



CCEMTP Renewal Policy

The CCEMTPsm certificate and renewal are valid for three years from the original test date. Follow these steps to renew your CCEMTPsm certificate:

- Complete the Renewal Request form.
 - Enclose a copy of your current EMT-P/RN/MD or other health care professional license;
 - Provide documentation of **forty-eight (48)** credits of continuing education (CE) at the ALS level with an emphasis in critical care.
- ☐ Examples of acceptable course topics for continuing education hours include:
- ACLS EP
 - Difficult Airway
 - 12-Lead
 - Capnography
 - Fundamentals of Critical Care Transport (Adult & Pediatric)
- Instructor courses are **not** acceptable towards continuing education
 - ABLIS, HazMat, ACLS, PALS, ITLS and their equivalents are **not** acceptable towards critical care continuing education
 - You may not use the same course more than once for a renewal period
 - Courses must have occurred during your 3-year renewal period (i.e. PRIOR to your expiration date).

~OR~

- Request the “Renew by Examination” and successfully pass the exam at UMBC.
(see page 3)

Acceptable forms of documentation of hours may be:

- in the form of a letter on agency letterhead, signed by the Training Officer or Medical Director. The letter must include your name, CCEMTP number (if available), number of CE hours, dates of CE and topics covered.
- a copy of your state CE printout highlighting the courses to be considered for your renewal. The printout **must** include your name, address, identification number, number of hours and dates of the courses completed.
- certificate(s) containing the lecture title, lecture content and time frame that are dated and signed.
- An unofficial college transcript highlighting the courses to be considered for your renewal.

- A CentreLearn.com **transcript** highlighting the courses to be considered for your renewal. (please do not send individual certificates ~ only the transcript with your name and information clearly visible, date(s) of completion, content/topic name, hours awarded and highlight those you wish considered AFTER you have verified they are CCEMTP eligible as indicated on CentreLearn's page)

Your renewal request, documentation and \$60.00 renewal fee may be submitted to UMBC in any of the following methods:

- Forward your Renewal Request form ONLY (not the policy pages), documentation, and \$60.00 renewal fee via regular U.S. mail to:

UMBC
Department of Emergency Health Services
Professional and Continuing Education (PACE)
1000 Hilltop Circle
Sherman Hall room 319
Baltimore, MD 21250

(Checks should be made payable to **“UMBC”**)

~OR~

- Fax to: **410-455-6713**

Note: Please do not fax your renewal packet more than once or your credit card may be run multiple times. Do not submit via more than 1 method for same reason (i.e fax and mail)

- **Please do not call or email to confirm receipt of your renewal. You will receive a confirmation via email within 3-5 business days.**
-
- Renewals will not be accepted greater than 90 days in advance of your renewal date.
-
- Renewal paperwork that is postmarked within 90 days past the recommended renewal date will incur a \$15 late fee plus a \$5 credit card processing fee (if paying by credit card). The original credit card provided will be charged this fee if you paid by credit card. If you paid by any other method, you will be contacted to provide the additional fee PRIOR to your renewal materials being processed.
-
- Renewal paperwork postmarked greater than 90 days past the recommended renewal date will **NOT** be accepted. You will need to successfully complete a CCEMTP course in its entirety to be recertified.
- Payments processed do **NOT** reflect acceptance/completion of paperwork. Payments are not processed by our office; therefore the PACE/EHS Department assumes no responsibility for renewals received after the deadlines that have payments processed. (If the business office processes your payment mistakenly, you will be contacted by our office and the renewal fee will be refunded, less the processing fee.)
- More information can be found on our website <http://ehspace.umbc.edu>

CCEMTPSM RENEWAL BY EXAM

You may request to come to UMBC to sit for the CCEMTPSM exam. Upon successful completion of the exam with a score of 70% or greater, your CCEMTPSM will be renewed for an additional three years.

- Exams will be offered the first and third Tuesday of every month;
- Retests will be available between 9:30 am and 1:30 pm
- A non-refundable exam fee of \$50 will be charged in addition to the \$60 renewal fee;
- Only one (1) attempt to pass the exam will be allowed;
- You must test BEFORE your recommended CCEMTPSM renewal date;
- You will need to submit a CCEMTPSM Renewal by Exam Request to UMBC. This request must be postmarked a minimum of two weeks prior to the requested test date;
- Upon receipt of your request, you will receive an email confirmation; and,
- Upon arrival at UMBC you must provide a valid photo identification and copy of your current EMT-P/RN/MD or other health care professional license.

NOTE: If you do not successfully complete the exam, you will be required to complete the regular renewal process prior to your CCEMTPSM expiration date. No extensions will be granted. Please see website for further information <http://ehspace.umbc.edu>



CCEMTP Renewal Request

PLEASE TYPE OR PRINT LEGIBLY.

DATE: _____

| | | | | | |
|--|--|------------------|-------------------|-----------|--|
| NAME: | | | | | |
| STREET: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| PHONE: (HOME/CELL) | | PHONE: (WORK) | | | |
| EMAIL: | | | | | |
| DATE/LOCATION OF ORIGINAL CCEMTP COURSE: | | | CCEMTP STUDENT #: | | |

I have provided documentation of forty-eight (48) credits of critical care continuing education (CE) at the ALS level with an emphasis in critical care. I am requesting renewal of my CCEMTPsm Certificate:

(signature)

Acceptable forms of documentation of hours may be:

- in the form of a letter on agency letterhead, signed by the Training Officer or Medical Director. The letter must include your name, CCEMTPsm number (if available), number of CE hours, dates of CE and topics covered.
- a copy of your state CE printout highlighting the courses to be considered for your renewal. The printout **must** include your name, address, identification number, number of hours and dates of the courses completed.
- certificate(s) containing the topic content and time frame that are dated and signed.
- an unofficial college transcript highlighting the courses to be considered for your renewal.
- a CentreLearn.com transcript highlighting the courses to be considered for your renewal.

You may list CE course information on the table found on page 2.

Instructor courses and non-critical care provider courses (i.e., ACLS, PALS, etc.) are not acceptable for continuing education.)

| | | | |
|--|--|--|--|
| Enclosed is a copy of my current EMT-P/RN/MD or other health care professional license | | | |
| Enclosed is my check made payable to "UMBC" in the amount of \$60.00 | | | |
| Enclosed is my check payable to "UMBC" in the amount of \$75.00 (renewal fee + \$15 late fee) | | | |
| Charge my VISA MasterCard (circle one) \$65.00 (\$60.00 + \$5.00 credit card processing fee) | | | |
| Charge my VISA MasterCard (circle one) \$80.00 (\$60.00 + \$15.00 late fee + \$5.00 credit card processing fee) | | | |
| Card Number: | | V-code (last 3 digits on back of card: | |
| Name as it appears on Card: | | Expiration Date: | |
| Signature: | | | |

CONTINUING EDUCATION COURSE INFORMATION

The information provided below must be verified and signed by your training officer OR medical director.

(PLEASE PRINT).

| DATE | LOCATION | TOPIC | HOURS |
|------|----------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|----------|
| Training Officer/Medical Director Name: | Phone #: |
| Signature: | Date: |

| CERTIFICATIONS | |
|--|--|
| EMT-P/RN/MD or other health care professional license PLACE COPY OF CARD HERE | CCEMTPSM card <i>*If you do not have your original card, please include date of original course, location and recommended expiration date in this area.</i> PLACE COPY OF CARD HERE |

I understand that if I submit my request within 90 days past the recommended renewal date I will incur an additional fee and that if my renewal is submitted after the 90-day grace period, I will not be considered for renewal. Initial Here:_____



EXAM FEE: \$110.00 (NON-REFUNDABLE; FEE IS IN ADDITION TO THE \$60.00 RENEWAL FEE.)

Exams are offered the first and third Tuesday of each month between 9:30 am and 1:30 pm.

This form must be received at least 10 days prior to requested test date.

Please complete the following information and submit with the exam fee. Checks or money orders must be made payable to “UMBC” and mailed to:

BALTIMORE MD 21250

410-455-6713

Upon receipt of this request, you will receive an email confirmation.

| | | | | | | | |
|--|--|-----------------|---------------------|--|--|--|----------|
| Name: | Student number: | | | | | | |
| Address: | | | | | | | |
| City, State, Zip: | | | | | | | |
| Phone: | | | | | | | |
| Email: | | | | | | | |
| Requested Exam Date & Time: | | | | | | | |
| | Enclosed is my check in the amount of >> | | | | | | \$110.00 |
| | Credit card processing charge (add to balance above) | \$ 5.00 | | | | | \$ 5.00 |
| | Please charge my | VISA MasterCard | (please circle one) | >> | | | |
| | | | | | | | |
| Card Number: | | | | V-code (last 3 digits on back of card: | | | |
| Name as it appears on Card: | | | | Expiration Date: | | | |
| Signature: | | | | | | | |

By signing below, I verify that I am a current CCEMTPsm and will be sitting for the exam prior to my CCEMTPsm expiration date.

Signature: _____