

**OKLAHOMA STATE DEPARTMENT OF HEALTH EMS DIVISION  
EMERGENCY MEDICAL SERVICES INSTRUCTOR RENEWAL FORM**

**INSTRUCTIONS:** Current EMS Instructor Certifications are now set to expire at the same time as your state EMT License. This form should be completed by approved EMS Instructors only and sent in, **DO NOT SEND** in with your license renewal documents. There are two methods by which you may renew your instructor status:

- (1) Accrue sixteen (16) hours of Department approved professional development
- (2) Accrue sixteen (16) hours through a combination of professional development and education experience.

This form is to be used to document the sixteen (16) hours of ongoing education you must earn during the two years your instructor status is in effect. Complete this form in its entirety and submit it with copies of your current CPR Instructor card, ACLS and Pediatric certification cards (Paramedic level Instructors), and other documents to verify training.

**Check the Instructor level:**      **Basic**        **Intermediate**        **Paramedic**   

Name: \_\_\_\_\_ Oklahoma Instructor #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

List all Training Institution(s)/EMS Service(s) you are affiliated with:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Be sure to keep a copy of this form for your records.**

**Professional Development Hours:** A minimum of eight (8) hours for professional Development through Department approved instructor/coordinator ongoing education programs is required.

| Subject                               | Date/Hours | Date/Hours | Date/Hours | Total |
|---------------------------------------|------------|------------|------------|-------|
| <b>Instructional Techniques</b>       |            |            |            |       |
| Minimum 3 hours                       |            |            |            |       |
| Maximum 7 hours                       |            |            |            |       |
| <b>Measurement and Evaluation</b>     |            |            |            |       |
| Minimum 3 hours                       |            |            |            |       |
| Maximum 7 hours                       |            |            |            |       |
| <b>Educational Administration</b>     |            |            |            |       |
| Minimum 3 hours                       |            |            |            |       |
| Maximum 7 hours                       |            |            |            |       |
| <b>Other Professional Development</b> |            |            |            |       |
| Maximum 3 hours                       |            |            |            |       |

**Part A**

**BLS Instructor card and ACLS/ PALS/ PEPP/PPC Provider cards where applicable.**

- BLS Instructor:**  Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours **2**
- ACLS Provider:**  Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours **2**
- PALS Provider:**  Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours **2**
- PEPP Provider:**  Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours **2**

**Part B**

- Performance Hours:** In addition to the 8 hours required in Option III part A, eight (8) hours are required in any area or combination below.
- EMS INSTRUCTION:** Maximum of four (4) hours for courses taught during period of certification. Verification will be by course roster, training coordinator/administrator or Medical Director.
- TESTING ASSISTANCE:** Maximum of four (4) hours. 1 hour for every course final practical examination in which you serve as a skills evaluator, verified by examination coordinator.
- COURSE COORDINATION:** Maximum of four (4) hours. One (1) hour for EMT-Basic EMT-B Refresher/ EMT-I /EMT-I Refresher/ EMT-P Refresher Three hours (3) for Paramedic Program. A Letter from department chair ,adult coordinator, or program/service medical director verifying your Teaching experience is required.
- STUDENT PRECEPTOR:** Maximum of (4) hours for serving as student preceptor for EMS Training Institution students. Proof will be verified by Institution Administrator/Coordinator by letter to OSDH/EMS. Preceptor cannot be lead instructor of core programs.

| Method* | Type of Documentation (proof) | Hours |
|---------|-------------------------------|-------|
|         |                               |       |
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|         |                               |       |

*\*This column should indicate teaching, testing, precepting or coordination.*

**Total Hours for all sections combined:** \_\_\_\_\_

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 (OAC 310:641 Subchapter 7) pertaining to Training Centers, Courses and Instructors; and I will adhere to these requirements.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send completed renewal application with supporting documentation to:

OSDH/EMS  
 EMS Training Coordinator  
 1000 N.E. 10<sup>th</sup> St.  
 OKC, OK 73117-1299