do not plan on going anywhere else when I retire. I will no longer hold my certs at that point. I work in a very busy agency and time is limited for recert hours. I do not have time to do any additional training outside normal duty hours. Most FD EMS workers hold second jobs. Not for something to do ,but to survive. I am strongly opposed to any increase.</p>	10/15/2014 4:02 PM
165	<p>I personally feel that reducing the amount of CE hours required is a terrible idea. We have enough cookbook paramedics and paragods as it is. Making it easier to maintain your certification will do nothing but hurt patient care</p>	10/15/2014 4:01 PM
166	<p>My thinking is as long as the Virginia certification is not tied to the NR cert., the why require a more extensive CEU program. Those who wish to maintain their NR cert., will still be required to take the additional Trng. If on the other hand Virginia adopted the NR standard and the NR recognized Virginia providers as NR providers (w/o) having to test into the NR.... then I guess the NR CEU requirement would be the way to go.</p>	10/15/2014 3:57 PM
167	<p>What is there any difference between AEMT/ENHANCED?</p>	10/15/2014 3:52 PM
168	<p>EMT-I to Paramedic Bridge class! One that TCC isn't raping you for all clinical hours you did for Intermediate! The only reason I and many others haven't gone to P. I work as an ALS provider and can prove my competencies through reporting software.</p>	10/15/2014 3:47 PM
169	<p>How do I re certify if I am just state level EMT? My certification expires in 2016 in May but I would just like some clarification on this matter. Thank you and have a blessed day!</p>	10/15/2014 3:43 PM
170	<p>It would help so much if they were lower hours for certs.</p>	10/15/2014 3:37 PM
171	<p>I don't understand the rationale for keeping EMT-I or the need to have more than four levels EMR, EMT, AEMT, Paramedic. Why are we being different></p>	10/15/2014 3:36 PM
172	<p>Your recert is too complicated. It is as if you do not want to have a EMS provider in VA. I am a NREMT. I have been a VA EMTP but am in Re-entry now. You are saying I have to take the NREMT test. This is ridiculous.</p>	10/15/2014 3:18 PM
173	<p>Please remember all the volunteers who not only give their time on duty but take off work to attend CE classes for no pay. I am both paid and I volunteer in different cities. CEs should be more hands on instead of sitting through lectures that start to all sound the same.</p>	10/15/2014 3:17 PM
174	<p>I feel it is important to mirror national registry - otherwise it will get very confusing. I also feel we need to have the best providers possible and reducing training requirements will reduce competency.</p>	10/15/2014 3:14 PM
175	<p>Although I am not AEMT certified, I think that the CE hour requirement should not be increased, or if it is increased, not to the extend that option A offered. Achieving the required CE hours should be manageable such that it encourages people to obtain that level of certification and/or maintain it. This may hopefully provide the state with a larger pool of AEMT or higher practitioners.</p>	10/15/2014 3:13 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

176	Under question number 3, although I am affiliated with 3 different volunteer fire companies who also have EMS, I also belong to an EMS only station. There is no option for this.	10/15/2014 3:13 PM
177	Thank you for keeping EMT-intermediate! Many counties would have suffered without it. It takes lots of prerequisites classes at the college before you can even enroll in Paramedic class. I picked to have us do more CE hours all around more training never hurts.	10/15/2014 3:12 PM
178	Any Paramedic with over 20 years as a medic and let his cert expire, should be sent a thank-you letter and a retirement patch and two car decals. This would be a great way for the State to show thanks for the service done.	10/15/2014 3:11 PM
179	VDH seems either intent on increasing the difficulty of being a volunteer EMT, or at the least indifferent to the problem	10/15/2014 3:11 PM
180	What are EMR/FR and NR? Will EMTs in non-transporting Fire Departments get appropriate training & tests which do not include transport issues, since we do not transport?	10/15/2014 3:06 PM
181	While I chose option B, I do feel that the more CE's you get the better provider the person may be. But as a volunteer, fewer CE's does make it easier to obtain.	10/15/2014 3:05 PM
182	The "A" option will keep our recert hours inline with NR requirements and keep everyone on the same schedule.	10/15/2014 3:04 PM
183	Maybe a Plan C, that splits the difference between A & B.	10/15/2014 3:03 PM
184	VAOEMS should maintain the Intermediate level. They should also consider re-adding pediatric intubation or have that be OMD/Agency specific. Most of us are highly trained and proficient in this scope.	10/15/2014 3:03 PM
185	Intermediate CE Hours should match Paramedic CE hours	10/15/2014 3:02 PM
186	I am currently in the I-99 class and feel higher standards will make better providers. I am also an evaluator for the EMT levels sites and would not like to see standards lowered for those levels or AEMT.	10/15/2014 2:47 PM
187	The CEU requirements for EMT need to remain as present for non NR personnel.	10/15/2014 2:47 PM
188	What are the Advantages to NR EMT and a two-year re-certification vs. the four-year VA Certification?	10/15/2014 2:46 PM
189	It would be great if the new recert guidelines mirrored the NR guidelines exactly. In other words, if I recert for National Registry, I should automatically be eligible to recert for Virginia.	10/15/2014 2:46 PM
190	Any effort to lower the training burden on volunteers would be well advised.	10/15/2014 2:43 PM
191	Honestly my preference would to have all certifications that national registry recognizes be the same CE requirement for the state cert. This way you do both at same time... for those providers who work in a system and if the AEMT for the state only requires 36 hours then their job (if they don't have to maintain NR) could say they won't provide, pay or work with the provider in getting the other 14 hours. If the state and NR match then this will benefit the provider. Also for those in the training department, its confusing enough keeping track of the new levels and hours, but to also then have to keep track of those who are doing the state vs NR is an additional category that would only create opportunity for miscommunication, more confusion and wire crossing. If the state is going to maintain the Intermediate certification, then logically speaking, they really should only be held to what is required by VA to maintain the cert....personally speaking, extra education never hurts.	10/15/2014 2:39 PM
192	10 CE's per year average is extremely reasonable. Currently I do 20 to 30 per year.	10/15/2014 2:39 PM
193	If VA plans to phase out EMT-I, which has been discussed for many years now, then providers should be able to chose whether they wish to move to AEMT or should be offered discounted EMT-I to Paramedic bridge classes.	10/15/2014 2:39 PM
194	Don't drop the CEU requirements. The lower certs need just as much retraining now as they ever have.	10/15/2014 2:39 PM
195	I just think Virginia should follow national recert hours because it will be easier for everyone who keeps up both certifications	10/15/2014 2:37 PM
196	Don't forget that your volunteers still have full time jobs. If you raise the recert hours and criteria too much you might start to lose guys or girls who don't have the time to take the needed classes. Even if it is over a span of 3 years.	10/15/2014 2:34 PM
197	The national registry requirements are excessive at 72hrs of CE category for EMT (24+48) every two years -- what really makes me a better EMT is updating my training monthly via Centrelearn webinars and also attending a 36hr skills VAOEMS refresher every 2 (because I am a NREMT) or 4 years to practice skills I use less in the field (i.e. high importance, low frequency events)	10/15/2014 2:32 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

198	It is surprising to me that the Commonwealth embraces the National Registry as the be all and end all of certification. Is it the VDH cannot define EMS competency without third party oversight? We are loosing vital, volunteer members in an area that is severely economically depressed. The Commonwealth cannot fund paid providers for counties like ours and neither can the County. In the end, patients suffer from lack of EMS response. In most areas of the Commonwealth where volunteer agencies provide EMS, membership is falling. We are close to returning to the days when funeral homes were the only transport to an ED.	10/15/2014 2:31 PM
199	I feel continuing education in medical fields are extremely important. People's lives depend on that and our training. The more CEU required to maintain certification is best and to ensure all material is covered within those units. Thank you.	10/15/2014 2:30 PM
200	Please mirror NR requirements to keep our lives sane. Also, plan on doing away with Intermediate certain in Va when NR no longer plans to support Va with tests. This will allow localities who refuse to pay or endorse Paramedic school since I is still considered "near equal" to P. If I is gone, P will be their likely only default option.	10/15/2014 2:28 PM
201	I think it is best to keep everyone in Virginia recertifying with the national registry minimums so that people will not accidentally not have enough CEs to recert their national registry.	10/15/2014 2:28 PM
202	Do you REALLY expect anyone to chose the greater hours? However, if we are using National Registry for Certification, why should it not also be adequate for recertification. Grow a set and do what's right. Why didn't you put the 3rd option out there, indefinite certification, I am sure that would be the most popular.	10/15/2014 2:26 PM
203	We should follow NR.	10/15/2014 2:26 PM
204	I don't have the NR EMT Cert but I recently completed the new state recertification process in September.	10/15/2014 2:25 PM
205	I wasn't sure what to put for #3. I volunteer at White Oak Volunteer Rescue Squad. We are a non-profit volunteer agency, but we are supported by Stafford County Fire and Rescue Department.	10/15/2014 2:24 PM
206	why are we constantly trying to lower the requirements for folks who are, ostensibly, sent out onto the streets to practice medicine?	10/15/2014 2:23 PM
207	Can't have enough education or refreshers in my opinion.	10/15/2014 2:23 PM
208	Having 55 hours recert for Intermediate vs 60 for Paramedic in Proposal A really makes me question the purpose of having a separate Intermediate classification.	10/15/2014 2:20 PM
209	If Paramedic hours stays the same for Virginia as well as the protocols when it references EMT-I and EMT-P. then the hours should stay the change.	10/15/2014 2:19 PM
210	Volunteers (or others) may not be required to maintain NR. Asking them to devote more time may reduce your volunteer roles. Requiring less to just maintain state may be an option for these individuals.	10/15/2014 2:18 PM
211	I like the idea of keeping the Virginia State requirements for CEU's close to that of National Registry. For me, I was shocked my how many MORE hours I had to do to keep up my national registry. I think Va should strive to be closer to the that number especially within four years. We have the resources available to do so.	10/15/2014 2:18 PM
212	Matching the National Registry requirements would make life easier - trying to explain two different sets of requirements to students is very difficult. Its hard enough trying to get them to understand just one set of requirements!	10/15/2014 2:18 PM
213	The state should convert Intermediates to Paramedics through a bridge program or make them AEMTs ASAP	10/15/2014 2:18 PM
214	I feel that the increase should happen due to many people only due the minimal hours anyways and as providers it is not doing anything right by out patients we are providing care for.	10/15/2014 2:17 PM
215	I am currently a emt basic but and enrolled in intermediate class just so you no	10/15/2014 2:16 PM
216	Should mention if you are a student. I will be testing for my NREMT-P in two months. Just a thought.	10/15/2014 2:16 PM
217	I like it when everything matches national registry exact. Thanks!	10/15/2014 2:15 PM
218	Bridge to paramedic from Intermediate, it's only fair. Intermediates should not be left behind, some of us represent a very knowledgeable group both in didactic and practical skill set. We deserve a voice as well.	10/15/2014 2:14 PM
219	The Commonwealth should take the stance that it will follow national recommendations and guidelines, including the removal of Intermediate as a certification level for providers.	10/15/2014 2:14 PM
220	To keep the Virginia CE the same as NR will assist with the departments that help the members to keep the NR. I am the training officer for our department and we have a two year recert progam for our NR EM.	10/15/2014 2:12 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

221	n/a	10/15/2014 2:12 PM
222	Does this apply to non nationally registered volunteers	10/15/2014 2:12 PM
223	Need to keep training EMT's at high hours when they are not active.	10/15/2014 2:12 PM
224	I generally feel it would be better to keep slightly less-trained providers, who would continue their training in subsequent cycles, than it would be to lose slightly better trained providers altogether.	10/15/2014 2:11 PM
225	Another consideration would be to have the state CEs automatically update the NR so it's all one motion.	10/15/2014 2:11 PM
226	I belive we should have to do some ces. But my agency runs 90 percent ems. People pratice out in the field. Also some peoples jobs dont allow them to be able to run calls. And be able to do all the ces required. Thanks	10/15/2014 2:10 PM
227	I don't have certification with national registry because I became an emt basic at 16. However, I am in a paramedic course now and I fully intend on testing at the intermediate level and getting my NR certification.	10/15/2014 2:10 PM
228	Va should consider immediate recertification with valid NREMT certification rather than having to reshape ce hours, as many other states do.	10/15/2014 2:06 PM
229	I believe that we should pursue increasing the hours needed to recert. In my experience a lot of agencies especially career do not have a lot of training opportunities. Volunteers have few as well in the rural setting. But at the same time we should hold all EMS personnel to higher levels when it comes to training.	10/15/2014 2:06 PM
230	Makes sense that since Virginia has moved to NR testing, that the CE requirements should be equivalent. Should make it easier for folks who maintain both VA and NR certs to keep track of their hours.	10/15/2014 1:58 PM
231	You might want to specify what "NR" stands for - I had to Google it. I assume you meant national registry.	10/15/2014 1:58 PM
232	Virginia at a minimum should meet national standards. This allows providers to transfer. I would prefer we require NR to be maintained. This also helps in national responses, in assuring that providers meet nationally consistent standards of education and practice. This is an profession, and we need to be together nationally to gain recognition as such.	10/15/2014 1:57 PM
233	My nremt runs out 3/15 I am no longer on an agency and with no computer its hard for me to get ce hours due to my job I can't attend classes is there any way something can be done to help with this as I know a few other providers that have same problem that are volunteers and with work schedule cannot attend class? Thanks.	10/15/2014 1:56 PM
234	I feel that it should mirror registry and the Intermediates should be held to a higher standard. They already want to call themselves Medics - which they are not - so make them learn more and be held to that standard!	10/15/2014 1:56 PM
235	I was a career NREMT-P for over 25 years in Arlington , Va. To re-certify I would have to go back to school for two years. I find that a true loss to our local departments especially small volunteer organizations like the one I work with today in retirement. I could take a two week refresher and pass any test they can throw at me, including, PALS, ATLS, BTLS, ACLS. Why waste so much talent, everyone who has done this in a busy department walks away for a while to catch their breath, why not use their experience, it is like riding a bike. Although, I know there is money at stake. Edward T Blunt Sr. Captain, ret. Arlington County Fire/EMS	10/15/2014 1:55 PM
236	What ever is decided I don't think we as public safety supporters should allow a bill to be passed in the General Assembly that in any way reduces certification or recertification hours.	10/15/2014 1:55 PM
237	I feel that the state should follow NR guidelines so as to avoid any confusion to the provider. The state needs to be uniform in its guidelines.	10/15/2014 1:55 PM
238	Thank you for taking time to seek input from the people who will be impacted by this either way.	10/15/2014 1:54 PM
239	It is already a challenge to obtain the required CE hours. As both a Certified Emergency Nurse and an Intermediate the amount of time spent maintaining current certifications hinders my ability to further my education.	10/15/2014 1:50 PM
240	A is easier for those maintaining there National certification. It is also easier for instructors teaching	10/15/2014 1:46 PM
241	Would rather keep things inline with the registry. Just makes things easier.	10/15/2014 1:43 PM
242	Na	10/15/2014 1:43 PM
243	I chose the hours i did mainly because in our location it is hard to get the ceu hours in the upper levels at times.	10/15/2014 1:41 PM
244	Just make everything in luring time match nr. Having all of these different certifications and different time requirements just makes everything in va so much more complicated! That's supposedly why you follow the nr????	10/15/2014 1:39 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

245	standardize...continuous changes is causing confusion and lack of interest in maintaining the cert	10/15/2014 1:37 PM
246	Any plans to allow a NRP to keep their state certification without an agency sponsor ?	10/15/2014 1:36 PM
247	Proposal B makes more sense as most agencies around here run 12 hour shifts, and Proposal B, with the exception of EMR, is in line with 12 hour denominations.	10/15/2014 1:32 PM
248	VA should mimic National Registry to keep our standards high.	10/15/2014 1:31 PM
249	The requirements on the volunteers now is creating a situation where it is very difficult to get new members	10/15/2014 1:28 PM
250	you should be able to get CEUs for taking the CISM course. right now you don't. Ive taking thr full CISM coures both basic and advanced and as a EMT I dont get CEU hrs. but RNs and Mental Health professionals do.	10/15/2014 1:27 PM
251	I am glad to see Virginia will be keeping the EMT-I. Please continue to do so!	10/15/2014 1:26 PM
252	As long as the intermediate scope remains similar to the paramedic scope, the required recert hours should be commensurate. Also, I think AEMTs should require more hours to recertify than EMTBs, as it is a higher level of training with a wider scope. The NR is going in the right direction with their certification levels and required recertification hours, and Virginia should follow their lead.	10/15/2014 1:22 PM
253	If both were the same it would eliminate the confusion.	10/15/2014 1:22 PM
254	Volunteerism in Virginia is on a downhill spiral and adding more requirements to an already fragile system would likely be to their detriment. I would like to see Virginia move away from Registry and create tests again.	10/15/2014 1:16 PM
255	Several of my constituents feel that continuing to add hours and other requirements will ultimately dissolve the volunteer system in Virginia and force us into an all-career/all-paid system.I agree.	10/15/2014 1:14 PM
256	I think the VA recert hours should closely resemble the NR hours, otherwise it looks like VA certified EmTs are not as well trained as NR emts.	10/15/2014 1:14 PM
257	Might as well stick with Natl registry as it's portable and becoming the national standard. Now, I think Natl Registry's game is all about the ascendancy of paid personnel over volunteers, via the fie unions, but that will sort itself out economically sooner or later by forces that are beyond that kind of special interest manipulation.	10/15/2014 1:13 PM
258	I hope the EMT being four years is an error next to the statement "times will not change". It currently is five years. There is no need to increase the hours at all for practicing providers. If there is new information, I'm certain it will fit in the 24 hours.	10/15/2014 1:13 PM
259	Merrr herrr	10/15/2014 1:11 PM
260	There is a year difference in training (school) between I 99 and Paramedic but with proposal A there is only an additional 5 hours of CEU's required between I and P? Seems we are either asking too much of the I's or not enough of the P's.	10/15/2014 1:08 PM
261	Thank you for taking our input:)	10/15/2014 1:04 PM
262	The more hours, though they be few, could give more of a learning chance.	10/15/2014 1:03 PM
263	I like the hours noted. Will they be specific in crtain categories? How will they be listed out? Do we need to have local CE's as well as out side CE or is it based on topic?.	10/15/2014 1:03 PM
264	Keep up the good work..	10/15/2014 12:59 PM
265	I believe that since the state is now embracing National Registry for the certification process at nearly every level (except Intermediate), it only makes sense to use the same standards for recertification. This will also ease the process of maintaining National Registry for those who wish to keep it. The addition of four hours over four years for EMT is hardly a burden.	10/15/2014 12:57 PM
266	There is no change for paramedics so this survey doesn't address us. I se both seletions viable depending on the number of certification hours required. Most will pick B as less time involved for volunteers to recertify. The time doesn't affect paid personnel as many are on duty when recertifying. I have to do 60 hours on my own time regardless of which one you pick. I'm finding it difficult to work, run duty and find dday hours to complete in person classes.	10/15/2014 12:55 PM
267	Hard enough to keep up with ce's as they are	10/15/2014 12:54 PM
268	The more demands placed on (uncompensated) volunteers, the more difficult it is to retain these folks. Thanks.	10/15/2014 12:44 PM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

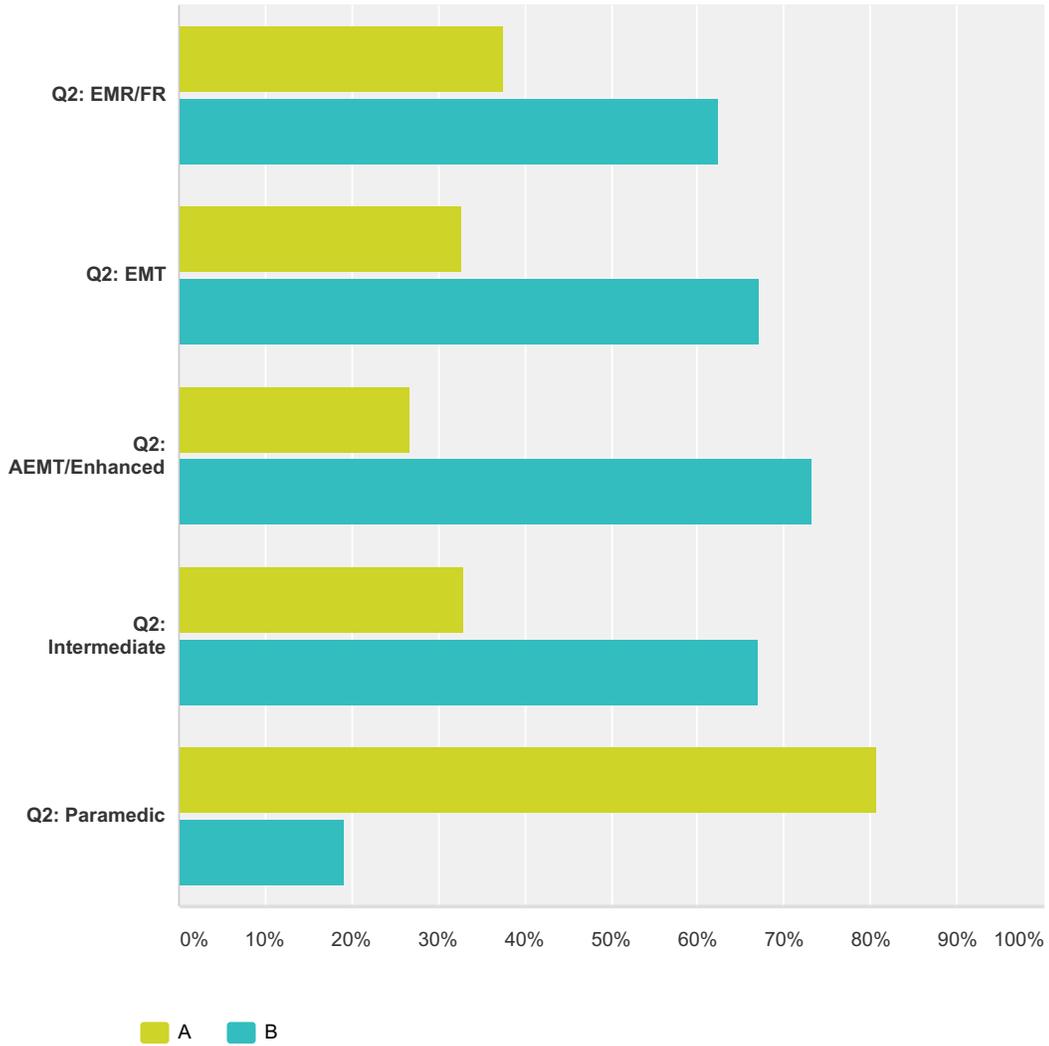
269	I actually do not match any of the catagories. I am a member of the volunteer rescue squad, not the fire department.	10/15/2014 12:44 PM
270	Thanks for soliciting input.	10/15/2014 12:35 PM
271	I feel that we (Virginia) need to keep the same standard as National and not lower the standard. It is already too confusing with the three year certification period. We don't need to add the issue with hours being different.	10/15/2014 12:31 PM
272	Increasing the EMT hours from 36 to 40 is minimal. You are talking about 10 hours of training per year.	10/15/2014 12:30 PM
273	I selected option B because it did NOT increase recertification requirements. I do not understand why there is a need to make it harder to maintain volunteers in rescue organization when we are unable to hold on to the people we have. It makes no sense.	10/15/2014 12:22 PM
274	I support the increased time. As an instructor, am constantly amazed by the skill sets I see now as EMTs and EMRs display when they come to " refresher " classes.... Appalling	10/15/2014 12:22 PM
275	The state needs to get away from the EMT-I program and transition everyone to paramedic. Get with the times.	10/15/2014 12:21 PM
276	After a total combined amount of 12 years in fire/rescue practice has never been bad. Especially in prehospital care. The amount of people I've met that just freeze up is scary.	10/15/2014 12:09 PM
277	I would have never gone to National as it is not in the State's advantage especially for volunteers. Looking at the pass rate says it all as well as the additional hours every two years. Volunteers do not have that kind of time especially with the economy. National is just doing more to push volunteers out.	10/15/2014 12:07 PM
278	I was a National Registry Paramedic. After retirement from Chesterfield Fire & EMS, Maintaining the 2 year CE requirement for Registry was almost impossible. I can maintain Virginia's 3 year CE requirements for Paramedic.	10/15/2014 12:05 PM
279	EMS is at the crest of becoming a profession and technology, assessments, treatments and legal concerns are always changing. The hours needed to provide providers with updated education will always be increasing.	10/15/2014 12:04 PM
280	I would suggest that Virgina HIGHLY encourage all NR providers to recertify their VA card at the same time as their NR card so CE they obtain after renewing their NR card can also be applied to their VA recertification. The other option would be an optional program where NR certified individuals could voluntarily agree to have their VA card "matched" to their NR cards to avoid the confusion with obtaining CE in that "first year" of their new NR card but 3rd year of their VA cert.	10/15/2014 12:03 PM
281	Are non national registered emt's going to be required to obtain that?	10/15/2014 12:03 PM
282	I believe this provides us with an opportunity to mirror the NR standards. I believe that making the requirements the same across the board will only strengthen our provider core by making the standards the same, thereby making it easier on the providers who want NR status to achieve it.	10/15/2014 12:02 PM
283	Recertification of NR should be an option to recertify VA certifications... We have a parallel process that does not encourage maintaining NR certifications.	10/15/2014 12:02 PM
284	More training hours make THE MOST more confidant!	10/15/2014 11:55 AM
285	My basic cert is not currently NR but I hope to go back to school in the spring for higher EMT, whatever level that is.	10/15/2014 11:54 AM
286	More information needs to be sent out to Virginia providers about the AEMT - is a switch / bridge going to be needed for current Enhanced providers?	10/15/2014 11:50 AM
287	I think OEMS should accept successful renewal of NRP as renewal of Virginia paramedic. This state has the worst gov run management system of EMS certifications. Very antiquated. Kentucky has a model state run system. You should look at it.	10/15/2014 11:38 AM
288	I would rather not see OEMS water down the standards set by national registry. The additional required training hours are only beneficial to the EMS provider.	10/15/2014 11:37 AM
289	How do these re-cert hours play into the oems continuing training online courses that we put hours into?	10/15/2014 11:36 AM
290	It would make sense to me to require the same number of CEs for State Certification as for Nat. Registry to avoid confusion. If a provider needs to get more for NR, why not give them credit against the State as well.	10/15/2014 11:34 AM
291	Just think those nr, should have more, those regarding emt bot have as many unless u plan on making all nremt. Funds are low n class so spread out that it's hard for struggling squads already.	10/15/2014 11:33 AM
292	Would be nice to see Virginia join the NR and do away with the Intermediate.	10/15/2014 11:32 AM

New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

293	I formerly had NR. I would love to get it back and having the minimum hours covered by the recert process with VA at least 50% of the time would be a tremendous help.	10/15/2014 11:29 AM
294	As the Intermediate will no longer be recognized nationally, it seems appropriate to maintain the current Virginia standard. However, it does make sense to match the federal standards where identical certifications exist.	10/15/2014 11:28 AM
295	We really need to have a path for experienced intermediates to transition to paramedic without having to become a full time student - e.g. CE hours, online education, paramedic class with volunteer-friendly (night and weekend only) schedule...	10/15/2014 11:23 AM

Q1 I prefer Proposal:

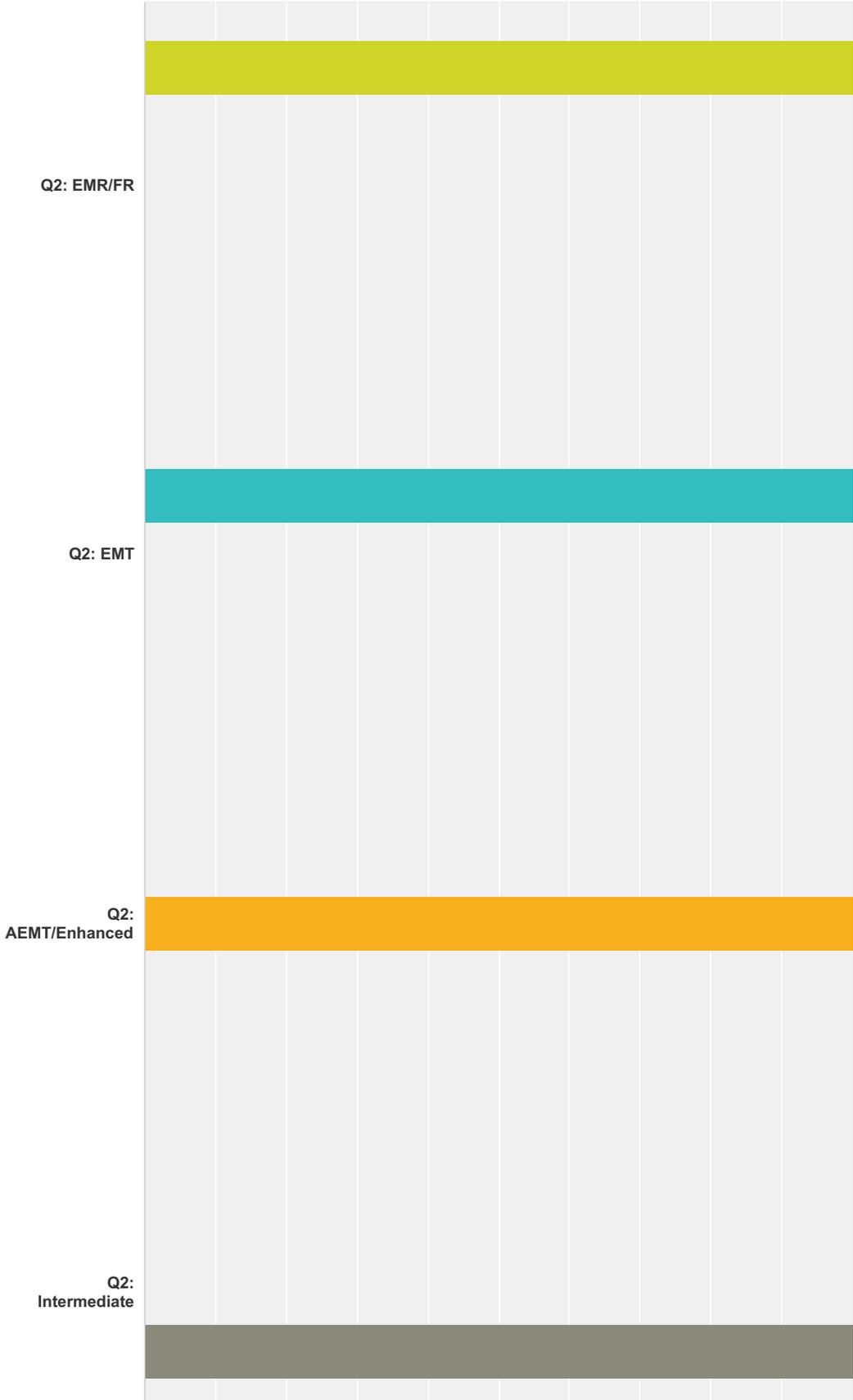
Answered: 3,465 Skipped: 0



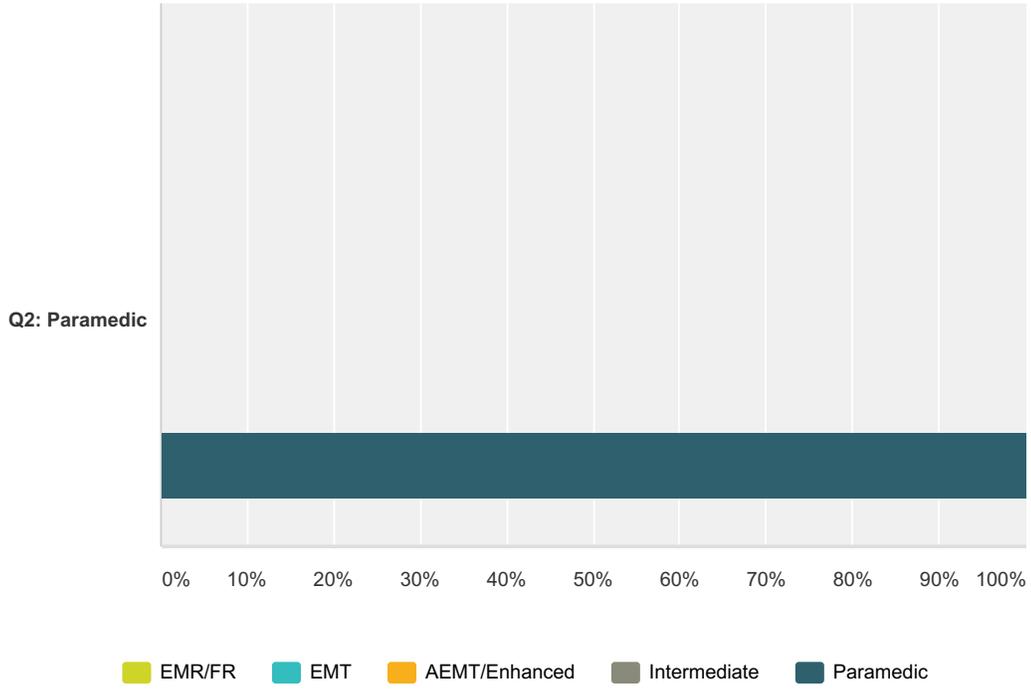
	A	B	Total
Q2: EMR/FR	37.50% 18	62.50% 30	48
Q2: EMT	32.76% 587	67.24% 1,205	1,792
Q2: AEMT/Enhanced	26.64% 73	73.36% 201	274
Q2: Intermediate	32.94% 138	67.06% 281	419
Q2: Paramedic	80.79% 753	19.21% 179	932
Total Respondents	1569	1896	3465

Q2 My Level of Certification is:

Answered: 3,465 Skipped: 0



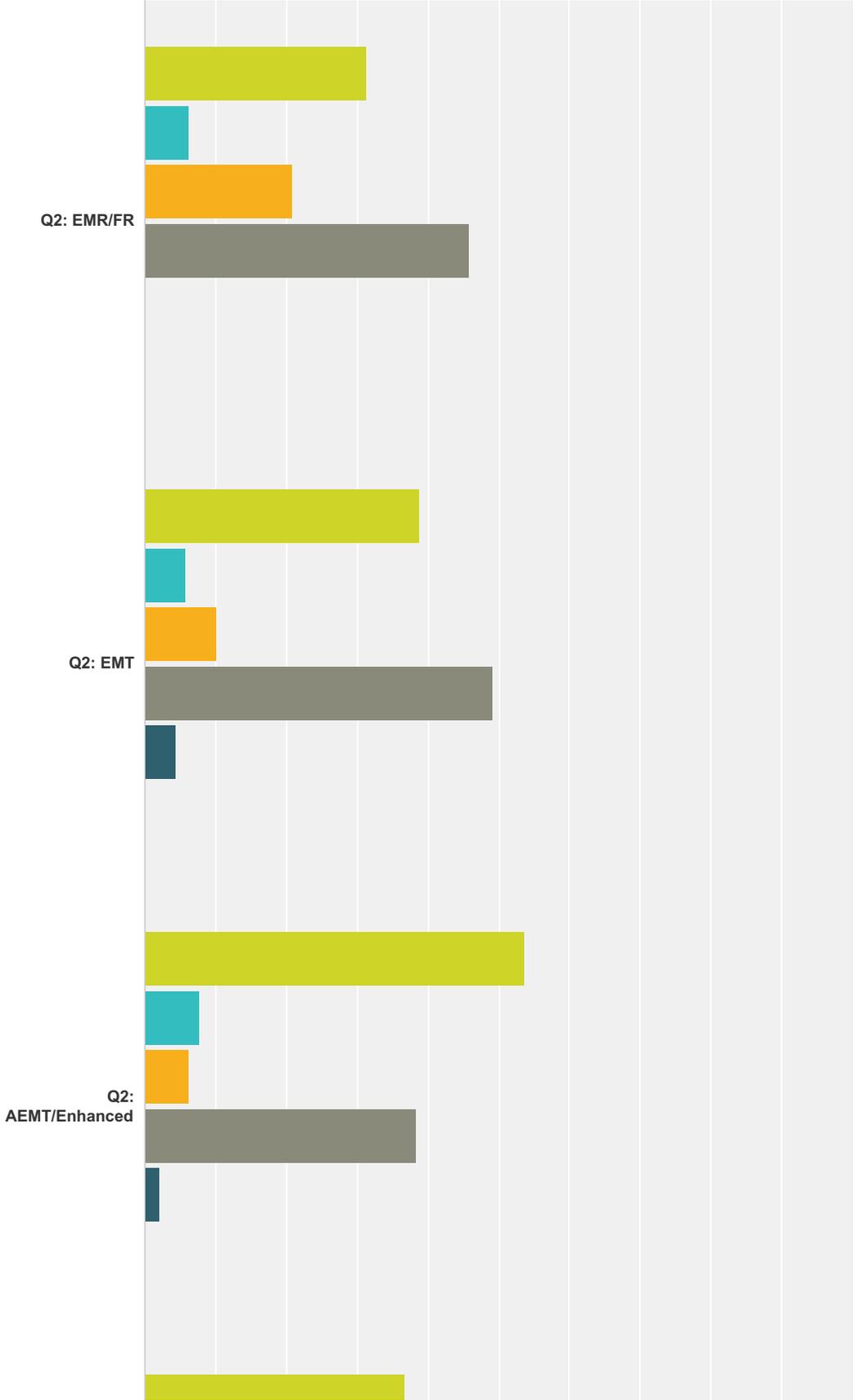
New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014



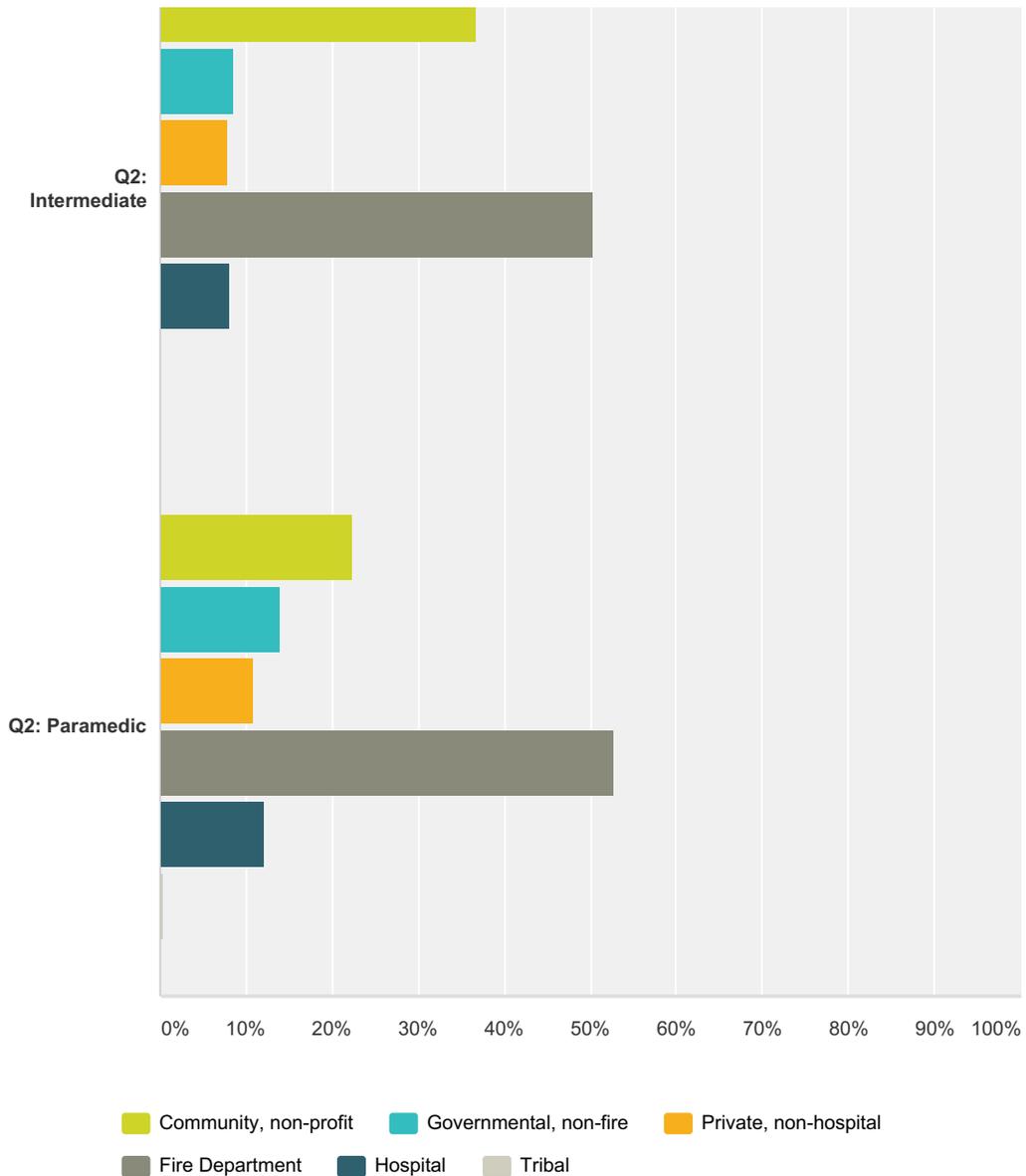
	EMR/FR	EMT	AEMT/Enhanced	Intermediate	Paramedic	Total
Q2: EMR/FR	100.00% 48	0.00% 0	0.00% 0	0.00% 0	0.00% 0	48
Q2: EMT	0.00% 0	100.00% 1,792	0.00% 0	0.00% 0	0.00% 0	1,792
Q2: AEMT/Enhanced	0.00% 0	0.00% 0	100.00% 274	0.00% 0	0.00% 0	274
Q2: Intermediate	0.00% 0	0.00% 0	0.00% 0	100.00% 419	0.00% 0	419
Q2: Paramedic	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 932	932
Total Respondents	48	1792	274	419	932	3465

Q3 Choose your agency affiliation type.

Answered: 3,465 Skipped: 0



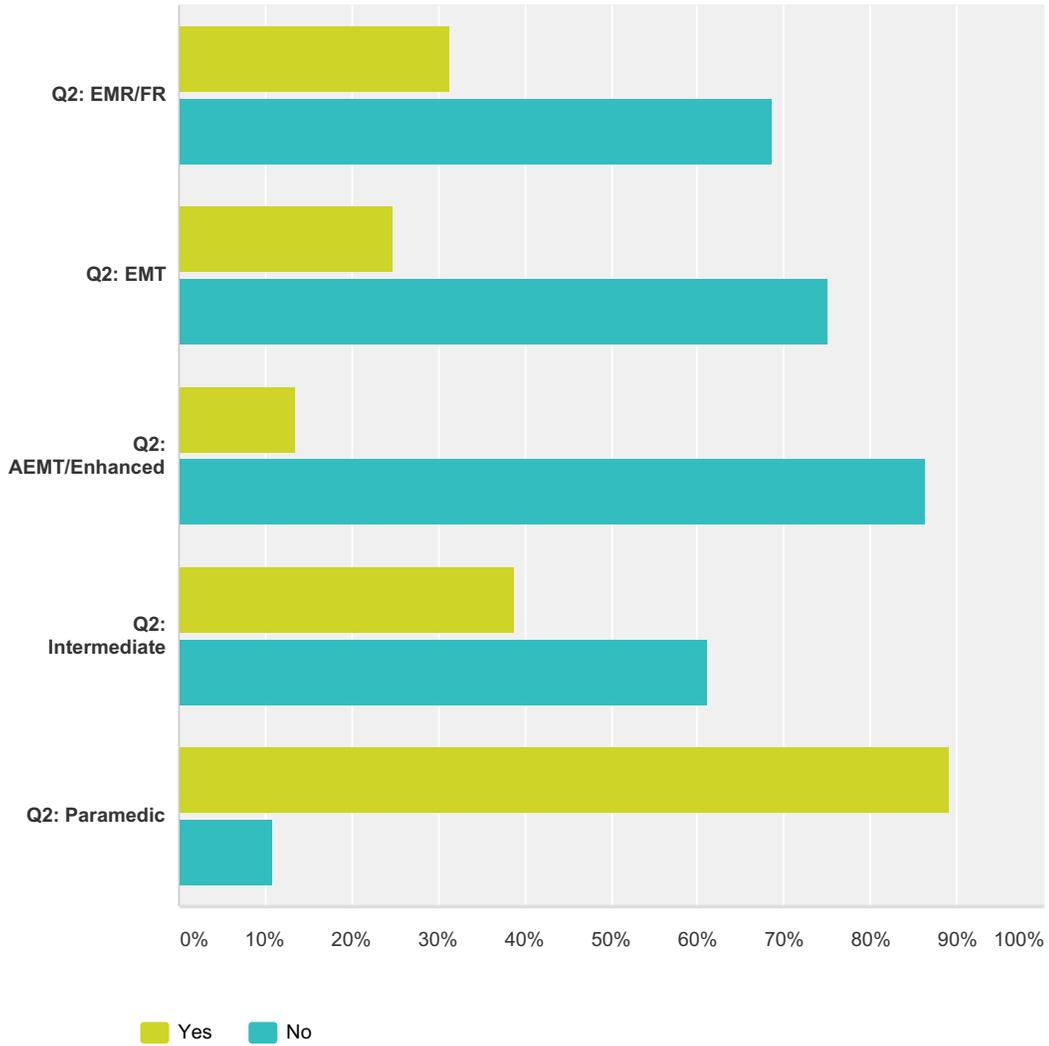
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	Community, non-profit	Governmental, non-fire	Private, non-hospital	Fire Department	Hospital	Tribal	Total
Q2: EMR/FR	31.25% 15	6.25% 3	20.83% 10	45.83% 22	0.00% 0	0.00% 0	50
Q2: EMT	38.84% 696	5.86% 105	10.16% 182	49.27% 883	4.46% 80	0.11% 2	1,948
Q2: AEMT/Enhanced	53.65% 147	7.66% 21	6.20% 17	38.32% 105	2.19% 6	0.00% 0	296
Q2: Intermediate	36.75% 154	8.59% 36	7.88% 33	50.36% 211	8.11% 34	0.00% 0	468
Q2: Paramedic	22.42% 209	13.95% 130	10.84% 101	52.90% 493	12.02% 112	0.32% 3	1,048
Total Respondents	1221	295	343	1714	232	5	3465

Q4 Do you have NR certification?

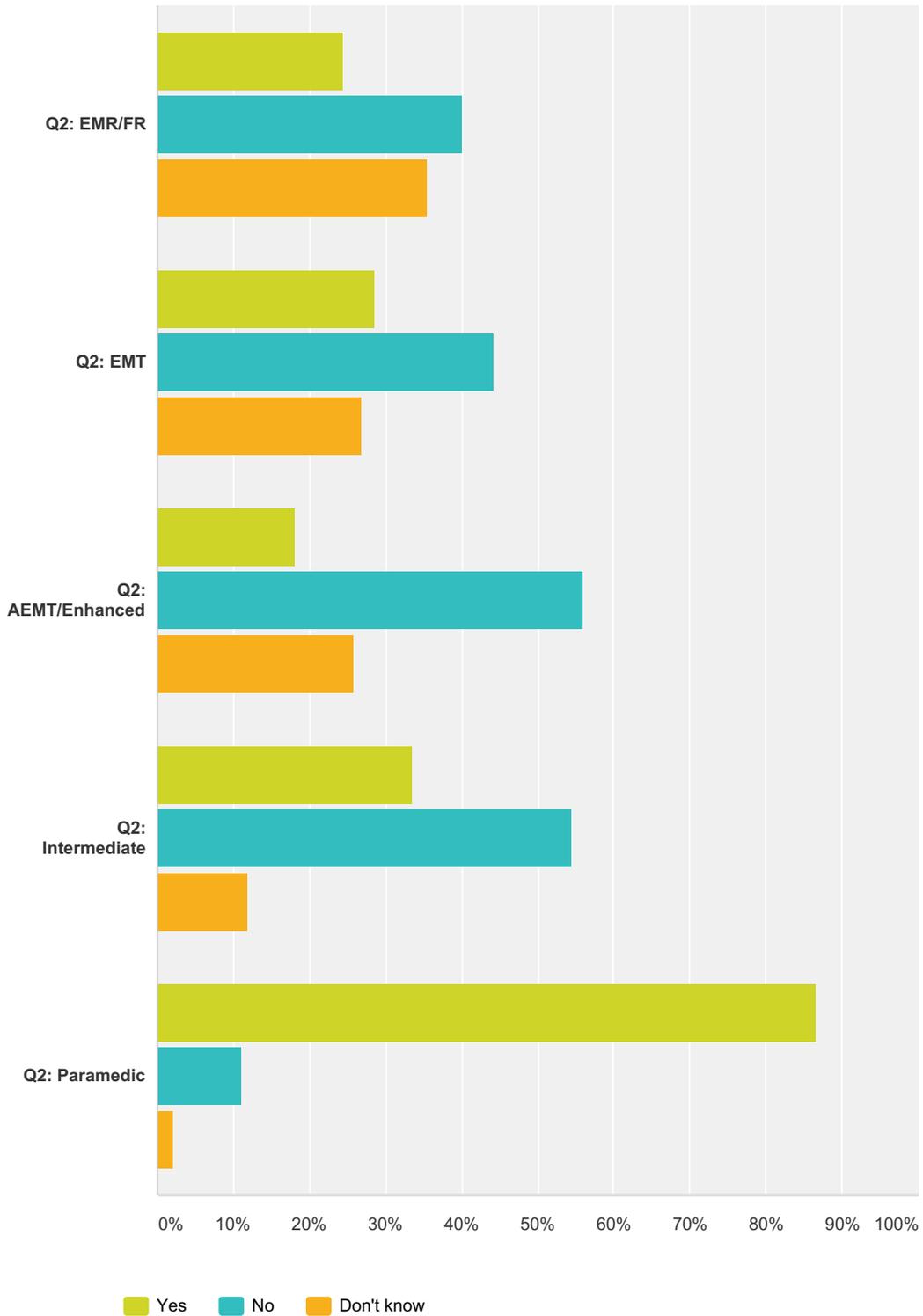
Answered: 3,465 Skipped: 0



	Yes	No	Total
Q2: EMR/FR	31.25% 15	68.75% 33	48
Q2: EMT	24.89% 446	75.11% 1,346	1,792
Q2: AEMT/Enhanced	13.50% 37	86.50% 237	274
Q2: Intermediate	38.90% 163	61.10% 256	419
Q2: Paramedic	89.06% 830	10.94% 102	932
Total Respondents	1491	1974	3465

Q5 Are you planning to keep (or are you required) to maintain your NR certification?

Answered: 3,291 Skipped: 174



	Yes	No	Don't know	Total
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New CE Proposal Survey - Closes at 2359 on Monday, October 20, 2014

Q2: EMR/FR	24.44% 11	40.00% 18	35.56% 16	45
Q2: EMT	28.67% 480	44.32% 742	27.00% 452	1,674
Q2: AEMT/Enhanced	18.25% 46	55.95% 141	25.79% 65	252
Q2: Intermediate	33.59% 133	54.55% 216	11.87% 47	396
Q2: Paramedic	86.69% 801	11.15% 103	2.16% 20	924
Total Respondents	1471	1220	600	3291

Q6 Where do you live?

Compare rules do not apply to this question

Q7 Thank you for your input. If you have any questions regarding the proposals and/or this survey, please e-mail Greg Neiman at Gregory.Neiman@vdh.virginia.gov. Feel free to add any comments below.

Answered: 295 Skipped: 3,170

	Thank you for your input. If you have any questions regarding the proposals and/or this survey, please e-mail Greg Neiman at Gregory.Neiman@vdh.virginia.gov. Feel free to add any comments below.	Total
Q2: EMR/FR	100.00% 4	4
Q2: EMT	100.00% 111	111
Q2: AEMT/Enhanced	100.00% 26	26
Q2: Intermediate	100.00% 39	39
Q2: Paramedic	100.00% 115	115
Total Respondents	295	295