

Emergency Medical Service Instructor Application

Last Name: _____		First Name: _____		MI: _____	
Oklahoma License Number: _____		License Expiration Date: _____			
Mailing Address: _____					
City: _____		State: _____		Zip: _____	
Phone Number: _____		Email: _____			
<input type="checkbox"/> INITIAL ♦ Application ♦ Supporting documents in Section 1 or Section 1.1			<input type="checkbox"/> RENEWAL ♦ Application ♦ Supporting documents in Section 2		
<u>Section 1: Level I and II Instructor:</u> <input type="checkbox"/> Resume or Letter showing two (2) years of direct field experience <input type="checkbox"/> Current Instructor training <input type="checkbox"/> Current OK certification or licensure <input type="checkbox"/> Letters of affiliation from each Director and each Medical Director of a certified first response agency or ambulance service or the Director of an approved training institution		<u>Section 1.1: Level III Instructor:</u> <input type="checkbox"/> Affiliation with an approved training program <input type="checkbox"/> Current OK Licensure (EMT or Higher) <input type="checkbox"/> Five (5) years field experience <input type="checkbox"/> Current approval as an Oklahoma EMS Instructor <input type="checkbox"/> Completion of the NHTSA/DOT EMS Instructor Training Course <input type="checkbox"/> Complete a minimum of 500 hours of didactic training as the lead or primary instructor in initial EMT, AEMT, or Paramedic courses		<u>Section 2: Renewal Level I, II, or III Instructor:</u> <input type="checkbox"/> Continuing Education Level I - 8 hours <input type="checkbox"/> Continuing Education Level II & III - 16 hours <input type="checkbox"/> Instructor Renewal Continuing Education or Refresher Course <input type="checkbox"/> The documents below are required with application for the appropriate Instructor Level <input type="checkbox"/> No more than 4 hours in any one topic (Use additional forms if needed)	
Continuing Education Topic:		Date of Training	Hours	Date of Training	Hours
Technology and Software					
Psycho-motor exam evaluator					
Objective and evaluation writing					
Curriculum review and utilization					
Classroom management					
Instructional theory and application					
Initial, refresher, and continuing education classes and courses					
Department approved Courses, classes, and workshops					
Other education or instructor Training – (include training certificate)					

Applicant Signature: _____

Date: _____

Email application and required documents to esystems@health.ok.gov