

IDAHO EMS BUREAU

2016 IEC Instructor Application

Fax completed form and required certificates to (208) 334-4015

Or Email to: EMSCourses@dhw.idaho.gov

Application Date:

First Name: M.I.: Last Name:
Mailing Address: City: State: Zip:
Home Phone: Work Cell:
Email:

Instructor level requested: EMR-2011 EMT-2011 AEMT-2011 Paramedic-2011

Licensure at or above the requested instructor level is required.

Current Level of EMS Licensure:

EMR-2011 EMT-2011 AEMT-2011 Paramedic-2011 Other
State License Number: Expiration Date: Other:
Date of Transition Course: Transition Course Number:

Idaho EMS Instructor Orientation within 24 months prior to application (required for all levels)

Date: Instructor: Course Number:

The following specific courses are approved by the EMS Bureau as acceptable Adult Instructional Methodology courses. One must be completed for EMR/EMT Instructor Approval. Attach a copy of the course completion certificate.

Date: Completion Certification Attached:

AEMT/Paramedic Requirements:

Approval as an AEMT or Paramedic instructor is based on the submission of qualifying credentials, education, or experience corresponding to the knowledge and skills objectives of the AEMT/Paramedic curriculum. To verify qualifications, candidates will submit the following documentation with their application:

- a. All training certificates or diplomas specific to education or health care, or length and type of certification for any health care provider level, and Attached
- b. Documentation of any prior teaching experience, and Attached
- c. Evidence of familiarity with the corresponding curriculum, and Attached
- d. A letter of recommendation from an agency medical director, agency administrator, or an instructor Attached

I solemnly swear (or certify) that the information I have provided for this document, including any supplemental sheets are true, complete, and correct; and that I meet all requirements for EMS Instructor Approval as established by the State of Idaho.

Signature

Date

