

REINSTATEMENT REQUIREMENTS
PARAMEDIC-CRITICAL CARE

1. THOSE THAT HAVE AN **EXPIRED** LICENSE AND ARE **WITHIN 60 DAYS** OF THEIR EXPIRATION DATE MUST:
 - Submit **proof of continuing education hours *or* critical care refresher** taken/obtained ***within renewal cycle***. **If not met within cycle then you must complete all items in #2 below.**
 - Submit completed **renewal invoice or professional fee form**
 - Submit **renewal fee of \$90.00**
 - Submit **late fee of \$25.00**
 - Submit verification of your **current CPR Training/Card**

2. THOSE THAT HAVE A LICENSE THAT IS EXPIRED **GREATER THAN 60 DAYS** AND **LESS THAN 1 YEAR** MUST:
 - Successfully complete the National Registry *Paramedic* **written assessment exam**
 - Submit **proof of 10 critical care continuing education hours *or* critical care refresher**
 - Submit completed **renewal invoice or professional fee form**
 - Submit **renewal fee of \$90.00**
 - Submit **reinstatement fee of \$100.00**
 - Submit verification of your **current CPR Training/Card**

3. THOSE THAT HAVE A LICENSE THAT IS EXPIRED **GREATER THAN 1 YEAR** AND **LESS THAN 2 YEARS** MUST:
 - Successfully complete a state approved *Paramedic* **refresher course**
 - Successfully complete the National Registry *Paramedic* **written assessment exam and practical exam**
 - Submit **proof of 10 critical care continuing education hours *or* critical care refresher**
 - Submit completed **renewal invoice or professional fee form**
 - Submit a **criminal background check**
 - Submit **renewal fee of \$90.00**
 - Submit **reinstatement fee of \$100.00**
 - Submit verification of your **current CPR Training/Card**

4. THOSE THAT HAVE A LICENSE THAT IS EXPIRED **GREATER THAN 2 YEARS** MUST:
 - Successfully complete a state approved *Paramedic* **refresher course**
 - Successfully complete the National Registry *Paramedic* **written assessment exam and practical exam**
 - Submit **proof of 10 critical care continuing education hours *or* critical care refresher**
 - Submit proof of current **ACLS, PHTLS or ITLS, PALS, and CPR Cards**
 - Submit completed **medical statement form**
 - Submit **2 moral character letters**
 - Submit a **criminal background check**
 - Submit completed **professional fee form**
 - Submit **renewal fee of \$90.00**
 - Submit **reinstatement fee of \$100.00**