

Wisconsin EMS Continuing Education Record
Emergency Medical Responder Refresher Requirements
[2026–2029 Certification Renewal](#)

| Name | Certification number |
|------|----------------------|
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Instructions: This form is authorized under [Wis. Admin. Code ch. DHS 110.07\(1\)\(c\)1](#), which describes the refresher training requirements for emergency medical responders (EMRs). Under Wis. Admin. Code ch. DHS 110.07(1)(c)1, an EMR satisfies the refresher training requirements if “[t]he individual has completed a 16-hour emergency medical responder refresher course based on the Wisconsin emergency medical responder curriculum or 16 hours continuing education that is based on the Wisconsin emergency medical responder curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current certification expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph.”

This form is a tool to assist EMR certification renewal using the [Emergency Medical Responder National Continued Competency Program \(NCCP\)](#) or Flexible Refresher option for renewal of a Wisconsin EMS EMR certificate.

The signed and completed form must accompany the electronic EMR application submission within the E-Licensing system. The signed and completed document is the equivalent of a course completion certificate for the EMR refresher. To use this form, you must be a currently certified EMR with a certificate that expires on June 30, 2026, and credentialed to the service provider signing the form.

For the 2026–2029 renewal triennial, all education requirements must be completed between July 1, 2023, and June 30, 2026.

Wisconsin EMRs seeking to renew their licensure for the triennial licensing period must meet [Wis. Admin. Code ch. DHS 110.07\(1\)](#) requirements. Courses that cannot be applied towards renewal requirements include:

- Duplicate courses.
- Clinical rotations.
- Instructor courses.
- Management and leadership courses.
- Performance of duty.
- Preceptor hours.
- Serving as a skill examiner.
- Service time on agencies.

On the following pages, document the 16 hours of continuing education needed to renew that meet the suggested course requirements below. Add additional sheets if necessary.

| Name | Certification number |
|------|----------------------|
| | |

| Topic/course name | Date of completion July 1, 2023–June 30, 2026 | Hours |
|-------------------|--|-------|
|-------------------|--|-------|

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| CPR | | |
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| Airway, Respiration and Ventilation | | 1.0 |
| Suggested course(s): | | |
| <ul style="list-style-type: none"> Ventilation—0.5 hours Oxygenation—0.5 hours | | |
| List actual course(s) taken below: | | |
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| Cardiovascular | | 2.5 |
| Suggested course(s): | | |
| <ul style="list-style-type: none"> Post-Resuscitation Care—0.5 hours Stroke—0.5 hour Cardiac Arrest—0.5 hour Pediatric Cardiac Arrest—1.0 hours | | |
| List actual course(s) taken below: | | |
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| Trauma | | 0.5 |
| Suggested course(s): | | |
| <ul style="list-style-type: none"> Central Nervous System (CNS) Injury—0.5 hours | | |
| List actual course(s) taken below: | | |
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| Name | Certification number |
|------|----------------------|
| | |

| Topic/course name | Date of completion July 1, 2023–June 30, 2026 | Hours |
|-------------------|--|-------|
|-------------------|--|-------|

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| Service-Based Specific Education | | 6.0 |
| The service-based specific education component requires 6 hours of education. The requirements are developed at either the local EMS level or may be specified by the state EMS office or service-level administrators (for example, training officers, service directors or medical directors). | | |
| List actual course(s) taken below: | | |
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The Department of Health Services, EMS Section will be conducting audits of the renewal process. If you are selected for an audit, you must provide all requested, required documentation. Failure to provide the requested, required documentation will result in the suspension or revocation of your Emergency Medical Responder (EMR) certification under [Wis. Admin. Code ch. DHS 110.58](#).

Indicated by the signatures below, I certify that I have completed all the above continuing education requirements with the service provider I am credentialed with and that I have maintained documentation, as required.

Signature — Applicant: _____

Name — Applicant (printed): _____ Date signed: _____

Signature — Service Director: _____

Name — Service Director (printed): _____ Date signed: _____

Signature — Service Medical Director: _____

Name — Service Medical Director (printed): _____ Date signed: _____