



**Rhode Island Department of Health
Division of Health Services Regulation
Emergency Medical Services**

3 Capitol Hill, Room 105
Providence, RI 02908-5097

Application for

**License as an
EMT-Instructor/Coordinator**

Applicant - Print Name (First/MI/Last)

FOR DEPARTMENT OF HEALTH USE ONLY

Course completed Admin orientation Teaching evaluations
 APPROVED DENIED Date _____ By _____

Phone: (401) 222-2401

Fax: (401) 222-3352

TTY/TDD: (800) 745-5555

State of Rhode Island Division of Emergency Medical Services

Application for License as an EMT-Instructor/Coordinator

Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your license and reported to those who inquire about your license. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

				-			-					
--	--	--	--	---	--	--	---	--	--	--	--	--

MANDATORY INFORMATION

3. Gender

Male

Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify the EMS Office of all address and telephone number changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

Home Phone

Home Fax

Email Address (Format for email address is Username@domain [e.g. applicant@isp.com](mailto:e.g_applicant@isp.com))

Applicant: Print your complete last name >

6. Rhode Island EMT License

License Number _____

RHODE ISLAND EMT LICENSE NUMBER

7. I/C Training Program Information

Please enter the Last Name of lead instructor in for your EMT-Instructor/Coordinator course. Also, provide the name of the sponsoring agency, and the dates of the training program.

Last Name of Lead I/C Course Instructor _____

Sponsoring Agency for I/C Training Program _____

Date Enrolled (MM/DD/YYYY) _____

Date Completed (MM/DD/YYYY) _____

8. Attachments

The indicated documents must be attached to this application form.

- Copy of course completion certificate for EMT-Instructor/Coordinator Course
- Three (3) completed Practical Skill Lab Station student teaching evaluation forms
- Five (5) completed Lecture Presentation student teaching evaluation forms

9. Affidavit of Application

Complete this section and sign.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island. I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Division of Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YYYY) _____