Oklahoma State Department of Health
Creating a State of Health

For OSDH/EMS Division Use Only
Date Received: _____ Date Approved: _____ Instructor Number: _____ Expires: _____

Oklahoma State Department of Health

EMS Instructor Application

(OAC 310:641 Subchapter 7)

Date of Application: _____

Please list the training entity you are requesting to affiliate with as an EMS Instructor:
(Instructors must be employed and on the duty roster of the Ambulance Service or Certified First Response Agency they wish to affiliate with)
Provide the name and license or certificate number for all those being requested.

Training Institution(s)	**Ambulance Service(s)**	**Certified First Response Agency(s)**
_____	_____	_____
_____	_____	_____

APPLICANT INFORMATION

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

State EMS License Number: _____ License Expiration Date: _____

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

Contact Information

Home Phone: _____ Cell Phone: _____

Pager: _____ Email Address: _____

Check the Instructor level being requested: Basic ☐ Intermediate ☐ Paramedic ☐

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:** _____

INITIAL APPLICATION REQUIREMENTS

Please provide the following documented information:

☐ **Letter of affiliation to teach with an approved EMS Training Program from the Program Coordinator or Administrator. AND/OR**

☐ **Letter of authorization to teach with Licensed Ambulance Service, or Certified First Response Agency from the Service Director and Medical Director.**

- **Resume** demonstrating 2 years RECENT (within past 5 years), direct field experience as a licensed EMT at or exceeding the level to be taught.
- **Copy of current BLS Instructor Card** at the Health Care Provider level.
  - **Paramedic Instructors:** also provide current documentation of:
    - **AHA ACLS** provider card, **and**
    - **Pediatric** provider certification training
- **Copies of certificates** from EMS Instructor Training Course or equivalent courses (Fire Service Instructor 1 and or 2 with the approved EMS ITC Bridge Course).
- **SEND COMPLETED APPLICATIONS TO: OSDH – EMS Division, Attn: Educational Coordinator**
  1000 NE 10th Street, Oklahoma City, OK 73117-1299