



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



EMS INSTRUCTOR/COORDINATOR LICENSE APPLICATION

This form is to be used by all persons applying for an EMS Instructor/Coordinator license. **Please keep a copy of this application for your service's credentialing records.**

ELIGIBILITY REQUIREMENTS

Vermont licensed EMS personnel may become eligible for EMS Instructor/Coordinator licensure by:

- 1) Showing evidence of one of the following:
 - a) Successful completion of a 40-hour Vermont Department of Health-sponsored instructor/coordinator course; or
 - b) Successful completion of a public safety instructor/coordinator course approximately 40 hours in length; or
 - c) Successful completion of Modules 1 and 2 of a National Association of EMS Educators (NAEMSE) instructor/coordinator course; or
 - d) A Bachelor's or higher degree in education; or
 - e) A current Vermont state teacher's license
- 2) Completing the Vermont EMS Instructor/Coordinator 1-day bridge course sponsored by the Vermont Department of Health (*not required for method 1(a) above*);
- 3) Participating in a peer-mentored instructional program, including lecture evaluations
 - a) A minimum of 4 hours of peer-mentored observation is required. Additional information will be provided during the I/C Bridge course program.
 - b) Additional hours of observation, coaching and remedial education may be required to ensure competency based on the candidate's performance evaluations.
- 4) Holding a current Vermont EMS license and affiliation with a Vermont-licensed EMS agency or medical facility that requires you to hold EMS licensure.

APPLICATION INSTRUCTIONS

Page 2 – Instructor/Coordinator Course and Credential Information

In the top section of this page, please provide your demographic and service affiliation information.

In the middle section of the page, please provide information about your Instructor/Coordinator course (if applicable), including the educational institution that offered the course, your instructor's name and contact information, the course end date and its length in hours. You must attach a copy of your course completion certificate; you may also be asked to provide a course syllabus.

If you hold a Vermont state teacher license and/or have earned a Bachelor's or Master's degree in adult education, please provide that information in this section. Please attach a copy of your degree and/or teacher license to the application.

Page 3 – Mentored Instructional Program

Retain this page and provide it to the Instructor/Coordinator assigned as your peer mentor. That person will use it to document mentoring and evaluation activities. Upon completion of the evaluation process, your peer mentor will submit this page to the EMS Office to complete your application.

APPLICANT INFORMATION

PLEASE PRINT

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VT EMS Number	VT EMS Exp. Date	X X X - X X - _____ Last 4 digits of Social Security Number
Last Name	First Name	Middle Name
Address	Town/City	State ZIP
(____) _____ - _____ Home Phone	(____) _____ - _____ Work Phone	_____ Sex
(____) _____ - _____ Cell Phone	_____ Date of Birth	
1) _____ Primary Service Affiliation		2) _____ Additional Service Affiliation

INSTRUCTOR/COORDINATOR COURSE INFORMATION
(Course syllabus may be requested)

Educational Institution: _____

Course Instructor Name: _____ Phone Number: _____

Course Completion Date: _____ Course Length: _____ hours

**** Please attach a copy of your course completion certificate ****

OTHER APPROVED EDUCATOR CREDENTIALS
(check all that apply)

Vermont State Teacher License # _____

Bachelor's or Master's Degree in Education Date Earned: _____

Educational Institution: _____

Location (City, State): _____

**** Please attach a copy of your degree or teacher license ****

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

I/C Bridge Course required: YES NO I/C Bridge Course completed: YES NO

I/C credentials verified by: _____ Date _____