



# GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form C-11-B

## EMS INSTRUCTOR RENEWAL APPLICATION

RENEWAL PERIOD 2015-2017

To maintain your license as an EMS instructor you must complete this form and submit the appropriate supporting documents to the Office of Emergency Medical Services by December 31, 2017.

### INSTRUCTOR INFORMATION

First Name	Middle Name	Last Name	Phone Number		
1st Line Address (P.O. Box, Apartment, Suite, etc.)		2nd Line Address (Number and Street)			
City	State	Zip Code	Instructor Number	Level of Licensure	License Number
Email Address	Affiliate Institution or Agency				

### ACTIVE PRACTICE

**2017 Renewal Requirements** - Instructors must submit a statement of verification that the Active Practice requirements was completed. The verification must be drafted on official letterhead and signed by a personnel supervisor whose title and/or authority is equivalent to one of the following categories:

- A. Program Director
- B. Service Training Officer
- C. Service Director
- D. Program Medical Director
- E. School/college president or VP or Department Chair

In the event an instructor cannot obtain a verification statement from an authority of the listed categories, a verification statement may be sought from the OEMS Regional Director governing that instructor's jurisdiction. Instructors must provide the OEMS Regional Director with proof of completion of the Active Practice requirements in order to obtain verification.

***I do hereby affirm that I have taught a minimum of forty (40) hours of EMS instruction during the licensure cycle in an approved course as required in DPH Rules and Regulations for EMS 511-9-2 for instructor renewal.***

Signature

Date

### CONTINUING EDUCATION

**2017 Renewal Requirements** - Instructors must submit certificates of completion and/or transcripts verifying completion of the Continuing Education requirements.

***I do hereby affirm that I have successfully completed 24 hours of EMS Instructor continuing education as required in DPH Rules and Regulations for EMS 511-9-2 for this renewal period.***

Signature

Date

***By affixing my signature above, I affirm that the information provided on this form is correct to the best of my knowledge and that any fraudulent entry may be considered as sufficient cause of any rejection or subsequent revocation.***

Please contact your Regional OEMS Director or the OEMS State Office at 770-996-3133 with any questions.