



EMS Instructor Initial Application

(OAC 310:641 Subchapter 7)

Please print clearly or type.

Contact Information:

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

OK EMS License Number: _____ License Expiration Date: _____

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

Phone Number: _____ Email: _____

Instructor level requested:

- EMR EMT AEMT Paramedic

List all facilities you are requesting to affiliate with as an EMS Instructor:

Training Facilities	Ambulance Services	EMR Agencies
_____ Lic. # _____	_____ Lic. # _____	_____ Lic. # _____
_____ Lic. # _____	_____ Lic. # _____	_____ Lic. # _____
_____ Lic. # _____	_____ Lic. # _____	_____ Lic. # _____

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:** _____

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.
- Letter of authorization to teach with Licensed Ambulance Service, or EMRA from the Service Director and Medical Director.
- Resume demonstrating 2 years(within the past 5 years) direct field experience as a licensed EMS Provider at or exceeding the level to be taught.
- 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).
- Copy of current CPR Instructor certification.

Paramedics Only:

- Copy of AHA ACLS provider card
- Copy of Pediatric provider certification training.(PALS, PEPP, PEAR)

EMAIL, MAIL OR FAX COMPLETED APPLICATION TO:

OSDH – EMS Division, Attn: Educational Coordinator
1000 NE 10th Street, Oklahoma City, OK 73117-1299
Fax: (405)271-4240
Email: roberti@health.ok.gov