CME Recertification Submission Portal Instruction Manual

The Continuing Medical Education (CME) Recertification Program is a state-wide recertification option that allows a Certified First Responder (CFR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician – Critical Care (EMT- CC), or Paramedic to renew certification without the need to complete a cognitive or psychomotor certification examination. Please follow the instructions of this manual to submit the required materials for the CME Recertification Program.

The AC3253-S and other information can be found on our website at: http://www.health.ny.gov/nysdoh/ems/main.htm. If you have questions regarding submission of vouchers, please contact our Funding Unit at (518) 402-0996.

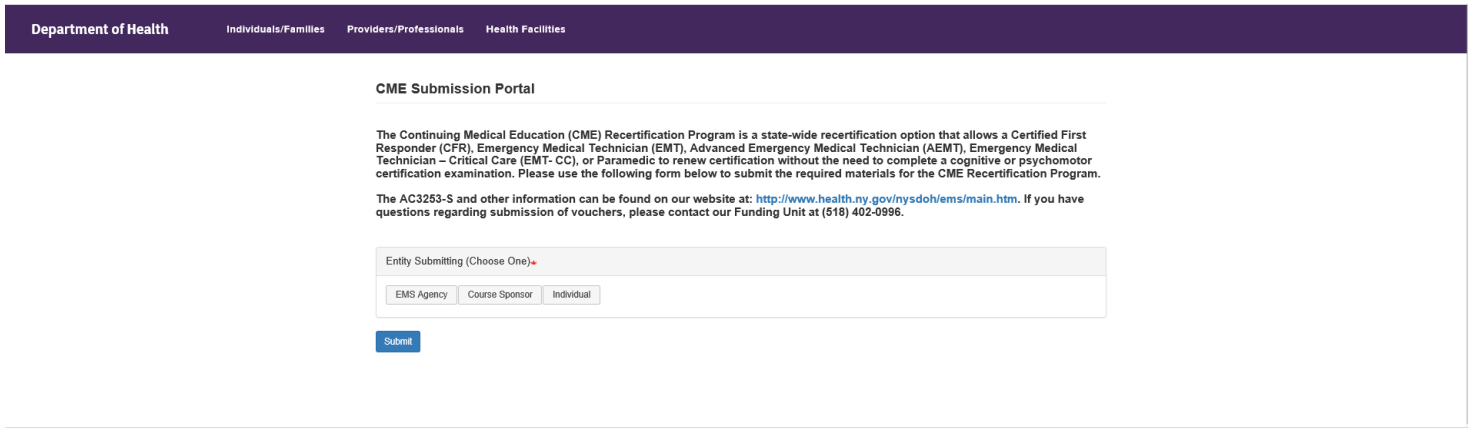
Link to Portal:

https://apps.health.ny.gov/pubpal/builder/survey/cmeportal

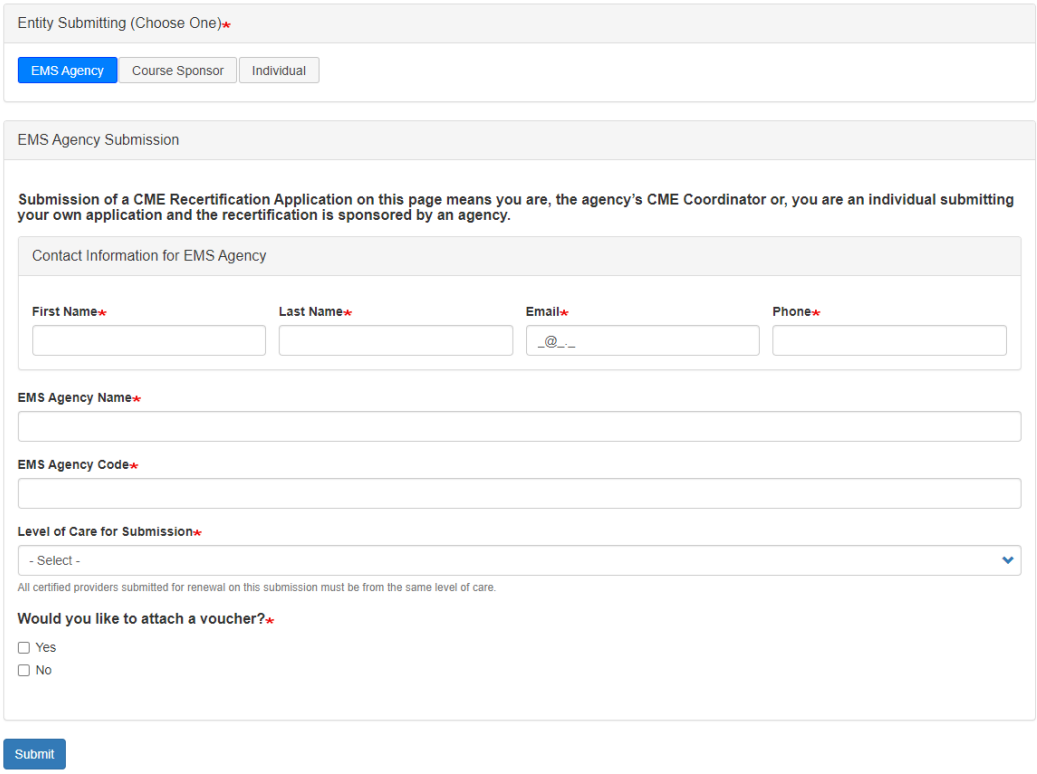
EMS Agency Renewals

Step 1: Using a Google Chrome browser follow the URL to the CME Recertification Portal: https://apps.health.ny.gov/pubpal/builder/survey/cmeportal

Step 2: Once you have reached the portal your screen should appear like this:



Step 3: For an EMS Agency Renewal the individual submitting would click on EMS Agency and additional fields will populate on your screen.



Step 4: From here the induvial submitting the CME Renewal Package can begin filling out their contact information and agency information

EMS Agency Submission

Submission of a CME Recertification Application on this page means you are, the agency's CME Coordinator or, you are an individual submitting your own application and the recertification is sponsored by an agency.

Contact Information for EMS Agency

First Name*	Last Name*	Email*	Phone*
John	Doe	johnnydoe@cme.com	(555) 123-4567

EMS Agency Name*

John Doe Ambulance Corps

EMS Agency Code*

0000

Step 5: Once contact and agency information has been completed, you can select the level of care for this submission. Note: All providers must be the same level of care for a submission and all forms required will need to be in PDF format. Any submissions in a package that do not meet the requirements of CME Renewal will result in a declination of the entire package submitted.

Step 6: After selecting the Level of Care, you may begin to enter the applicant(s) information and attach the required forms.

Level of Care for Submission*

EMT-B

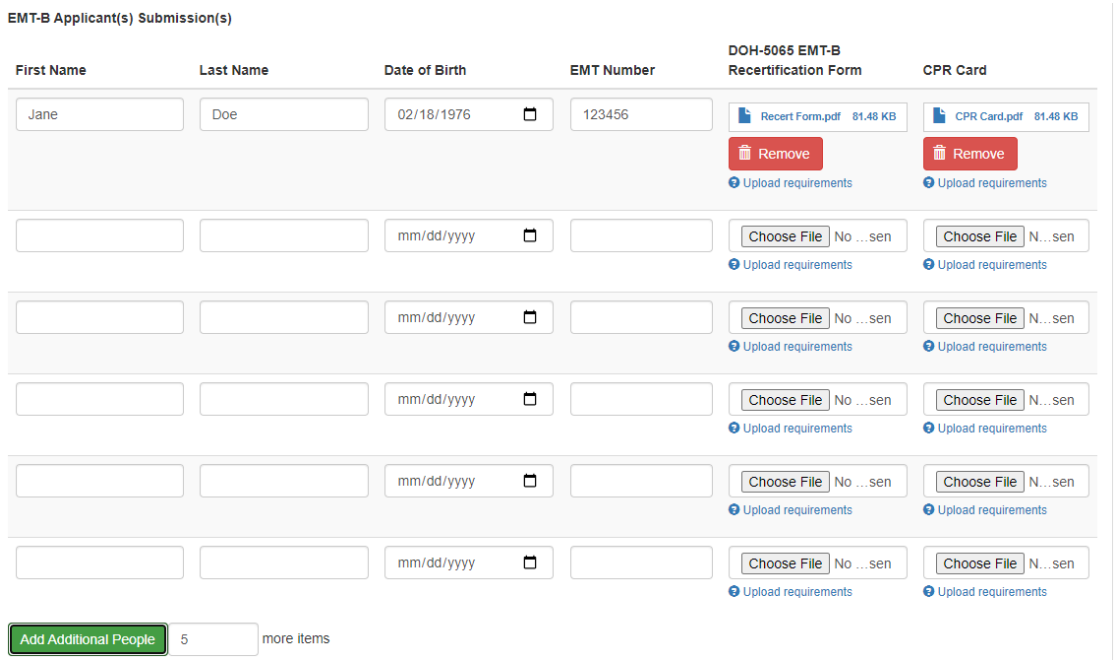
All certified providers submitted for renewal on this submission must be from the same level of care.

EMT-B Applicant(s) Submission(s)*

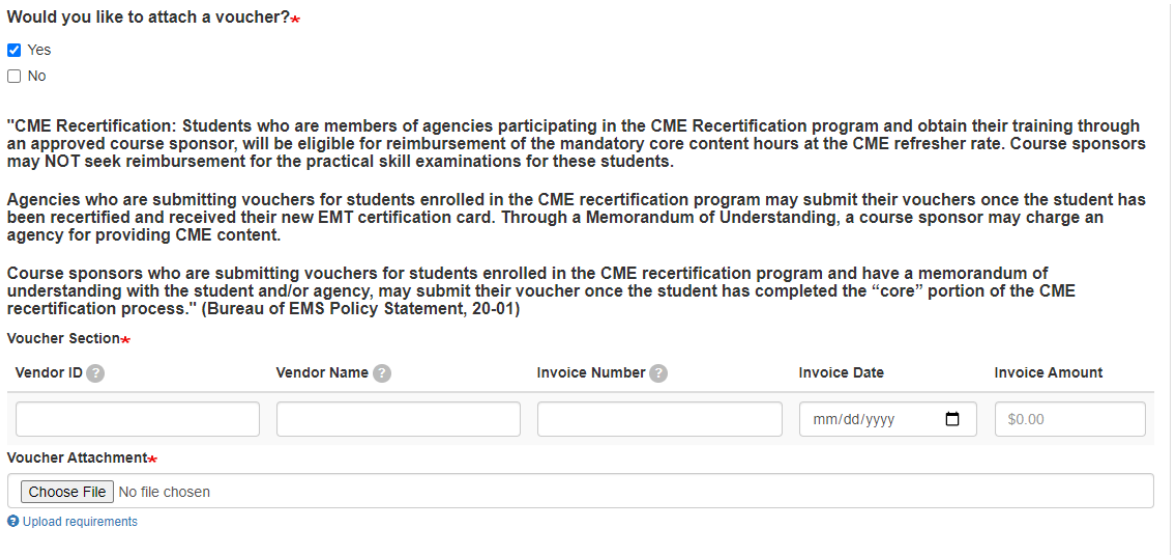
First Name	Last Name	Date of Birth	EMT Number	DOH-5065 EMT-B Recertification Form	CPR Card
Jane	Doe	02/18/1976	123456	Recert Form.pdf 81.48 KB Remove Upload requirements	CPR Card.pdf 81.48 KB Remove Upload requirements

Add Additional People 1 more items

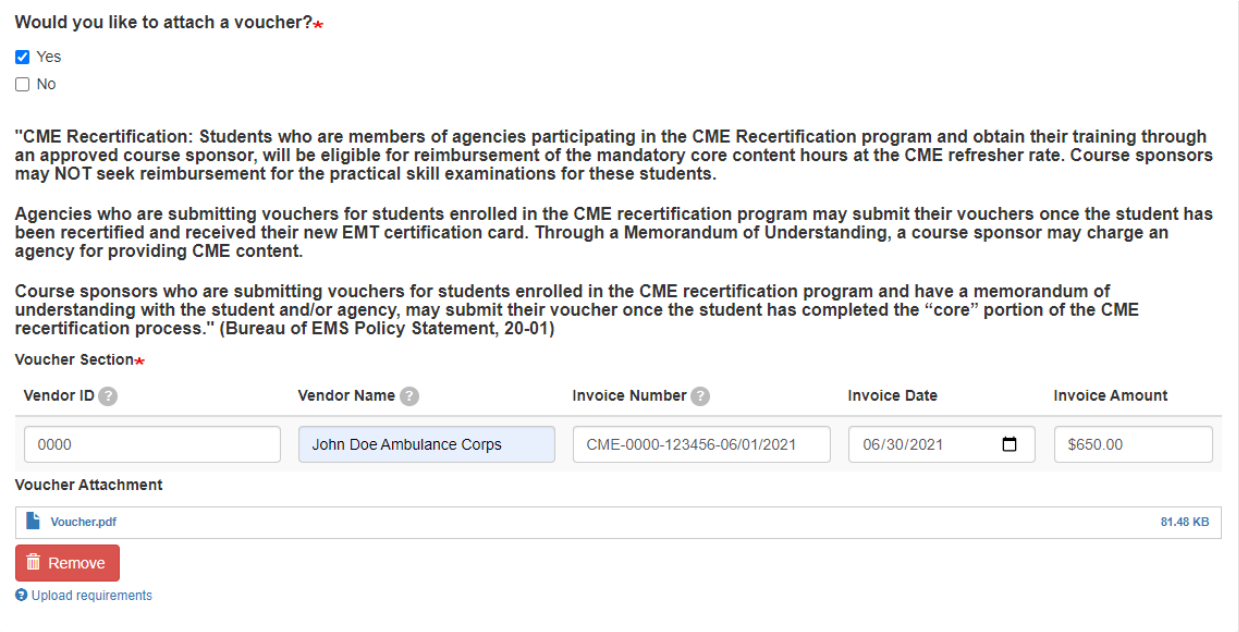
Step 6 Cont'd: To add additional providers, you may click on the Green button labeled "Add Additional People". This will populate another row to enter additional providers. Additionally, if you know the exact number of applicants for the package you may enter the number into the box to the right of the green "Add Additional People" button.



Step 7: After entering the applicant(s) information you may attach a voucher (if applicable). To do this, select "Yes" to the last question on the form "Would you like to attach a voucher?" Once you select "Yes" the voucher information will populate.



Step 8: Once you have the Voucher Section loaded you may begin to enter the Agency's voucher information this will include: Vendor ID (Agency's vendor ID number as assigned by the Office of the State Comptroller), Vendor Name (Vendor Name must match exactly with the Vendor Name registered with The Office of State Controller (OSC)), Invoice Number (For CME Program: CME-Agency Code – Course Number – Date of Invoice), Invoice Date and Invoice Amount. Lastly, you must attach your voucher form.



Would you like to attach a voucher?*

☑ Yes
☐ No

"CME Recertification: Students who are members of agencies participating in the CME Recertification program and obtain their training through an approved course sponsor, will be eligible for reimbursement of the mandatory core content hours at the CME refresher rate. Course sponsors may NOT seek reimbursement for the practical skill examinations for these students.

Agencies who are submitting vouchers for students enrolled in the CME recertification program may submit their vouchers once the student has been recertified and received their new EMT certification card. Through a Memorandum of Understanding, a course sponsor may charge an agency for providing CME content.

Course sponsors who are submitting vouchers for students enrolled in the CME recertification program and have a memorandum of understanding with the student and/or agency, may submit their voucher once the student has completed the "core" portion of the CME recertification process." (Bureau of EMS Policy Statement, 20-01)

Voucher Section*

Vendor ID	Vendor Name	Invoice Number	Invoice Date	Invoice Amount
0000	John Doe Ambulance Corps	CME-0000-123456-06/01/2021	06/30/2021	$650.00

Voucher Attachment

Voucher.pdf 81.48 KB

Remove

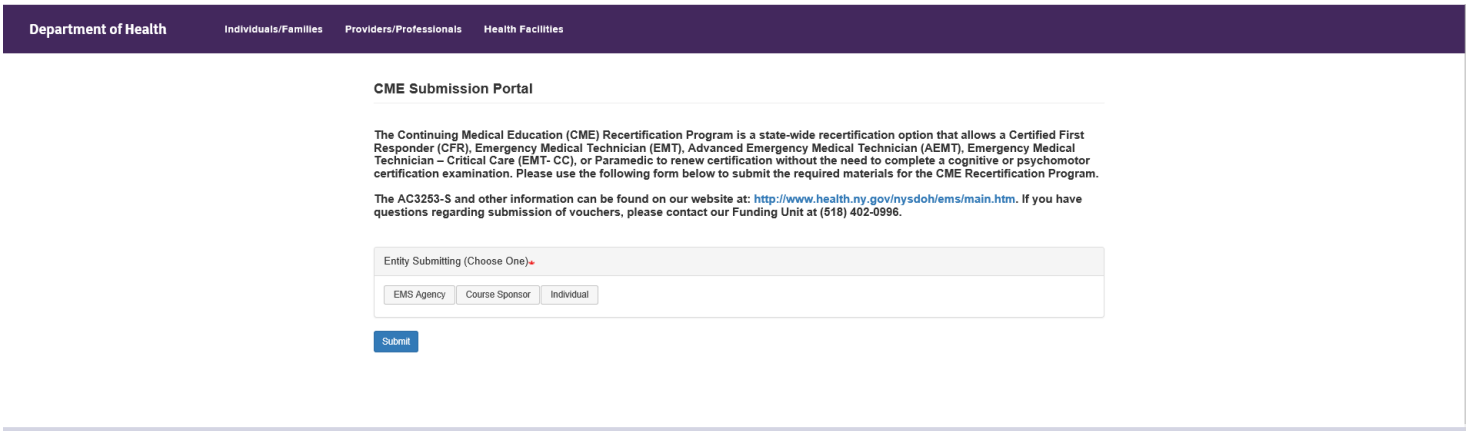
Upload requirements

Step 9: Once you have verified that all the information being submitted is correct, you can click "Submit" at the bottom of the page. Once you have clicked submit, you will receive an automated email to the email entered at the beginning of the form indicating your package has been submitted. In the subject line of the email will be a unique number, this will be your Submission Identification Number (SID), please remember this number as it will be needed for any questions or concerns that may arise with your submission.

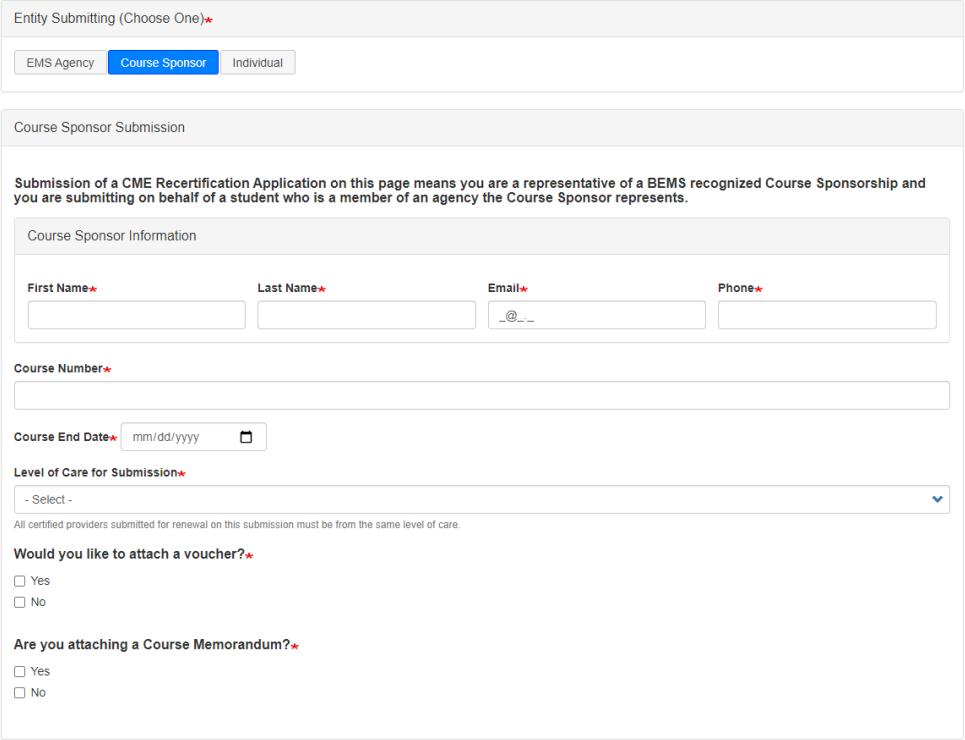
Course Sponsor Renewal

Step 1: Using a Google Chrome browser follow the URL to the CME Recertification Portal: https://apps.health.ny.gov/pubpal/builder/survey/cmeportal

Step 2: Once you have reached the portal your screen should appear like this:



Step 3: For a Course Sponsor submission, click the middle button labeled "Course Sponsor", once you click it additional fields will populate on the screen.



Step 4: Once the additional field for Course Sponsor have populated the submitting individual may begin to enter their information as well as the course information.

Course Sponsor Submission

Submission of a CME Recertification Application on this page means you are a representative of a BEMS recognized Course Sponsorship and you are submitting on behalf of a student who is a member of an agency the Course Sponsor represents.

Course Sponsor Information

First Name*	Last Name*	Email*	Phone*
Jenny	Doe	jennydoe@cme.com	(555) 867-5309

Course Number*

123456

Course End Date* 07/20/2020

Step 5: Once contact and course information has been completed, you can select the level of care for this submission. Note: All providers must be the same level of care for a submission and all forms required will need to be in PDF format. Any submissions in a package that do not meet the requirements of CME Renewal will result in a declination of the entire package submitted.

Step 6: After selecting the Level of Care, you may begin to enter the applicant(s) information and attach the required forms.

Level of Care for Submission*

EMT-B

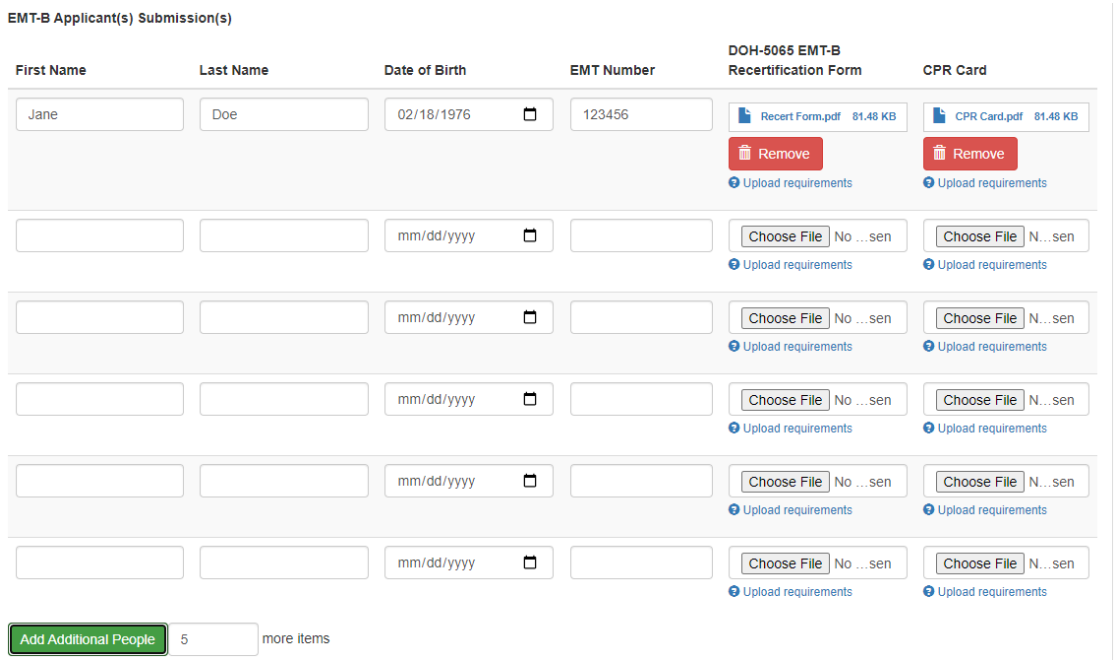
All certified providers submitted for renewal on this submission must be from the same level of care.

EMT-B Applicant(s) Submission(s)*

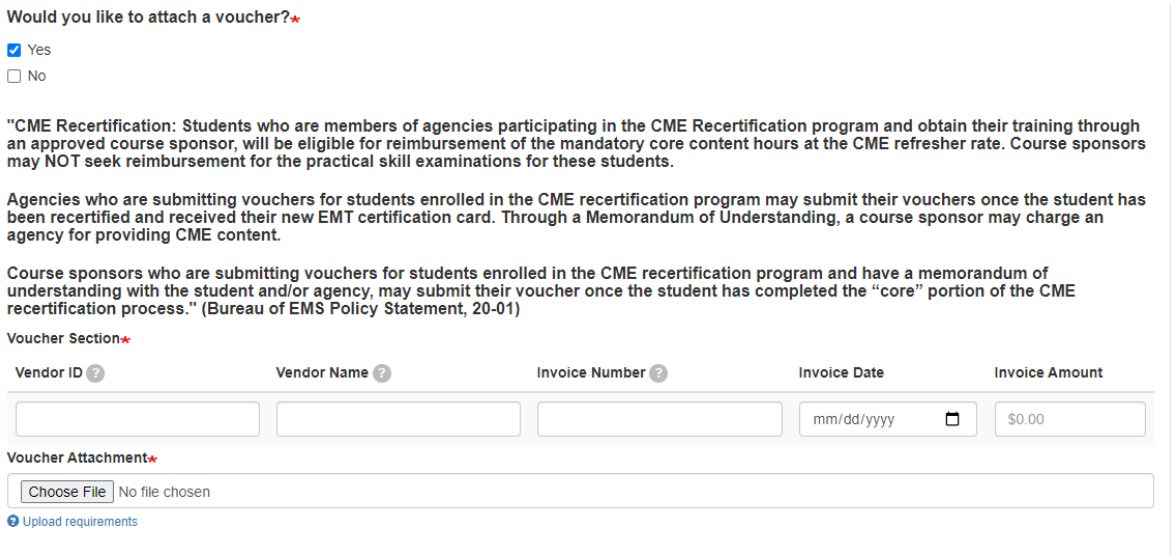
First Name	Last Name	Date of Birth	EMT Number	DOH-5065 EMT-B Recertification Form	CPR Card
Jane	Doe	02/18/1976	123456	Recert Form.pdf 81.48 KB Remove Upload requirements	CPR Card.pdf 81.48 KB Remove Upload requirements

Add Additional People 1 more items

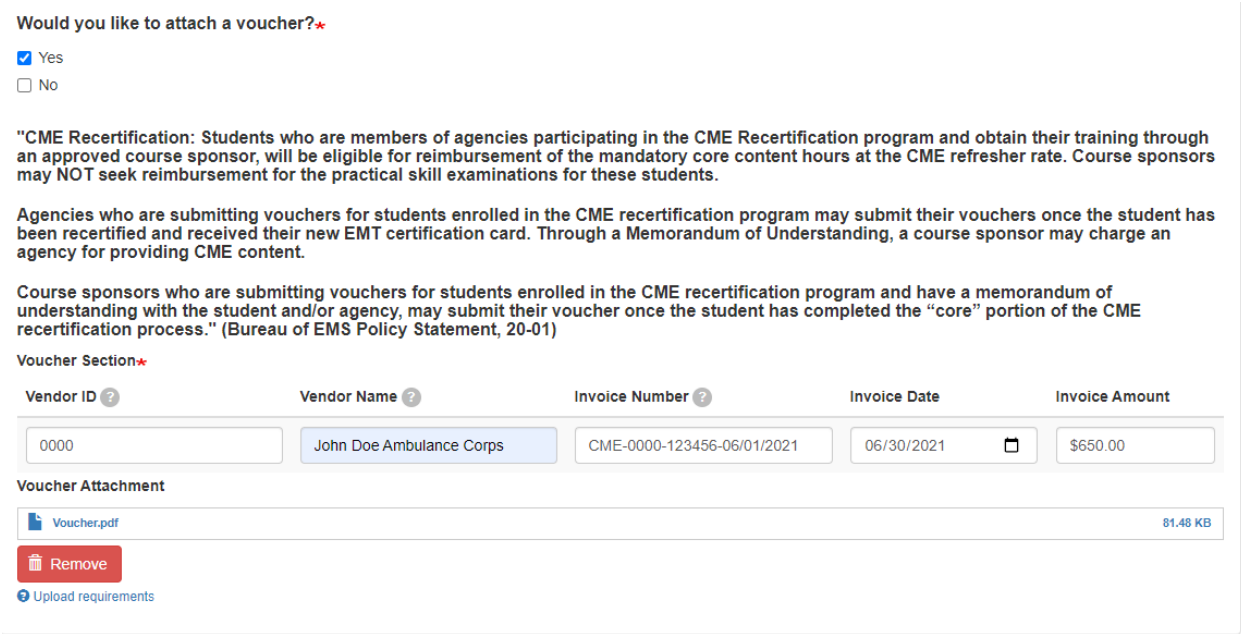
Step 6 Cont'd: To add additional providers, you may click on the Green button labeled "Add Additional People". This will populate another row to enter additional providers. Additionally, if you know the exact number of applicants for the package you may enter the number into the box to the right of the green "Add Additional People" button.



Step 7: After entering the applicant(s) information you may attach a voucher. To do this, select "Yes" to the last question on the form "Would you like to attach a voucher?" Once you select "Yes" the voucher information will populate.

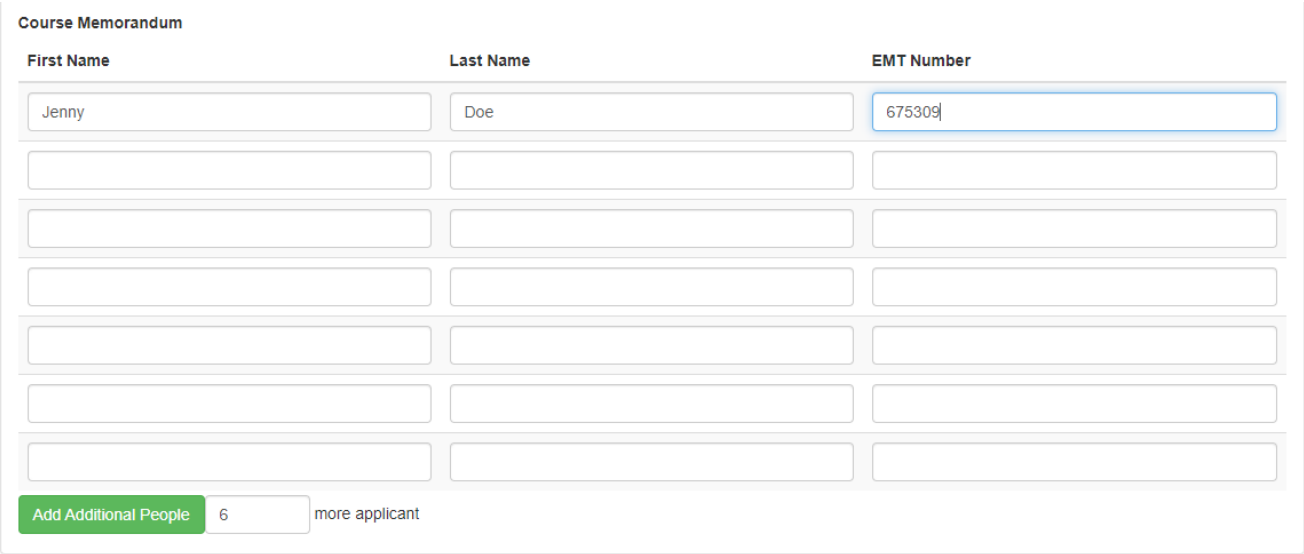


Step 8: Once you have the Voucher Section loaded you may begin to enter the Agency's voucher information this will include: Vendor ID (Agency's vendor ID number as assigned by the Office of the State Comptroller), Vendor Name (Vendor Name must match exactly with the Vendor Name registered with The Office of State Controller (OSC)), Invoice Number (For CME Program: CME-Agency Code – Course Number – Date of Invoice), Invoice Date and Invoice Amount. Lastly, you must attach your voucher form.



Step 9: Once the voucher section is complete, you may add a Course Memorandum. To do this you would need to select "Yes" to "Are you attaching a Course Memorandum?" Once you select "Yes", the Course Memorandum section will populate.

Step 10: Once the Course Memorandum Section has populated you can begin to fill out the required fields for the Course Memorandum. This includes: First Name, Last Name and EMT Number. Like the "Applicant Submission" from earlier you may add additional applicant by clicking the green button labeled "Add Additional People". Additionally, if you know the specific number of applicants on the Course Memorandum you may enter that number into the box to the right of the green button and then click the green button labeled "Add Additional People" to populate the specific number of lines.



Step 11: Once you have verified that all the information being submitted is correct, you can click "Submit" at the bottom of the page. Once you have clicked submit, you will receive an automated email to the email entered at the beginning of the form indicating your package has been submitted. In the subject line of the email will be a unique number, this will be your Submission Identification Number (SID), please remember this number as it will be needed for any questions or concerns that may arise with your submission.

Individual Renewal Submission

Step 1: Using a Google Chrome browser follow the URL to the CME Recertification Portal: https://apps.health.ny.gov/pubpal/builder/survey/cmeportal

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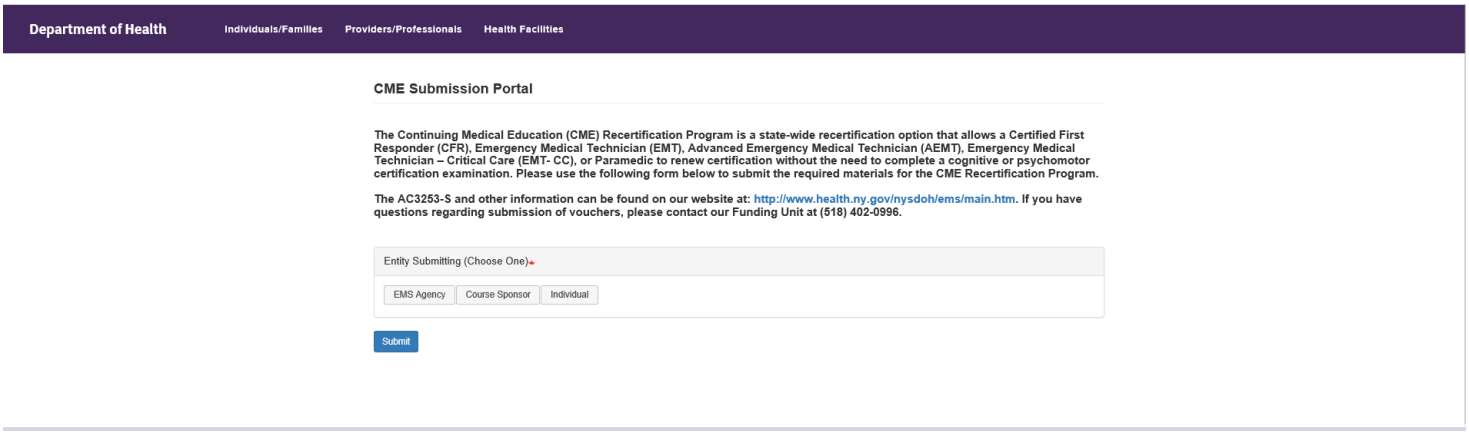
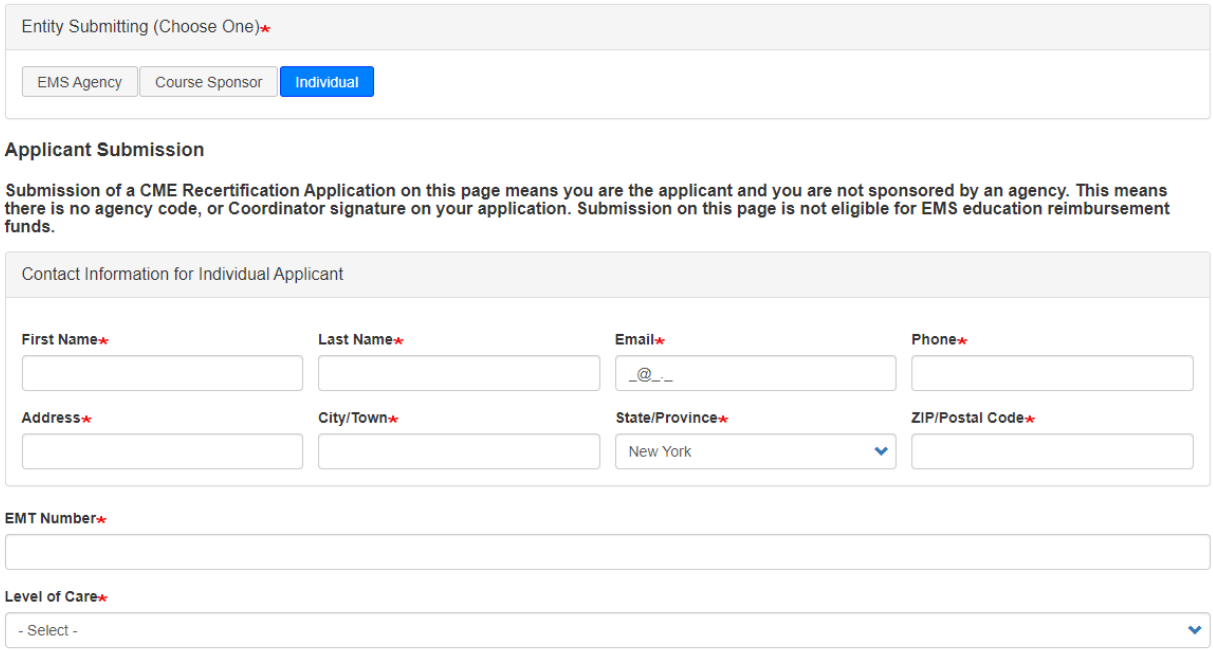
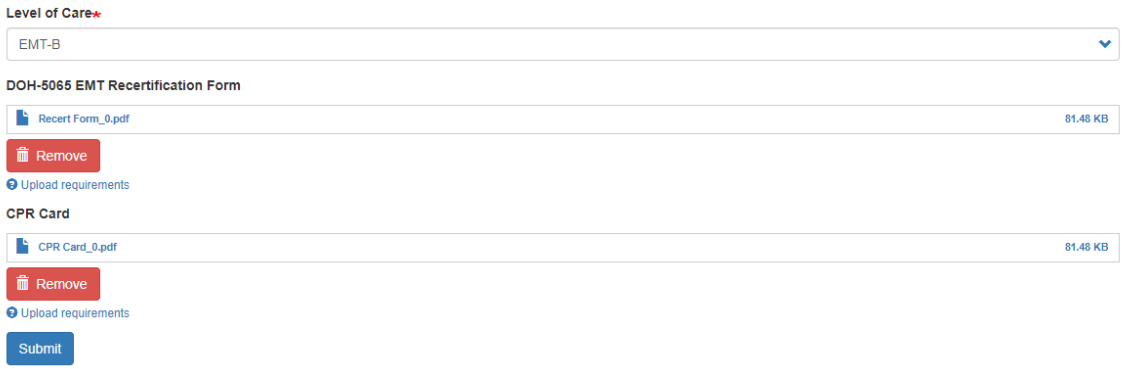


Step 3: For an individual renewal click the button labeled "Individual". Once you have clicked the button additional fields will populate.



Step 4: Once the fields have populated on your screen you may begin to fill in your information for the renewal application. After you have completed your personal information you may select your level of care. After you select your level of care you may attach the required forms for recertification at your level. Note: All forms required will need to be in PDF format. Any forms attached within your submission that do not meet the requirements of CME Renewal will result in a declination of the entire package submitted.



Step 5: Once you have verified that all the information being submitted is correct, you can click "Submit" at the bottom of the page. Once you have clicked submit, you will receive an automated email to the email entered at the beginning of the form indicating your package has been submitted. In the subject line of the email will be a unique number, this will be your Submission Identification Number (SID), please remember this number as it will be needed for any questions or concerns that may arise with your submission.