



# 2017 EMS Instructor Application Renewal

(OAC 310:641 Subchapter 7)

Please print clearly or type.

**Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

OK EMS License Expiration Date: \_\_\_\_\_ OK EMS License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor level requested:

EMR      EMT      I/85      Paramedic

List all facilities you are affiliated with as an EMS Instructor\*:

Training Facility	Lic. #	Ambulance Service	Lic. #	EMR Agency	Lic. #
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

\*Provide a Letter of Affiliation to teach from the Program Coordinator or Administrator to instruct at each new EMS Training Program.

Provide a Letter of Authorization from the Service Director and Medical Director to instruct at each new Licensed Ambulance Service, or EMRA.

**APPLICATION RENEWAL REQUIREMENTS**

Please provide the following information:

Completed CEU worksheet(page2 of this application)

OKLAHOMA RULE: OAC 310:641-7-21(b) (6) states that to renew your EMS Instructor, you must: Obtain sixteen (16) hours of instructor continuing education experience during the current approval period or complete a Department approved EMS Instructor Refresher Course.

Copy of current CPR Instructor certification.

**Paramedics Only:**

Copy of current AHA ACLS provider certification.

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

EITHER attach this application with your completed Oklahoma EMS Personnel License renewal form OR

Email, Mail or Fax to:

Email: [roberti@health.ok.gov](mailto:roberti@health.ok.gov) ; [davidg@health.ok.gov](mailto:davidg@health.ok.gov)

OSDH – Emergency Systems,  
Attn: Educational Coordinator  
1000 NE 10<sup>th</sup> Street,  
Oklahoma City, OK 73117-1299  
Fax: (405)271-4240

# CEU Worksheet

## OPTION 1

Completion of an EMS Instructor Refresher Course – or two 8-hour refresher courses

Course Authorization Number(s): \_\_\_\_\_ / \_\_\_\_\_ 16 Hours

## OPTION 2

Completion of 16 total hours of instructor continuing education experience

Continuing Education	Requirement	Hours
EMS Instruction(courses taught) (4 hours Max)	Course Authorization Number(s): _____ _____	_____
Course Coordination (4 hours Max)	Course Authorization Number(s): _____ _____	_____
Testing Assistance (4 hours Max)	Test Location: _____ Test Date: _____	_____
Student Preceptor (4 hours Max)	Location: _____ Date(s): _____	_____
Other Professional Development: (2hours max each listing)	Course Name: _____	_____
Any other Instructional Development you may have completed, such as BLS Instructor , ACLS Instructor, PALS Provider, PEPP Provider and any topic that you completed to improve your capabilities to teach. This includes adult education courses (CPR, First Aid, Fire Training, Etc.) (2hours max each listing)	Date: _____ Location: _____	_____
	Course Name: _____	_____
	Date: _____ Location: _____	_____
	Course Name: _____	_____
	Date: _____ Location: _____	_____
	Course Name: _____	_____
	Date: _____ Location: _____	_____
<b>TOTAL HOURS</b>		_____

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:** \_\_\_\_\_