

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 Institution 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 number for all those being requested.

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

\_\_\_\_\_

[In addition to your name, please add the Training Institution Site Code, the Ambulance Service License Number, or the Certified FRA certification number]

**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 Certified EMS Training Program from the Program Coordinator or Administrator.
- **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  
Educational Coordinator  
1000 N.E. 10<sup>th</sup> Street  
OKC, OK 73117-1299

