



WILDERNESS & EMERGENCY MEDICINE

**WILDERNESS FIRST RESPONDER
RECERTIFICATION PACKET**

SOLO WILDERNESS FIRST RESPONDER RECERTIFICATION PACKET

You have chosen to recertify your SOLO Wilderness First Responder through a SOLO Wilderness First Aid, WFR Review, or with another organization. Since these courses are more basic than a WFR, you need to refresh some topics on your own. These courses will provide you with plenty of opportunity to practice your wilderness skills, and this packet of handouts contains the additional didactic information not fully covered in other courses.

In addition to reviewing the information enclosed you will also need to take a WFR Review exam.

To Successfully fulfill the requirements for WFR recertification, you must complete the following:

1. Fill out the WFR recertification application.
2. Pass the WFR exam with a 70% or better.
3. Provide SOLO with a copy of your current WFR certification.
4. Provide SOLO with a copy of your current CPR certification (Heartsaver or equivalent or higher)* No online courses without proof of a practical skills component will be recognized. All CPR courses are required to contain a hands on/ practical component.
5. Pay SOLO a **\$15.00** certification fee. (Check or money order payable to SOLO)
6. Send all information, application, and payment to:

SOLO
WFR Recertification
PO Box 3150
Conway, NH 03818

Your WFR card will be mailed to you directly from SOLO.

* If you have not completed your Heartsaver (or higher) CPR course at the time of your WFA/WFR Recertification course, SOLO will grant you a 2-month grace period to submit this application. Once you have your CPR card, mail a copy to SOLO with the appropriate documentation, and your certification will follow.

NOTE: Applications received after the 2-month application grace period will be disregarded.

SOLO WFR RECERTIFICATION APPLICATION

SECTION I: BACKGROUND INFORMATION

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

E-MAIL ADDRESS _____

SECTION II: WFR CERTIFICATION HISTORY

ORIGINAL WFR COURSE TAKEN WITH WHOM? _____

DATES OF LAST (RE)CERTIFICATION _____

LOCATION OF LAST (RE)CERTIFICATION _____

NAME OF COURSE INSTRUCTORS _____

SECTION III: CURRENT WFR RECERTIFICATION INFORMATION:

DATE OF RECERTIFICATION COURSE _____

LOCATION OF RECERTIFICATION COURSE _____

NAME OF COURSE INSTRUCTORS _____

SECTION IV: CPR HISTORY (If taking CPR on recertification course please indicate)

DATE OF LAST VALID CPR COURSE* _____

* Heartsaver (AHA), equivalent (Red Cross, NSC, ASHI), or higher are acceptable.

Mail this application, card copies, and \$15.00 recertification fee to:

**SOLO
WFR Recertification
PO Box 3150
Conway, NH 03818**

**Your new WFR card will be mailed directly from SOLO once all paperwork is complete and approved
by the recertification coordinator.**

