AUSTRALASIAN REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

AREMT

"We're here because we care."

APPLICATION FOR REGISTRATION - RE REGISTRATION

APPLICATION FOR:

☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ First Responder ☐ Intensive Care Paramedic ☐ **Re Registration**

I AM SUBMITTING THIS APPLICATION TO TEST AT:

FACILITY > | LOCATION >

DATE RECEIVED

MM | DD | YYYY

DATE ASSESSED

MM | DD | YYYY

IF YOU POSSESSED CURRENT STATE CERTIFICATION AS AN EMT, PLEASE LIST YOUR CURRENT EMT NUMBER AND CERTIFICATION NUMBER (PLEASE SEE CERTIFICATE) IN THE SPACE PROVIDED BELOW AND ATTACHED TO APPLICATION A COPY OF YOUR CERTIFICATE.

HAVE YOU APPLIED FOR AREMT REGISTRATION BEFORE? Local ☐ Yes ☐ No Overseas ☐ Yes ☐ No

Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM / DD / YYYY)	GENDER	NATIONALITY
	☐ Male ☐ Female	

ADDRESS	CITY	STATE	COUNTRY	ZIP CODE

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

APPROVED EMT COURSE: Applicant must have completed an approved EMT Training Programme that equals or exceeds the objectives of the National Standard EMT - Basic Emergency Care Training Package or approved Health Training Product Curriculum / US DOT EMT Curricula or its equivalent. Attach a copy of your course completion certificate or a copy of your EMT Card.

If your initial EMT Training Programmer is more than two (2) years old and you hold current state certification as an EMT, you must document completion of sixteen (16) hours or approved EMT refresher training within the past two (2) years and attach official documents to this application.

Either approved On-site Training or Distance Training credits, approved by the Australasian Registry of Emergency Medical Technicians (AREMT) with practical evidence.

NAME OF INITIAL TRAINING AGENCY	ADDRESS

INITIAL COURSE / INSTRUCTOR OR COORDINATOR/TRAINING QUALIFICATIONS	DATE COMPLETED	TOTAL CLASS HOURS

REFRESHER COURSE / INSTRUCTOR OR COORDINATOR	DATE COMPLETED	TOTAL CLASS HOURS

HIGHEST LEVEL OF EDUCATION ATTAINED OR COMPLETED

☐ High School ☐ Tertiary ☐ College or University ☐ Technical School ☐ Other (Please specify)

TYPE OF EMT SERVICE AFFILIATED WITH

☐ Ambulance ☐ Fire and Rescue ☐ Hospital ☐ Mines / Rescue / SES ☐ Volunteer

ARE YOU A PAID EMT?

☐ Yes ☐ No

PRIVACY AND AFFIRMATION STATEMENT: I hereby affirm and declare that the provided information on this application is true and correct and that any fraudulent information stated herein may be considered a sufficient cause for rejection or denial of this information. All information contained in this application is to be used solely for the purpose of AREMT's requirements for applicants to disclose particular information to qualify as registered EMT and is to be used solely for registration purposes only; not to be released for any other purpose to third party such as individuals or other agencies without prior written approval from the applicant.

APPLICANT SIGNATURE

DATE

MM | DD | YYYY

FOR AREMT USE

EMT PRACTICAL ASSESSMENT: Please attach a certified copy of a nationally recognized training packaged or product certificate and statement of competency skills, that verifies completion of standard EMT skills required for registration. **For International registrations,** copy of your regional EMT training certification from approved training or regulatory bodies.

AREMT VERIFIED

DATE

MM | DD | YYYY

HIGHEST LEVEL OF EDUCATION ATTAINED OR COMPLETED

- ☐ Adult 1 and 2 Rescuer
- ☐ Adult Obstructed Airways
- ☐ Pediatric CPR
- ☐ Pediatric Obstructed Airways
- ☐ Infant CPR
- ☐ Infant Obstructed Airways
- ☐ Advanced Airways Procedures
- ☐ ACLS
- ☐ TLS

Please submit a certified copy or your current CPR certification

AREMT VERIFIED

REGISTRATION CRITERIA

1. Successful completion of a state/national accredited EMT Basic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT Basic National Standards Curriculum (US) DOT promulgated. An approved national health training product or accredited training package (Australia), or overseas approved EMT course that equals AREMT standards of competency. Completion of current CPR skills as per outline.

2. If candidates initial EMT training completion date is beyond 24 months and the candidate has maintained certification, the candidate must document completion of 16-24 hours of approved accredited refresher training that meets all the objectives of the current EMT programmes along with practical skills verification.

3. Current CPR verification of competence in the skills listed in CPR credential section.

4. Registration fee of $93.00 PER CATEGORY includes GST,merchant process fee, initial registry assessment, and practical assess skills, registration, identification and registration certificates/emblems.If EMS skills need to be verified,online assessment fee of A$25.00,once off fee,not required for re-registrations...

5. Re-registration annually after completion of initial registry assessment, with evidence of completion of currency skills at the appropriate EMT level. $93.00 GST, merchant fees 1.5% inclusive (plus Paypal and AMEX 3.5% inclusive).

6. Successful completion of the Registry EMT level written examination will remain valid providing your registration remains current and applicants have completed annual refresher EMT training, practicum and ongoing approved continuing education credits. (A list of approved CEU providers will be provided).

7. Upon receipt of registration fees, AREMT will arrange for an appropriate assessment to be conducted by AREMT or its designated Regional Assessment Coordinators unless assessment has been covered during initial EMT courses for approved training providers.

Australasian Registry of Emergency Medical Technicians
ACN 111 074 689

P. O. Box 3007 West Ipswich Queensland Australia 4305
Phone No.: 617-3281-5654 | Fax No.: 617-3281-5654
Email: admin@aremt.com.au | Website: http://www.aremt.com.au

Paste most recent
2" x 2" ID Picture here

Accepts the following Payment Options

☐ PLEASE ISSUE AN INVOICE TO THE ORGANIZATION BELOW:

ORGANIZATION >

AMOUNT > $

☐ PURCHASE ORDER NUMBER >

☐ CHEQUE ENCLOSED

AMOUNT > $

☐ DEBIT MY CREDIT CARD ($93.00 INCLUSIVE OF GST and 1.5% ON-LINE MERCHANT FEE (PLUS Amex & Paypal 3.5%)

Card Information

CARD TYPE > ☐ Visa ☐ MasterCard ☐ American Express ☐ Bankard

CARD NUMBER

EXPIRATION MM YYYY

NAME ON CARD

DATE OF BIRTH MM DD YYYY

LAST THREE (3) DIGITS ON THE BACK OF THE CARD

DATE MM DD YYYY

SIGNATURE

☐ OVERSEAS BANK TRANSFER TO: **AUSTRALASIAN REGISTRY OF EMERGENCY MEDICAL TECHNICIANS**

SWIFT CODE > **Metwau4b** ACCOUNT NUMBER > **O27555O75** BSB > **484-799 Suncorp Metway Brisbane**

☐ PAY ONLINE USING PAYPAL. UNDER "REGISTRATION" PAGE. Includes postage fee for Express postage…A$96.00