
REQUIREMENTS FOR EMS INSTRUCTOR ENDORSEMENT

To obtain an instructor endorsement you must meet the minimum requirements listed below for the level in which you are applying, submit all of the required documentation on the attached checklist and pay required fee(s),

CURRENTLY THERE ARE FOUR (4) LEVELS OF INSTRUCTORS FOR EMS EDUCATION IN TENNESSEE AND A ONE TIME \$35.00 INSTRUCTOR APPLICATION FEE

PURSUANT TO 1200-12-1-.12 AUTHORIZATION OF EMERGENCY MEDICAL TECHNICIAN INSTRUCTOR/COORDINATORS THE QUALIFICATIONS ARE AS FOLLOWS:

EMS Program Director/Administrator shall mean an individual responsible for the overall coordination of all EMS Programs. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community, and the Division of Emergency Medical Services. The individual is also responsible for the recruitment and continued development of faculty to meet the needs of the institution.

The minimal qualifications for a Program Director shall be:

1. Bachelor's degree.
2. Equivalent or greater academic training and preparation, and hold all credentials for which the students are being prepared in the program.
3. Professional license must be free from history of revocation, denial or suspension.
4. Prehospital experience: Minimum of three (3) years practicing in the pre-hospital environment or equivalent.
5. Administrative experience: Minimum of two (2) years in EMS education administration.
6. Current endorsement in a Board approved trauma, cardiac, and pediatric course at the provider level.

EMT-Paramedic Instructor/Coordinator shall mean a full time employee responsible for the delivery of instruction in accredited Paramedic Programs. The individual shall be knowledgeable in all aspects of prehospital care, capable of applying techniques and modalities of adult education, and of managing resources and resource personnel.

The minimal qualification for EMT-Paramedic Instructor/Coordinator shall be:

1. Associate degree.
2. Currently licensed as a Tennessee EMT-Paramedic, without a history of revocation, denial or suspension of licensure.
3. Pre-Hospital experience: Minimum of two (2) years practicing in the pre-hospital environment.
4. Administration experience: Minimum of two (2) years in EMS education administration **or**, greater than three hundred (300) hours of EMS instruction.
5. Currently endorsed in an EMS Board approved trauma, cardiac and pediatric course (instructor preferred).
6. Completion of an EMS Board approved instructors' course.

EMT Paramedic Instructor Assistant shall mean an individual capable of teaching the application of practical skills to include: assisting the faculty in the delivery of instruction, evaluating student performance of skills, maintenance of equipment, and coordinating with the faculty or Instructor/Coordinator to maintain adequate levels of needed equipment.

The minimum qualifications for an EMT-Paramedic Instructor assistant shall include:

1. Currently licensed as a Tennessee EMT-Paramedic, registered nurse, or physician without a history of revocation, denial or suspension of licensure.
2. Licensed experience: Minimum of two (2) years practicing advanced life support in the pre-hospital or emergency department environment.
3. Teaching experience: Minimum of two (2) years in EMS education administration **or**, greater than seventy-five (75) hours of EMS instruction.
4. Current endorsement in an EMS Board approved trauma, cardiac and pediatric course **as an instructor.**
5. Completion of an EMS Board approved instructors' assistant course.

EMT-Basic Instructor/Coordinator shall mean an individual responsible for the overall coordination of the EMT-Basic Program. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community and the Division of Emergency Medical Services. The individual is also responsible for the delivery of didactic material, demonstration of the psychomotor skills, verification of skill proficiency, and the recruitment and continued development of faculty to meet the needs of the institution.

The minimal qualifications for EMT-Basic Instructor Coordinator shall be:

1. Associate degree.
2. Currently licensed as a Tennessee EMT-Paramedic, without history of revocation, denial, or suspension of licensure.
3. Pre-Hospital experience: Minimum of two (2) years practicing in the pre-hospital environment **or** one hundred fifty (150) hours of EMS instruction acceptable to the Board.
3. Administrative experience: Minimum of one (1) year in EMS education administration.
4. Completion of an EMS Board approved Instructors' course.

EMT Instructor Assistant shall mean an individual capable of teaching the application of practical skills to include: assisting the faculty in the delivery of instruction, evaluating student performance of skills, maintenance of equipment, and coordinating with the faculty or Instructor/Coordinator to maintain adequate levels of needed equipment.

The minimal qualifications for EMT Instructor Assistant shall be:

1. Currently licensed as a Tennessee EMT-Basic, without history of revocation, denial, or suspension of licensure.
2. Pre-Hospital experience: Minimum of one (1) year practicing in the pre-hospital environment in Tennessee.
3. Teaching experience: Must document at least seventy-five (75) hours of EMS instruction acceptable to the Board.

ALL APPLICANTS SHOULD READ EMS RULE 1200-12-1-.12. FOR RENEWAL REQUIREMENTS FOR EACH LEVEL OF INSTRUCTOR.

ALL THE REQUIRED DOCUMENTATION AND FEES MUST BE SUBMITTED IN ONE PACKAGE. THE ONLY EXCEPTION IS THE "OFFICAL COLLEGE TRANSCRIPT" WHICH MUST BE MAILED TO THE STATE EMS OFFICE DIRECTLY FROM THE INSTITUTION.

Submit all documentation to:

**Tennessee Department of Health
Office of Emergency Medical Services
EMS INSTRUCTOR ENDORSEMENT
665 Mainstream Drive
Nashville, TN 37243**

INSTRUCTOR APPLICATION CHECKLIST

1. **Application for Instructor Endorsement (PH-3859)**
2. **EMS Professional Fees (PH-2397)**
Submit the Fee Form with a check or money order for the Instructor application fee. If you would like confirmation of receipt of your fee/documents, you should send by certified mail with a receipt requested. (Application fees are non-refundable.)
2. **Verification of Education:**
Request an official copy of college transcript, with degree awarded, be sent to EMS office.
3. **Copy of current TN EMS License**
4. **Documentation of two (2) years practicing in pre-hospital environment**
Submit a letter from your employer with years of practice in their employment.
5. **Documentation of previous hours in teaching in EMS instruction**
Submit a letter from a school or organization verifying your teaching experience to include appropriate number of hours required.
6. **Documentation of experience in EMS education administration for appropriate levels**
A letter from an organization/school/service documenting your coordination of EMS related courses. (i.e. CPR, ACLS, PEPP, BTLS)
7. **Documentation of successful completion of an EMS Board approved Instructors' course. (For EMT and Paramedic Instructor/Coordinator levels prior to endorsement all assistant levels must have course before renewal of status.)**
Submit a certificate of completion.

NOTE: Fees Are Subject To Change Without Notice.

REMINDER: ALL REQUIRED DOCUMENTATION, FORMS, AND FEE(S) MUST BE SUBMITTED TOGETHER AS ONE PACKET. (Excluding Official College Transcript).

**Questions?
Contact the Office of EMS
Randall Kirby
Telephone: 615-741-2213**

| OFFICE USE ONLY | |
|---------------------|-------|
| 707 – EMR | _____ |
| 718 – EMT, AEMT, PM | _____ |
| 719 – EMD | _____ |

EMS PROFESSIONAL FEES

Class Number: (If Applicable) _____ **SSN:** _____ - _____ - _____ **Birthday:** ____/____/____

Name: _____
LAST FIRST MIDDLE (JR., SR., ETC.)

Address: _____
(STREET /PO BOX/ROUTE) (CITY/STATE/ZIP)

Personal Phone: (____) _____ - _____ **Work Phone:** (____) _____ - _____

EMS Employer: _____

Do you wish to receive notification, including renewal notification, (*excludes EMD level*) from the Department of Health via email? **YES** **NO**

Email Address: _____

If you answer yes to any of the questions below, give details on a separate sheet including circumstances with appropriate dates. Attach a certified copy of court records if convicted of any law violation.

Have you ever been convicted, for a violation of the law other than a minor traffic violation? **YES** **NO**

Have you ever or are you now addicted to any drugs or alcohol? **YES** **NO**

Has your license/certification to practice in any state ever been reprimanded, suspended, restricted, revoked or is it under threat of disciplinary action? **YES** **NO**

I certify that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my certification/license.

Signature: _____ **Date:** _____

THIS APPLICATION MUST BE SIGNED AND DATED AND ALL QUESTIONS ANSWERED TO INSURE PROCESSING.

Please check the appropriate box(es) and submit this form with the total fee(s) by a personal or certified check (**no cash**).

PAYMENT SHOULD BE MADE PAYABLE TO TDH-EMS

| ACTION | EMR | EMT | AEMT | PARAMEDIC | EMD | PM CRITICAL CARE | INSTRUCTOR |
|--------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| Application Fee* | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$35.00 |
| License Fee | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$80.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$30.00 | | |
| Renewal Fee | <input type="checkbox"/> \$24.00 | <input type="checkbox"/> \$65.00 | <input type="checkbox"/> \$65.00 | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$45.00 | <input type="checkbox"/> \$90.00 | |
| Late Fee | <input type="checkbox"/> \$25.00 | |
| Reinstatement Fee | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$100.00 | |
| Reciprocity Fee | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$100.00 | | | |
| Returned Check Fee | <input type="checkbox"/> \$20.00 | |

**NOTE: APPLICATION FEE IS NON-REFUNDABLE.*

TOTAL FEE = \$ _____

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."