



EMS Instructor and Instructor Educator Initial Application

Return Application to OSDH
1000 NE Tenth Street
Oklahoma City, OK, 73117
P – 405.271.4027 F – 405.271.4240
Email: Esystems@health.ok.gov

Print clearly or type

Contact Information:

Last Name: _____ First Name: _____ M.I: _____

OK License Number: _____ License Expiration Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Instructor level requested: EMR EMT I/85 Paramedic Instructor Educator

List all agencies or training programs you are affiliated with as an EMS Instructor* (use additional forms if needed):

Training Facility	License Number	EMS Agency	License Number	EMR Agency	Certification No.

INITIAL APPLICATION REQUIREMENTS:

- Provide a Letter of Affiliation to teach from the Program Coordinator or Administrator to instruct at each EMS Training Program; and
- Provide a Letter of Authorization from the Service Director and Medical Director to instruct at each Licensed Ambulance Service, or EMRA.
- Resume demonstrating two years' experience (within last five years) direct field experience as licensed provider at or exceeding the level to be taught.
- Copies of Initial instructor course completion certificate (NHTSA DOT Course, OSU-FST Instructor Courses with EMS Bridge)
- Copy of current CPR Instructor certification.

In addition to above requirements: Paramedics provide:

- Copy of current AHA ACLS provider certification.
- Copy of current Pediatric provider certification training.(PALS, PEPP, PEAR)

Instructor Educator:

- Current affiliation with a Training Program
- Current licensure and instructor approval
- Five (5) years' experience as a EMS Field Provider
- Completion of the NHTSA/DOT EMS Instructor Training Course
- Successful completion of instruction of at least three (3) initial EMT (or higher) courses
- Attendance at all mandatory meetings with the Department and other Instructor Educators.

Return the application and supporting documents to OSDH – Emergency Systems by Email, Fax, or mail.

Signature

All information provided is true and correct to the best of my knowledge. I understand that by signing this document, any fraudulent entry may be sufficient cause for disapproval and/or revocation of any subsequent certification, which may have been issued. I have read and understand the rules (OAC310:641 Subchapter 7) pertaining to Training Centers, Courses and Instructors; and I will adhere to these requirements.

Applicants Signature (required): _____ Date: _____