



EMS Instructor and Instructor Educator Renewal Application

Return Application to:
OSDH - EMS Division
1000 NE Tenth Street
Oklahoma City, OK 73117
Email: Esystems@health.ok.gov
P: 405.271-4027 F: 405.271.4240

Print clearly or type

Contact Information:

Last Name: _____ First Name: _____ MI: _____

OK License Number: _____ License Expiration Date: _____

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

Phone Number: _____ Email: _____

Instructor level requested: ___EMR ___EMT ___Intermediate ___AEMT ___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.

RENEWAL APPLICATION REQUIREMENTS (Renewal Requirements are detailed in (O.A.C. 310:641-7-21 (a) – (3))

- Complete CEU worksheet (Page 2 of this application)
- Any NEW Letter(s) of Affiliation to teach from the Program Coordinator or Administrator to instruct at each EMS Training Program; and/or
- Any NEW Letter(s) of Authorization from the Service Director and Medical Director to instruct at each Licensed Ambulance Service, or EMRA.
- Copy of current CPR Instructor certification.

ADDITIONALLY, PARAMEDICS PROVIDE:

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

INSTRUCTOR EDUCATOR:

- Attendance at all mandatory meetings with the Department and other Instructor Educators.

If the application is incomplete or if there are questions about the information provided, please contact me via _____email or _____ postal service.

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



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CEU WORKSHEET

Your CE requirements can be met by combining both options.

Example: Complete 8 hours of an Instructor refresher course on Option 1 and 8 hours of CE's from Option 2.

OPTION 1

- Completion of an EMS Instructor Refresher Course: Course Authorization Number required. (Total of 16 hours)

If using portions of two or more EMS Instructor Refresher Courses – Document the Course numbers in Option 1, and the hours completed in each course in Option 2 below. Use additional forms if needed.

_____ / _____

OPTION 2

- Completion of 16 total hours of instructor continuing education (see 310:641-7-21 for specific requirements)
Unless otherwise approved by the Department, each topic for continuing education is limited 4 hours of credit.
Instructors need to maintain documentation to verify completion of continuing education hours.
Continuing Education topics include, but are not limited to:

Topic	Date	Location	Instructor or CAN Number (if applicable)	Continuing Education Hours
Technology and Software				
Objective and Evaluation writing				
Classroom management				
Teaching Initial Courses				
Psycho-motor exam evaluator				
Curriculum review and utilization				
Instructional theory and application				
Department Courses, Classes, and Workshops				
Other (pending approval)				
Other (pending approval)				
Other (pending approval)				

APPLICANT 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:** _____