

EMS-I CANDIDATES

Emergency Medical Services-Instructor Application Information Requirements

In order to become certified as an Emergency Medical Services-Instructor, a candidate needs to meet all of the following regulatory requirements:

1. Current State certification as an EMT.
2. Minimum of 12 months active involvement in an ambulance/rescue organization or EMS care field.
3. Successfully complete the EMS Instructor Course or its equivalent, as approved by OEMS.
4. Must have a letter of recommendation from the appropriate Regional Council or State Agency.

In order to obtain Regional Recommendation (as listed in number 4 above), a candidate must:

1. Complete this application and attach a copy of current certification as an EMT, EMT-I, or Paramedic licensure. Attach any other related certificates the candidate may possess.
2. Provide proof of successful completion of EMS-I training program.
3. Letter of recommendation from the Chief of Service of an EMS response service documenting 2 years experience.
4. Letters of recommendation from 2 currently certified EMS-Instructors.
5. Successfully pass the EMT-R/T exam as administered by the Regional office with a score of at least 85%.

Emergency Medical Services-Instructor Application

Regional EMS Council (*circle one*) **1** **2** **3** **4** **5**

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip
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Home Address (If Different)	Home Phone	Work Phone
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EMS Affiliation	EMS Phone Number
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Address	City	State	Zip
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Date of Birth	Driver License Number	Social Security Number
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Highest Education Attained _____

Institution (if current student) _____

Degree(s) _____

Major(s) _____

Level and Type of Certification

Date	Level	Certification Number
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_____	EMT	_____
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_____	EMS-I	_____
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_____	EMT-I	_____
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_____	EMT-P	_____
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_____	Other	_____
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_____	Other	_____
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_____	Other	_____
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_____	Other	_____
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_____	Other	_____
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_____	Other	_____
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_____	Other	_____
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Occupation/Profession

_____ Attorney

_____ EMS Professional

_____ Executive/Management

_____ Farmer

_____ Firefighter

_____ Industrial/Business

_____ Law Enforcement

_____ Nurse

_____ Physician

_____ Teacher

_____ Other _____

Number of Years of Emergency Medical Services Experience_____

**Emergency Medical Services Courses/Seminars or other Educational
Courses/Seminars**

Course/Seminar Title	Subject	Location	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information (**i.e.** Job changes, promotions, etc.)

If you need additional space, attach any other lined paper.

Candidate Signature

Date