EMS Instructor and 
Instructor Educator 
Initial Application

Print clearly or type

Contact Information:
Last Name: ___________________________ First Name: ___________________________ M.I: ___
OK License Number: ___________________________ License Expiration Date: ___________________________
Address: ___________________________ City: ___________________________ State: ___________ Zip: ___________
Phone Number: ___________________________ Email: ___________________________
Instructor level requested:  ☐ EMR  ☐ EMT  ☐ I/85  ☐ Paramedic  ☐ Instructor Educator

List all agencies or training programs you are affiliated with as an EMS Instructor* (use additional forms if needed):

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<tr>
<th>Training Facility</th>
<th>License Number</th>
<th>EMS Agency</th>
<th>License Number</th>
<th>EMR Agency</th>
<th>Certification No.</th>
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INITIAL APPLICATION REQUIREMENTS:
☐ Provide a Letter of Affiliation to teach from the Program Coordinator or Administrator to instruct at each EMS Training Program; and
☐ Provide a Letter of Authorization from the Service Director and Medical Director to instruct at each Licensed Ambulance Service, or EMRA.
☐ Resume demonstrating two years’ experience (within last five years) direct field experience as licensed provider at or exceeding the level to be taught.
☐ Copies of Initial instructor course completion certificate (NHTSA DOT Course, OSU-FST Instructor Courses with EMS Bridge)
☐ Copy of current CPR Instructor certification.

In addition to above requirements: Paramedics provide:
☐ Copy of current AHA ACLS provider certification.
☐ Copy of current Pediatric provider certification training, (PALS, PEPP, PEAR)

Instructor Educator:
☐ Current affiliation with a Training Program
☐ Current licensure and instructor approval
☐ Five (5) years’ experience as a EMS Field Provider
☐ Completion of the NHTSA/DOT EMS Instructor Training Course
☐ Successful completion of instruction of at least three (3) initial EMT (or higher) courses
☐ Attendance at all mandatory meetings with the Department and other Instructor Educators.

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

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: _____________

Oklahoma State Department of Health
Protective Health Services – Emergency Systems

Form Initial Instructor
April 2017