

**WISCONSIN EMS CONTINUING EDUCATION RECORD
PARAMEDIC REFRESHER REQUIREMENTS**
[2023-2026 License Renewal](#)

| Name | License Number |
|------|----------------|
|------|----------------|

This form is authorized under [Wisconsin Administrative Code DHS 110.07\(1\)\(c\)5](#), which describes the refresher training requirements for paramedic. Under [Wisconsin Administrative Code DHS 110.07\(1\)\(c\)5](#), a paramedic satisfies the refresher training requirements if “[t]he individual has completed a 60-hour paramedic refresher course based on the Wisconsin curriculum for paramedic or 60 hours of continuing education that is based on the Wisconsin paramedic curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.”

This form is a tool to assist paramedic licensure renewal using the [Paramedic National Continued Competency Program \(NCCP\)](#) or Flexible Refresher option for renewal of a Wisconsin EMS paramedic license.

The signed and completed form must accompany the electronic paramedic application submission within the E-Licensing system. The signed and completed document is the equivalent of a course completion certificate for the paramedic refresher.

In order to use this form, you must be a currently licensed paramedic with a license that expires on June 30, 2023.

Emergency Order #21: Relating to the Department of Health Services Administrative Rule Suspensions and Order

Due to the Covid-19 response and the Wisconsin Department of Health Services, Emergency Order #21, the 2023-2026 licensing triennial timeframe of acceptable renewal education was changed to October 1, 2020 to June 30, 2023. For the 2023-2026 license renewal triennial, all education requirements must be completed between October 1, 2020, and June 30, 2023.

Continuing education used to renew your 2023-2026 paramedic license cannot be the same education used to have renewed your previous 2020-2023 paramedic license.

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

- duplicate courses
- clinical rotations
- instructor courses
- management/leadership courses
- performance of duty
- preceptor hours
- serving as a skill examiner
- service time on agencies.

On the following pages, document the 60 hours of continuing education needed to renew that meet the suggested course requirements below. Add additional sheets if necessary.

| | |
|-------------|-----------------------|
| Name | License Number |
|-------------|-----------------------|

| Topic/Course Name | Date of Completion October 1, 2020-June 30, 2023 | Hours |
|--------------------------|---|--------------|
|--------------------------|---|--------------|

| | | |
|--|--|------------|
| Operations | | 6.5 |
| Suggested course(s): | | |
| <ul style="list-style-type: none"> • At-Risk Populations – 1.0 hour • Ambulance Safety – 0.5 hour • Field Triage Disasters/MCIs – 1.0 hour • EMS Provider Hygiene, Safety, and Vaccinations – 0.5 hour • EMS Culture of Safety – 0.5 hour • Pediatric Transport 0.5 hour • Crew Resource Management – 1.0 hour • EMS Research – 1.0 hour • Evidence Based Guidelines – 0.5 hour | | |
| List actual course(s) taken below: | | |
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|--|--|------------|
| <u>Weapons of Mass Destruction/Preparedness</u> | | 2.0 |
| | | |
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| | | |
| | | |

| Name | License Number |
|------|----------------|
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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 EMS practitioner license under [Wisconsin Administrative Code DHS 110.58](#).

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

SIGNATURE - Applicant _____
Date

SIGNATURE - Service Director (Print Name) _____
Date

SIGNATURE - Service Medical Director (Print Name) _____
Date