



# EMS INSTRUCTOR APPLICATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

P-N UMBER: P \_\_\_\_\_ CURRENT NC EMS CREDENTIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

INITIAL APPLICATION  RENEWAL APPLICATION

APPLICATION TYPE:  LEVEL I INSTRUCTOR  LEVEL II INSTRUCTOR

APPLICATION LEVEL:  EMT  AEMT  PARAMEDIC

**\*Refer to Application Completion Instructions before starting application\***

**Attach verification of the items required below to the appropriate type of application.**

LEVEL I EMS INSTRUCTOR	LEVEL II EMS INSTRUCTOR
<ul style="list-style-type: none"> <li>• Current EMS Credential at the level of application or higher</li> <li>• Three (3) years of EMS experience at the level of application or higher that has been completed within the last five (5) years</li> <li>• EMS Instructor Methodology or National Association of EMS Educators Level I Course</li> <li>• One hundred (100) teaching hours at the level of application, or equivalent in an approved EMS Educational Program</li> <li>• OEMS Instructor Workshop completed no greater than 12 months prior to application</li> <li>• High School Diploma or HSE</li> <li>• <b>Complete Signature Page 3</b></li> </ul>	<ul style="list-style-type: none"> <li>• Current EMS Credential at the level of application or higher</li> <li>• Two (2) years of teaching experience as a Level I EMS instructor at the level of application</li> <li>• EMS Education Administration Course or National Association of EMS Educators Level II Course (Valid for 4 years)</li> <li>• OEMS Instructor Workshop completed no greater than 12 months prior to application</li> <li>• Associate degree or higher</li> <li>• <b>Complete Signature Page 4</b></li> </ul>
RENEWAL REQUIREMENTS FOR ALL LEVELS	
<ul style="list-style-type: none"> <li>• Current EMS Credential at the level of application or higher</li> <li>• Ninety-six (96) hours of EMS Instruction at the level of application</li> <li>• Educational Scope of Practice</li> <li>• Twenty-four (24) hours of Educational Professional Development</li> <li>• EMS Instructor Workshop within twelve (12) months of expiration</li> </ul>	

**Completed applications should be emailed to the appropriate Regional Education Specialist listed below.**

<p><b>CENTRAL REGIONAL OFFICE OF EMS</b> 1201 Umstead Drive Raleigh, NC 27699</p> <p><b>Educational Specialist:</b> San Juan Timmons <b>Office:</b> (919) 855-4681 <b>E-mail:</b> <a href="mailto:sanjuan.timmons@dhhs.nc.gov">sanjuan.timmons@dhhs.nc.gov</a></p>	<p><b>EASTERN REGIONAL OFFICE OF EMS</b> 3802 NC HWY 58 NORTH Kinston, NC 28504</p> <p><b>Educational Specialist:</b> Robbie Amerson <b>Office:</b> (252) 208-2456 <b>E-mail:</b> <a href="mailto:robert.amerson@dhhs.nc.gov">robert.amerson@dhhs.nc.gov</a></p>	<p><b>WESTERN REGIONAL OFFICE OF EMS</b> 3305-4 16<sup>th</sup> Avenue SE, Suite 302 Conover, NC 28613</p> <p><b>Educational Specialist:</b> Tonja Pool <b>Office:</b> (828) 468-6804 <b>E-mail:</b> <a href="mailto:tonja.pool@dhhs.nc.gov">tonja.pool@dhhs.nc.gov</a></p>
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### APPLICANT BACKGROUND INFORMATION

1. **PLEASE NOTE:** Failing to answer this truthfully and completely will be considered falsification of this document which is a violation of 10A NCAC 13P .1507(b)(2) and your file will be automatically scheduled for an in-person interview with the NC EMS Disciplinary Committee.

Have you, under this or any other name, EVER been issued a citation, warrant, summons, been arrested, charged, convicted of, pled guilty or no contest to, received a deferred sentence, no true bill or prayer for judgment for a misdemeanor or felony in this or any other state or nation (including the Armed Forces - domestic or abroad), or received a non-judicial punishment while serving in the Armed Forces?      **YES**       **NO**

If yes, list offenses, including year, place it happened and the verdict, below. Please list all aliases, including maiden name used. If you have more offenses that space allows, please contact OEMS for the next steps. If you are unsure if you should list a certain offense, list it anyway. If you do not know for certain that your criminal history has been fully expunged, list the offenses to avoid the appearance of falsification.

**NOTE:** Please be reminded that any citations, arrests, charges, or convictions dealing with misdemeanors or felonies that have been dismissed or are still in a pending status, should be listed on this form.

DATE	OFFENSE	OUTCOME/VERDICT/SENTENCE	UNDER WHAT NAME

2. Have you ever been required to complete a criminal record check through the State and National Repositories of Criminal Histories by the North Carolina Office of Emergency Medical Services?    **YES**     **NO**     When? \_\_\_\_\_
3. Have you EVER been or are you currently the subject of an investigation and/or had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?  
**NO**     **YES**

If yes, document where you are, or have been, certified, licensed, registered, or credentialed as a health care provider.

\_\_\_\_\_      \_\_\_\_\_  
Credentiaing/Licensing Body      Action Taken

4. Do you now, or have you at any time during the past (5) years, resided out of the state of North Carolina?  
**NO**     **YES**     If yes, where? \_\_\_\_\_
5. Are you now, or have you ever been required to register on the Sex Offender Registry in this or any other state or nation?  
**NO**     **YES**     If yes, where? \_\_\_\_\_

I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. Furthermore, I understand that I am solely responsible to ensure my Instructor credentialing/re-credentialing requirements are completed. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts called for is cause for denial of the application for credentialing or revocation of the credential.

\_\_\_\_\_  
Print Full Name      Signature      Date



# INITIAL LEVEL II EMS INSTRUCTOR APPLICATION

**Applicant Name:** \_\_\_\_\_

1. 10A NCAC 13P .0508 (a)(4) requires two (2) years teaching experience as a Level I EMS instructor at the level of application or equivalent. I hereby affirm that I have met this requirement and agree to maintain all verifying documentation for the length of my initial credential in the event the OEMS should audit my application. I attest that I am being advised my application may be subject to audit at any time. I attest that I am being advised any false statements or documents used in the application for credentialing may be sufficient cause for revocation, suspension, or denial by the OEMS per 10A NCAC 13P. 0701 (e)(1), (e)(2), and/or (e)(9).

\_\_\_\_\_  
**Applicant Printed Name**                      **Applicant Signature**                      **Date**

2. As EMS Program Coordinator for \_\_\_\_\_, I verify that I have reviewed and attest that above applicant has met the two (2) years teaching experience as a Level I EMS instructor at the level of application or equivalent as required for initial Level II EMS instructor.

\_\_\_\_\_  
**Program Coordinator Printed Name**                      **Program Coordinator Signature**                      **Date**

3. As EMS Program Coordinator for \_\_\_\_\_, I performed an Educational Scope of Practice evaluation for the above applicant on:

(date) \_\_\_\_\_. The topic presented was \_\_\_\_\_.

\_\_\_\_\_  
**Program Coordinator Printed Name**                      **Program Coordinator Signature**                      **Date**

4. This is to verify that I attended an Instructor Workshop approved by the NC Office of EMS. The Instructor Workshop was held at (location) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
**Applicant Printed Name**                      **Applicant Signature**                      **Date**

5. As EMS Program Coordinator for \_\_\_\_\_, I hereby recommend this applicant for Initial Level II EMS Instructor credentialing.

\_\_\_\_\_  
**Program Coordinator Printed Name/P Number**                      **Program Coordinator Signature**                      **Date**



# EMS INSTRUCTOR APPLICATION COMPLETION INSTRUCTIONS

## ALL APPLICANTS

*Read instructions prior to completing application. This is especially important for appropriate signatures and Educational and Technical Scope of Practice.*

- Print legibly or type your name, social security number, current NC EMS credential(s), and mailing address.
- Include a primary (daytime) phone number at which you can be reached, and e-mail address if available.
- Indicate whether this application is for initial instructor credentialing or renewal of current credential. Applicants who wish to change the level or type of their instructor credential (for example, AEMT to Paramedic, or Level I to Level II) must submit a completed initial application. If an instructor credential expires prior to renewal, the individual must complete the initial application process unless advised by the OEMS that a renewal application is the appropriate documentation for submission.
- Indicate application type and level.

## INITIAL APPLICANTS

### LEVEL I EMS INSTRUCTOR REQUIREMENTS

- **Three (3) years of experience – Attach required documentation**  
A current EMS current credential at level of application or above is required for Level I EMS instructor eligibility. Applicants for initial Level I EMS instructor credential must provide verification of having had three years active EMS experience at the level of application. Documentation should be provided in the form of a letter(s) verifying that the Applicant has met this experience requirement. The letter(s) should be on official letterhead, contain the name of the provider organization(s) and dates that the Applicant was affiliated with that provider. An official who has direct knowledge of the Applicant's experience must sign the letter.
- **One hundred (100) Hours of Formal Teaching Experience – Signature Page**  
Applicants for initial Level I EMS instructor credential must complete at least one hundred (100) hours of teaching experience at the level of application in an approved EMS educational program or equivalent. Teaching experience considered as acceptable is gained in a structured, formal NCOEMS approved educational program or equivalent. Verification of this teaching experience is completed through the required signatures on the signature page of application. You must maintain verifiable documentation of the teaching hours for the length of your instructor credential.
- **EMS Instructor Methodology – Attach copy to application**  
Applicants for an initial Level I EMS instructor credential must provide documentation verifying that they have successfully completed a Level I EMS instructor methodology course that meets the 2002 US DOT Guidelines for Educating EMS Instructor or completion of the National Association of EMS Educators Level I Course. The methodology course must have been completed no greater than 4 years prior to instructor application. Your methodology course must meet the 2002 DOT Guidelines for Educating EMS Instructor.
- **Educational Methods Scope of Practice Evaluation – Signature Page**  
Applicants for an initial Level I EMS instructor must provide documentation verifying successful completion of an Educational Scope of Practice Evaluation within one year of application. This is completed through the required signature on signature page of application. For EMT this evaluation shall be conducted under the direction of a Program Coordinator credentialed at or above the level of application. For a credential to teach at the AEMT or Paramedic level, this evaluation shall be conducted under the direction of the Educational Medical Advisor or the Program Coordinator credentialed at or above the level of application.
- **Workshop Attendance – Signature Page**  
Applicants for an initial Level I EMS instructor credential must verify attendance of an Instructor Workshop sponsored by the NCOEMS. This workshop must be completed no greater than 12 months prior to your application. To schedule attendance at a workshop, please access your Continuum profile to register. This is completed through the required signature on the signature page of application.

- **Credential Recommendation** – The Program Coordinator completes this section to recommend the applicant for credentialing or renewal of the credential.
- **High School or HSE – Attach copy to application**  
Applicants for an initial Level I EMS instructor must attach documentation verifying having earned a High School or General Education Development (GED) diploma, or a higher education degree.

## LEVEL II EMS INSTRUCTOR REQUIREMENTS

- **Two (2) years of Level I teaching experience – Attach verification to application**  
A current EMS credential at level of application is required to apply for Level II EMS instructor. Applicants for initial Level II EMS instructor credential must provide verification of two (2) years teaching experience at the level of application. This is verified through signatures on Signature page of application. You are required to provide verifiable documentation of your teaching experience for the length of your credential.
- **Associate Degree – Attach copy to application**  
Applicants for initial Level II EMS instructor must attach documentation verifying completion of post-secondary level education equal to or exceeding an Associate Degree.
- **EMS Education Administration Course – Attach verification to application**  
Applicants for initial Level II EMS instructor credential must provide documentation verifying successful completion of an EMS Education Administration Course approved by the OEMS or completion of the National Association of EMS Educator Level II Course.
- **Workshop Attendance – Signature Page**  
Applicants for an initial Level II EMS instructor credential must verify attendance of an Instructor Workshop sponsored by the OEMS. This workshop must be completed no greater than 12 months prior to your application. To schedule attendance at a workshop, please access your Continuum profile to register. This is completed through the required signature on the Signature page of the application.
- **Educational Methods Scope of Practice Evaluation – Signature Page**  
Applicants for an initial Level II EMS instructor must provide required signature on Page 3 of application for verification of a successful completion of an Educational Scope of Practice Evaluation within one (1) year of application. The educational medical advisor or a Level II EMS instructor credentialed at or above the level of application may sign this evaluation, verifying the applicant's successful completion of an evaluation of educational practices.

## CURRENT CREDENTIAL INSTRUCTOR RENEWAL PROCESS

*All requirements for renewal are accomplished through required signatures on the Signature page of application. All supporting documentation must be maintained for the length of your EMS Instructor Credential.*

- **Educational Methods Scope of Practice Evaluation – Signature Page**  
Applicants who wish to renew as a Level I or Level II instructor must provide required signature on Signature page of application for verification of a successful completion of an Educational Scope of Practice Evaluation. The Program Coordinator credentialed at or above the level of application or the Educational Medical Advisor may sign this evaluation, verifying the applicant's successful completion of an evaluation of educational practices.
- **Teaching Experience – Signature Page**  
Applicants who wish to renew their credential as an EMS instructor must provide documentation verifying at least ninety-six (96) hours of EMS instruction at the level of application.
- **Professional Development – Signature Page**  
Applicants who wish to renew their credential as an EMS instructor must verify through their signature that they have completed twenty-four (24) hours of professional development. Supporting documentation must be maintained for the length of their credential.
- **Workshop Attendance – Signature Page**  
Applicants for a renewal Level I/II EMS instructor credential must verify attendance of an Instructor Workshop sponsored by the OEMS. This workshop must be completed no greater than 12 months prior to year application. To schedule attendance at a workshop, please access your Continuum profile to register. This is completed through the required signature on page 4 of application.



## **CREDENTIAL APPROVAL PROCESS**

Applicants should submit signed EMS Instructor Applications to their Regional Office of EMS via along with all required documentation. Incomplete applications, including those with insufficient documentation, will not be reviewed. All questions regarding the application process (meeting specific credentialing requirements or required documentation) should be directed to the Regional OEMS Educational Specialist.

## **TERMS OF CREDENTIAL**

EMS Instructor credentials are valid for four (4) years from date of issuance, unless one of the following occurs:

- The OEMS imposes an administrative action against an instructor's credential. Administrative actions may be imposed by the OEMS for violations contained in 10A NCAC 13P .0701 (e).
- The instructor fails to maintain a current EMS Personal Credential at the highest level at which they are credentialed to teach.
- The Instructor credential was obtained through the Legal Recognition process.

Based on successfully maintaining EMS Instructor requirements, credentials are renewable for an additional four (4) years.

## **LEGAL RECOGNITION OF EMS INSTRUCTOR CREDENTIALS FROM OTHER STATES**

NC OEMS may recognize EMS Instructor Credentials from other states (or US territories) and grant a North Carolina Level I EMS Instructor Credential if:

- All current NC instructor requirements have been met through that state's instructor credentialing program;
- The applicant's credentials are in good standing in the state granting the original instructor credential; and
- The instructor applicant has attended an OEMS Instructor Workshop within the last year.

***It is the responsibility of the applicant to provide verification of the above requirements.***

**SAMPLE EDUCATIONAL METHODS**

*For Conducting Educational Scope of Practice Evaluation*

**Presentation Evaluation Sheet**

**Applicant Name:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Each criterion listed below should be evaluated on a scale from 0 to 3 according to reasonable expectations of the instructor. Use the comments beside each criterion to justify your rating. Use the "NA" rating if the criterion does not apply to the presentation.

**RATING SCALE**

**3 = Exceeded expectations      2 = Satisfactory presentation/performance      1 = Incomplete      0 = Not performed**

CRITERIA	3	2	1	0	NA	COMMENTS
<b>PREPARATION</b>						
Were equipment and materials all in place and ready?						
Rate the quality of the objectives.						
Rate the quality of the test questions.						
Rate the completeness of the lesson plan.						
<b>PRESENTATION</b>						
Did the instructor introduce him/herself?						
Did the instructor tell the group enough about the lesson to make it interesting yet keep the introduction brief?						
Did the instructor find out what the group knew about the presentation at hand?						
Did the instructor demonstrate and/or present one important piece of information at a time?						
Was the material presented in an organized fashion?						
How well did the instructor stress the key points?						
Did the instructor summarize the information at various points during the presentation?						
Did the instructor explain the information clearly and completely?						
Did the instructor summarize the entire presentation?						
Did the instructor follow the lesson plan?						
Did the instructor adhere to the time limit (45 - 50 minutes)?						
<b>QUESTIONING</b>						
Did the instructor use questioning to spot-check his instruction or stress important points?						
Did the instructor encourage active participation by the use of questions?						
Did the instructor encourage the student who supplied a wrong answer?						

CRITERIA	3	2	1	0	NA	COMMENTS
<b>INSTRUCTIONAL MEDIA</b>						
Did the media have a direct relationship with the topic?						
Did the instructor present the media at an appropriate time for the student to understand its relationship to the subject?						
Did the instructor use the media effectively (proper introduction and summary of videotape, audio tape, etc.)?						
Was the media used with little or no disruption of the presentation (was the media preset, was equipment working properly, etc.)?						
<b>COMMUNICATION</b>						
Did the instructor use positive communication in the verbal presentation (did the instructor avoid making excuses for the topic, apologizing, etc.)?						
Did the instructor speak clearly, distinctly, and with sufficient volume?						
Did the instructor speak at an appropriate pace?						
Did the instructor avoid distracting habits (such as excessive hand gestures or repeating words like "um" or "okay")?						
<b>APPEARANCE</b>						
Did the instructor appear at ease?						
Was the instructor neatly attired?						
<b>OVERALL RATING</b>						
Please give your rating for the presentation as a whole.						

**ADDITIONAL COMMENTS/SUGGESTIONS for the PRESENTER:**

**SAMPLE EDUCATIONAL METHODS***For Conducting Educational Scope of Practice Evaluation***Skills Presentation Evaluation Sheet**

Applicant Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Each criterion listed below should be evaluated on a scale from 0 to 3 according to reasonable expectations of the instructor. Use the comments beside each criterion to justify your rating.

**RATING SCALE**

**3 = Exceeded expectations    2 = Satisfactory presentation/performance    1 = Incomplete    0 = Not performed**

CRITERIA	3	2	1	0	COMMENTS
<b>PREPARATION</b>					
Did the instructor have everything ready (lesson plan, objectives, etc.)?					
<b>PRESENTATION</b>					
Did the instructor introduce him/herself?					
Did the instructor keep the introduction brief, yet interesting?					
Did the instructor demonstrate and/or present one important piece of information at a time?					
Was the material presented in an organized fashion?					
Did the instructor check to make sure that the student learned the material?					
Did the instructor respond to the learners' questions appropriately?					
Did the instructor adhere to the time limit?					
<b>SKILLS</b>					
Did the instructor point out each step required to complete the skill?					
Did the instructor correctly perform the skill?					
Did the instructor give directions while the learner performed the skill?					
Did the instructor correct errors properly?					
<b>COMMUNICATION</b>					
Did the instructor speak clearly, distinctly, and with sufficient volume?					
Did the instructor speak at an appropriate pace?					
Did the instructor avoid distracting habits (such as excessive hand gestures or words like "um" or "okay")?					
Did the instructor maintain adequate eye contact with the group?					
<b>OVERALL RATING</b>					
Give an overall rating for the presentation.					

**ADDITIONAL COMMENTS/SUGGESTIONS for the PRESENTER:**