

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/cme_portal

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:

The screenshot shows the top navigation bar of the Department of Health website with links for Individuals/Families, Providers/Professionals, and Health Facilities. Below this is the 'CME Submission Portal' header. The main content area contains a paragraph explaining the CME Recertification Program and a link to the AC3253-S form. Below the text is a form with a dropdown menu labeled 'Entity Submitting (Choose One)*' and three radio button options: 'EMS Agency', 'Course Sponsor', and 'Individual'. A 'Submit' button is located below the form.

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

This screenshot shows the 'EMS Agency Submission' form. It includes a dropdown menu for 'Entity Submitting (Choose One)*' with 'EMS Agency' selected. Below this is a section titled '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.' The form contains several input fields: 'Contact Information for EMS Agency' with sub-fields for 'First Name*', 'Last Name*', 'Email*', and 'Phone*'; 'EMS Agency Name*'; 'EMS Agency Code*'; and a dropdown menu for 'Level of Care for Submission*' set to '- Select -'. A note states: 'All certified providers submitted for renewal on this submission must be from the same level of care.' At the bottom, there is a checkbox question 'Would you like to attach a voucher?*' with 'Yes' and 'No' options. A 'Submit' button is at the bottom left.

Step 4: From here the individual 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*
<input type="text" value="John"/>	<input type="text" value="Doe"/>	<input type="text" value="johnnydoe@cme.com"/>	<input type="text" value="(555) 123-4567"/>

EMS Agency Name*

EMS Agency Code*

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*

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
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="02/18/1976"/>	<input type="text" value="123456"/>	<input type="text" value="Recert Form.pdf 81.48 KB"/>	<input type="text" value="CPR Card.pdf 81.48 KB"/>
				<input type="button" value="Remove"/>	<input type="button" value="Remove"/>
				<input type="button" value="Upload requirements"/>	<input type="button" value="Upload requirements"/>

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.

EMT-B Applicant(s) Submission(s)

First Name	Last Name	Date of Birth	EMT Number	DOH-6065 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
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements

[Add Additional People](#) 5 more items

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.

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
			mm/dd/yyyy	\$0.00

Voucher Attachment*

[Choose File](#) No file chosen
[Upload requirements](#)

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.

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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:

The screenshot shows the 'CME Submission Portal' page. At the top is a dark purple navigation bar with the text 'Department of Health' and three menu items: 'Individuals/Families', 'Providers/Professionals', and 'Health Facilities'. Below the navigation bar, the page title is 'CME Submission Portal'. The main content area contains a paragraph explaining the CME Recertification Program, followed by a link to a website for more information. Below the text is a form with a dropdown menu labeled 'Entity Submitting (Choose One)*' containing three options: 'EMS Agency', 'Course Sponsor', and 'Individual'. A blue 'Submit' button is located below the form.

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.

The screenshot shows the 'Course Sponsor Submission' form. At the top is a dropdown menu labeled 'Entity Submitting (Choose One)*' with three options: 'EMS Agency', 'Course Sponsor', and 'Individual'. Below this is a section titled 'Course Sponsor Submission' with a paragraph explaining the submission process. The form contains several fields: 'Course Sponsor Information' with four input fields for 'First Name*', 'Last Name*', 'Email*', and 'Phone*'; 'Course Number*' with an input field; 'Course End Date*' with a date picker set to 'mm/dd/yyyy'; 'Level of Care for Submission*' with a dropdown menu set to '- Select -'; and two questions with radio button options: 'Would you like to attach a voucher?*' (Yes/No) and 'Are you attaching a Course Memorandum?*' (Yes/No).

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*
<input type="text" value="Jenny"/>	<input type="text" value="Doe"/>	<input type="text" value="jennydoe@cme.com"/>	<input type="text" value="(555) 867-5309"/>

Course Number*

Course End Date*

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*

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
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="02/18/1976"/>	<input type="text" value="123456"/>	<input type="text" value="Recert Form.pdf 81.48 KB"/> Upload requirements	<input type="text" value="CPR Card.pdf 81.48 KB"/> Upload requirements

[Add Additional People](#) 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.

EMT-B Applicant(s) Submission(s)

First Name	Last Name	Date of Birth	EMT Number	DOH-6065 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
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements
		mm/dd/yyyy		Choose File No ...sen Upload requirements	Choose File N...sen Upload requirements

[Add Additional People](#) 5 more items

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.

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
			mm/dd/yyyy	\$0.00

Voucher Attachment*

[Choose File](#) No file chosen
[Upload requirements](#)

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.

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Voucher Section*

Vendor ID ?	Vendor Name ?	Invoice Number ?	Invoice Date	Invoice Amount
<input type="text" value="0000"/>	<input type="text" value="John Doe Ambulance Corps"/>	<input type="text" value="CME-0000-123456-06/01/2021"/>	<input type="text" value="06/30/2021"/>	<input type="text" value="\$650.00"/>

Voucher Attachment

Voucher.pdf
81.48 KB

[Upload requirements](#)

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.

Are you attaching a Course Memorandum?*

- Yes
- No

Course Memorandum *

First Name	Last Name	EMT Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

more applicant

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.

Course Memorandum		
First Name	Last Name	EMT Number
Jenny	Doe	675309

more applicant

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

The screenshot shows the 'CME Submission Portal' page. At the top is a dark purple navigation bar with the text 'Department of Health' and links for 'Individuals/Families', 'Providers/Professionals', and 'Health Facilities'. Below the navigation bar is the main content area. It features a heading 'CME Submission Portal' followed by a paragraph explaining the CME Recertification Program. Below the text is a form with a dropdown menu labeled 'Entity Submitting (Choose One)*' containing three options: 'EMS Agency', 'Course Sponsor', and 'Individual'. A blue 'Submit' button is located below the form.

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

This close-up shows the 'Entity Submitting (Choose One)*' dropdown menu. The 'Individual' option is selected and highlighted with a blue background, while 'EMS Agency' and 'Course Sponsor' are in grey.

Applicant Submission

Submission of a CME Recertification Application on this page means you are the applicant and you are not sponsored by an agency. This means there is no agency code, or Coordinator signature on your application. Submission on this page is not eligible for EMS education reimbursement funds.

The 'Applicant Submission' form is titled 'Contact Information for Individual Applicant'. It contains several required fields marked with a red asterisk: 'First Name*', 'Last Name*', 'Email*', 'Phone*', 'Address*', 'City/Town*', 'State/Province*', and 'ZIP/Postal Code*'. The 'State/Province' dropdown is currently set to 'New York'. Below these fields are two more required fields: 'EMT Number*' and 'Level of Care*', which is a dropdown menu currently set to '- Select -'.

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.

Level of Care*

EMT-B

DOH-5065 EMT Recertification Form

Recert Form_0.pdf 81.48 KB

Remove

Upload requirements

CPR Card

CPR Card_0.pdf 81.48 KB

Remove

Upload requirements

Submit

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.