



**NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES**



**EMS Instructor Application**

**Applicant Information** Please see completion instructions for details on information requested.

Name: \_\_\_\_\_ P-Number: \_\_\_\_\_  
Last First MI

Current NC EMS Credential(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
(please notify your regional office of any changes)

Initial Application  Renewal Application

Instructor Number \_\_\_\_\_ (OEMS will assign if Initial Applicant)

Application for (type):  Level I Instructor  Level II Instructor  
 (level):  EMD  EMT-B  EMT-I  EMT-P

**\*Please refer to instructions for appropriate signatures before starting application.**

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

Level I EMS Instructor	Level II EMS Instructor
Current EMS Credential at level of application or above	Current EMS Credential at level of application or above
3 Years of EMS Experience at the level of application or higher EMS Instructor Methodology	2 Years of teaching experience as a Level I EMS instructor EMS Education Administration Course
100 Teaching Hours at level of application or equivalent Level I EMS Instructor Workshop HS or GED Diploma	Associate Degree or Higher Level II EMS Instructor Workshop
<b>AND Complete Signature Page 2</b>	<b>AND Complete Signature Page 3</b>

Renewal Requirements All Levels
Current EMS Credential at Level of Application or Higher
96 Hours of EMS Instruction at Level of Application
Educational Scope of Practice
Technical Scope of Practice
40 Hours of Educational Professional Development
<b>Above requirements completed with Signatures on Page 4</b>

**Initial Level I EMS Instructor Application**

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

1. 10A NCAC 13P .0507(a)(4) requires 100 hours of teaching experience in an approved EMS educational program or equivalent for an initial Level I EMS instructor applicant. 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).

Print Name Applicant	Sign Name	Date
-------------------------	-----------	------

2. As EMS Program Coordinator for \_\_\_\_\_, I verify that I have reviewed and attest that above applicant has met the 100 hours of teaching experience in an approved EMS educational program or equivalent as required for initial Level I EMS instructor.

Print Name EMS Program Coordinator	Sign Name	Date
---------------------------------------	-----------	------

3. I attest the above applicant has successfully completed their technical scope of practice at the level of instructor application. This technical scope of practice was performed on (date)\_\_\_\_\_ by (name)\_\_\_\_\_.

*Level I / II EMS Instructor or Medical Advisor Print and Sign Name	Date
---	------

4. This is to verify that I performed an Educational Scope of Practice for the above applicant and recommend this individual for initial Level I EMS instructor credentialing. The Educational Scope of Practice was performed on (date)\_\_\_\_\_. The topic presented was \_\_\_\_\_.

*Level I / II EMS Instructor or Medical Advisor Print and Sign Name	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 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).

Print Name Applicant	Sign Name	Date
-------------------------	-----------	------

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

Print Name EMS Program Coordinator	Sign Name	Date
---------------------------------------	-----------	------

3. I attest the above applicant has successfully completed their technical Scope of Practice at the level of instructor application. This technical Scope of Practice was performed on (date)\_\_\_\_\_ by \_\_\_\_\_(print name).

*Level I / II EMS Instructor or Medical Advisor Print and Sign Name	Date
---	------

4. This is to verify that I performed an Educational Scope of Practice for the above applicant and recommend this individual for initial credential. The Educational Scope of Practice was performed on (date)\_\_\_\_\_ and the topic presented was\_\_\_\_\_.

*Level I / II EMS Instructor or Medical Advisor Print and Sign Name	Date
---	------

## EMS Instructor Renewal All Levels

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

1. 10A NCAC 13P .0510 (a)(3), (e)(4) requires 96 hours of EMS instruction at the level of application and 40 hours of educational professional development for the renewal of all levels of EMS instructor. I hereby affirm that I have met both requirements 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).

_____ Print Name Applicant	_____ Sign Name	_____ Date
----------------------------------	--------------------	---------------

2. As EMS Program Coordinator for \_\_\_\_\_, I verify that I have reviewed and attest that above applicant has met the required 96 hours of EMS teaching required for instructor renewal.

_____ Print Name EMS Program Coordinator	_____ Sign Name	_____ Date
--	--------------------	---------------

3. I attest the above applicant has successfully completed their technical scope of practice at the level of instructor application. This technical scope of practice was performed on (date) \_\_\_\_\_ by (name) \_\_\_\_\_.

_____ Print Name	_____ Sign Name	_____ Date
---------------------	--------------------	---------------

\*Level I (EMD only) / Level II Instructor or Medical Advisor

4. This is to verify that I performed an Educational Scope of Practice for the above applicant and recommend this individual for recredential. The Educational Scope of Practice was performed on (date) \_\_\_\_\_. The topic presented was \_\_\_\_\_.

_____ Print Name	_____ Sign Name	_____ Date
---------------------	--------------------	---------------

\*Level I (EMD only) / Level II Instructor or Medical Advisor

# EMS Instructor Application Process and Completion Instructions

## ALL APPLICANTS

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

- Please print legibly or type your **name, social security number, current NC EMS credential(s), and mailing address.**
- Please 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 EMT-Intermediate to EMT-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

- **Three years 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.
- **100 Hours of Formal Teaching Experience - Signature page 2**  
Applicants for initial Level I EMS instructor credential must complete at least 100 hours of teaching experience in an approved EMS educational program or equivalent. Teaching experience considered as acceptable is gained in a structured, formal EMS approved educational program or equivalent. Verification of this teaching experience is completed through the required signatures on Page 2 of application. You must maintain verifiable documentation of the teaching hours for the length of your instructor credential.
- **EMS Technical Scope of Practice Evaluation – Signature page 2**  
Applicants for an initial Level I EMS instructor credential must provide documentation of successful completion of a technical scope of practice performance evaluation for the level applied within one year of date of application. For EMT-B this evaluation shall be conducted under the direction of a Level II EMS instructor credentialed at or above the level of application. For a credential to teach at the EMT-I or EMT-P level, this evaluation shall be

conducted under the direction of the educational medical advisor, a Level II EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. For a credential to teach at the EMD level this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. All scope of practice evaluations should follow the guidelines detailed in the OEMS document *Technical Scope of Practice Performance Evaluations*. Verification of this educational scope of practice is completed through required signature on page 2 of application.

- **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*. If your methodology does not meet the 2002 DOT Guidelines for Educating EMS Instructor, please contact your regional OEMS Education Liaison.

- **Educational Methods Scope of Practice Evaluation – Signature Page 2**

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 page 2 of application. For EMT-B this evaluation shall be conducted under the direction of a Level II EMS instructor credentialed at or above the level of application. For a credential to teach at the EMT-I or EMT-P level, this evaluation shall be conducted under the direction of the educational medical advisor, a Level II EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. For a credential to teach at the EMD level this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS instructor credentialed at or above the level of application and designated by the educational medical advisor.

- **Workshop Attendance – Attach documentation of attendance**

Applicants for an *initial* Level I EMS instructor credential must provide documentation verifying attendance at a Level I EMS instructor workshop sponsored by the OEMS. This workshop must be completed within one year of the application. To schedule attendance at a workshop, contact your Regional OEMS office.

- **High School or GED Diploma – 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 years 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 having had two years teaching experience. This is verified through signatures on Page 3 of application. You are required to 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.
- **Workshop Attendance – Attach verification to application.**  
Applicants for initial Level II EMS instructor credential must provide documentation verifying attendance at a Level II EMS instructor Workshop approved by the OEMS. To schedule attendance at a workshop, contact your Regional OEMS office. This workshop must be completed within one year of the application.
- **EMS Technical Scope of Practice Evaluation – Signature Page 3**  
Applicants for an initial Level II EMS instructor credential must complete signature page 3 as of application for verification of successful completion of a technical scope of practice performance evaluation for the level applied, within one year prior to application. For EMT-B this evaluation shall be conducted under the direction of a Level II instructor credentialed at or above the level of application. For a credential to teach at the EMT-I or EMT-P level, this evaluation shall be conducted under the direction of the educational medical advisor, a Level II EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. For a credential to teach at the EMD level this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS instructor credentialed at or above the level of application and designated by the educational medical advisor.
- **Educational Methods Scope of Practice Evaluation – Signature page 3**  
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 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 Page 4 of application. All supporting documentation must be maintained for the length of your EMS Instructor Credential.**

- **EMS Technical Scope of Practice Evaluation – Signature page 4**  
Current credentialed instructor applicants who wish to renew their credential as an EMS Instructor must provide required signature on Page 4 of application as documentation of successful completion of a technical scope of practice performance evaluation for the level applied, within one year prior to application. For EMT-B this evaluation shall be conducted

under the direction of a Level II EMS instructor credentialed at or above the level of application. For a credential to teach at the EMT-I or EMT-P level, this evaluation shall be conducted under the direction of the educational medical advisor, a Level II EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. For a credential to teach at the EMD level this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS instructor credentialed at or above the level of application and designated by the educational medical advisor.

- **Educational Methods Scope of Practice Evaluation – Signature Page 4**

Applicants who wish to renew their credential as an EMS instructor must provide documentation verifying successful completion of an Educational Scope of Practice Evaluation within one year of application. For EMT-B this evaluation shall be conducted under the direction of a Level II instructor credentialed at or above the level of application. For a credential to teach at the EMT-I or EMT-P level, this evaluation shall be conducted under the direction of the educational medical advisor, a Level II EMS instructor credentialed at or above the level of application and designated by the educational medical advisor. For a credential to teach at the EMD level this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS instructor credentialed at or above the level of application and designated by the educational medical advisor.

- **Teaching Experience – Signature Page 4**

Applicants who wish to renew their credential as an EMS instructor must provide documentation verifying at least 96 hours of EMS instruction at the **level of application**.

- **Professional Development – Signature Page 4**

Applicants who wish to renew their credential as an EMS instructor must verify through their signature that they have completed 40 hours of professional development. Supporting documentation must be maintained for the length of their credential.

## **CREDENTIAL APPROVAL PROCESS**

Applicants should submit signed EMS Instructor Applications to their regional OEMS office, along with all required documentation. **Incomplete** applications, including those with insufficient documentation, will be returned to the applicant. All questions regarding the application process, meeting specific credentialing requirements or required documentation should be directed to the OEMS Regional Specialist serving as Education Liaison.

## **TERM OF CREDENTIALS**

EMS Instructor credentials are valid for four 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 Personnel credential at the highest level at which they are credentialed to teach.

Based on successfully maintaining EMS Instructor requirements, credentials are renewable for an additional four 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 administered Instructor Workshop within the last year.

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

**ASSISTANCE WITH THE EMS INSTRUCTOR APPLICATION**

Questions regarding the EMS Instructor application and requirements should be directed to the Education Liaison in the OEMS regional offices:

<b>Western Regional EMS Office</b>	<b>Central Regional EMS Office</b>	<b>Eastern Regional EMS Office</b>
932 Old Hwy. 70 West Building #14 Black Mountain, NC 28711	120 Penmarc Drive, Suite 108 2717 Mail Service Center Raleigh, NC 27699-2717	404 St. Andrews Drive Greenville, NC 27834
Phone: (828) 669-3381 Fax: (828) 669-3387	Phone: (919) 715-2321 Fax: (919) 715-0498	Phone: (252) 355-9026 Fax: (252) 355-9063
REGIONS: A, B, C, D, E, F	REGIONS: G, I, J, M, N	REGIONS: K, L, O, P, Q, R

**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 and the scale given below. Use the comments beside each criterion to justify your ranking. Use the “NA” ranking 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 or 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>CRITERIA</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>NA</b>	<b>COMMENTS</b>
<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?						
<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 learner 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")?						
Did the instructor maintain adequate eye contact with the group?						
<b>APPEARANCE</b>						
Did the instructor appear at ease?						
Was the instructor neatly attired?						
<b>OVERALL IMPRESSION</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

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

#### 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 did 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:**