



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM  
Continuing Medical Education Attestation**



Applicant's Full Name	Applicant's Certification Number

Level of Recertification				
Basic	EMT	Advanced EMT	Intermediate '99	Paramedic
<input type="checkbox"/> <b>(AZ Only)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>(AZ Only)</b>	<input type="checkbox"/>

In accordance with Arizona Revised Statute ("A.R.S.") § 36-2202(A)(6) and (B)(3) and Arizona Administrative Code ("A.A.C.") R9-25-404(C)(3), an Emergency Medical Care Technician may choose to recertify by attesting to completion of specified continuing medical education. Please select the appropriate continuing medical education criteria that apply for your recertification level and submit this form with your application.

**EDUCATION**

*(Select only one in this section)*

**(BLS Only)** I attest that I have functioned in the capacity of an Arizona Emergency Medical Care Technician at the EMT level for at least two hundred forty (240) hours during the last two (2) years. I have completed a minimum of 24 hours continuing medical education in topics consistent with the content of a BLS refresher course, including a minimum of 5 hours in the topic of pediatric emergency care, as prescribed in A.A.C. R9-25-404(C)(3)(c)(iii).

**OR**

**(ALS Only)** I attest that I have completed a minimum of 48 hours of continuing medical education in topics consistent with the content of an ALS refresher course, including a minimum of 5 hours in the topic of pediatric emergency care, as prescribed in A.A.C. R9-25-404(C)(3)(c)(iii).

**CURRENT CPR CERTIFICATION**

**(BLS & ALS)** I attest that I have current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by Emergency Medical Care Technicians as prescribed in A.A.C. R9-25-404(C)(3)(a).

**CURRENT ACLS CERTIFICATION**

**(ALS Only)** As I am recertifying at the Intermediate '99 or Paramedic level, I attest that I have current certification in advanced emergency cardiac life support as prescribed in A.A.C. R9-25-404(C)(3)(b).

**PROOF OF CONTINUING MEDICAL EDUCATION**

**(BLS & ALS)** I understand that I must maintain proof of this continuing medical education for three (3) years from the date of this application as prescribed in A.A.C. R9-25-404(D).

**ATTESTATION**

By affixing my signature below, I attest, under penalty of perjury, as defined in A.R.S. § 13-2702(A)(2), a class 4 felony, and Arizona Administrative Code ("A.A.C.") R9-25-402(A)(5), that the answers I have given in this application addendum are true and correct.

Applicant Signature	Date of Application	Bureau Received Stamp
<b>X</b> _____		Bureau Use Only

**Submit ALL applications & forms to the Phoenix certification office: 150 N. 18<sup>th</sup> Ave. Suite 540 Phoenix, AZ 85007**