## **Iowa EMT-Basic to EMT Documentation**

Iowa Department of Public Health Bureau of Emergency Medical Services Lucas State Office Building 321 E 12<sup>th</sup> St Des Moines, Iowa 50319 (515) 281-0620 or (800) 728-3367

## MAINTAIN THIS DOCUMENTATION FOR YOUR RECORDS

YOU WILL ONLY NEED TO SUBMIT THIS DOCUMENT AND SUPPORTING INFORMATION IF AUDITED

CTION A: PROVIDER INFORMATION	
Certification Number	
Last Name	First Name MI
Home Mailing Address	
City	State Zip Code
Sex Date of Birth	Age
Male Female /	]/
Phone Number  -   -   -   -	
Email Address	
CTION B: TRAINING REQUIREMENTS	
I. MEDICAL	
	on-the-job training or other education which enables
me to:	on the job training of other education which chaptes
1. Assess and manage a patient with agitated delirio	
☐ Initial Training ☐ CEH ☐ Work Experience	
2. Understand the anatomy, physiology, pathophys crisis.	iology, assessment, and management of sickle cell
☐ Initial Training ☐ CEH ☐ Work Experience	. □ Other

II.	TRAUMA
I hav	ve obtained initial training, continuing education, on-the-job training or other education which enables
me to	
	Understand the pathophysiology, assessment, and management of blast injuries.
	□ Initial Training □ CEH □ Work Experience □ Other
III.	SPECIAL POPULATIONS
I hav	re obtained initial training, continuing education, on-the-job training or other education which enables
me to	
1.	Understand and utilize the pediatric assessment triangle
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
2.	Understand changes associated with aging, psychosocial aspects of aging and age-related assessment
	and treatment modifications for the major or common geriatric diseases and/or emergencies
	Cardiovascular diseases
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	Respiratory diseases
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	Neurological diseases
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	<ul> <li>Endocrine diseases</li> </ul>
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	Alzheimer's
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Dementia
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
3.	Recognize the healthcare implications of:
	• Homelessness
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Poverty
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Bariatrics
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Technology dependent
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	Hospice/ terminally ill
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	Tracheostomy care/dysfunction
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Homecare
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
	• Sensory deficit/loss
	□ Initial Training □ CEH □ Work Experience □ Other
	Developmental disability
	☐ Initial Training ☐ CEH ☐ Work Experience ☐ Other
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## SECTION C: TRANSITION INSTRUCTIONS

EMT-Basics are required to meet the transition requirements. EMT-Basics must complete the transition by the renewal date prior to April 1, 2015. (March 31, 2014 or March 31, 2015, depending on the renewal cycle). When completing the renewal application, EMT-Basics will be asked if they have completed all transition requirements. If the provider has not met the transition requirements, the renewal cannot be completed.

## SECTION D: AFFIRMATION STATEMENT

I affirm that I have attained training which includes all the requirements identified in Section B of this document. I completed the training in my initial training, continuing education, on the job training or other educational process.

I hereby affirm that the information provided on this application is true and correct to the best of my knowledge. I understand that providing false and/or misleading information may result in citation and warning, denial, probation, suspension or revocation of my certification. I understand that I am required to updates answers or information submitted to the Bureau of EMS of the response of the information changes. I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided.

Applicant's Signature	-	Date