



# EMS Instructor and Instructor Educator Renewal Application

Return Application to OSDH  
1000 NE Tenth Street  
Oklahoma City, OK, 73117  
P – 405.271.4027 F – 405.271.4240  
Email: [Esystems@health.ok.gov](mailto:Esystems@health.ok.gov)

**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):

Training Facility	License Number	EMS Agency	License Number	EMR Agency	Certification No.

**RENEWAL APPLICATION REQUIREMENTS (Renewal Requirements are detailed in (O.A.C. 310:641-7-21 (a) – (3))**

- Complete CEU worksheet (Page 2 of this application)
- Any NEW Letter(s) of Affiliation to teach from the Program Coordinator or Administrator to instruct at each EMS Training Program; and/or
- Any NEW Letter(s) of Authorization from the Service Director and Medical Director to instruct at each Licensed Ambulance Service, or EMRA.
- Copy of current CPR Instructor certification.

**ADDITIONALLY, PARAMEDICS PROVIDE:**

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

**INSTRUCTOR EDUCATOR:**

- 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.**



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## CEU WORKSHEET

Your CE requirements can be met by combining both options.

**Example:** Complete 8 hours of an Instructor refresher course on Option 1 and 8 hours of CE's from Option 2.

### OPTION 1

- Completion of an EMS Instructor Refresher Course: Course Authorization Number required. (Total of 16 hours)

If using portions of two or more EMS Instructor Refresher Courses – Document the Course numbers in Option 1, and the hours completed in each course in Option 2 below. Use additional forms if needed.

\_\_\_\_\_ / \_\_\_\_\_

### OPTION 2

- Completion of 16 total hours of instructor continuing education (see 310:641-7-21 for specific requirements)  
Unless otherwise approved by the Department, each topic for continuing education is limited 4 hours of credit.  
Instructors need to maintain documentation to verify completion of continuing education hours.

Continuing Education topics include, but are not limited to:

Topic	Date	Location	Instructor or CAN Number (if applicable)	Continuing Education Hours
Technology and Software				
Objective and Evaluation writing				
Classroom management				
Teaching Initial Courses				
Psycho-motor exam evaluator				
Curriculum review and utilization				
Instructional theory and application				
Department Courses, Classes, and Workshops				
Other (pending approval)				
Other (pending approval)				
Other (pending approval)				

### APPLICANT 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:** \_\_\_\_\_