



# Verification of Active Teaching

This form is used for documenting the hours an Instructor, or Instructor/Coordinator, obtained teaching Department approved Continuing Education or Initial Education course(s).

**EMS Instructors MUST complete:** 20 hours of active teaching in Department approved or recognized CEU or Initial Education.

**EMS Instructor/Coordinators MUST complete:** 40 hours of active teaching in Department approved or recognized initial education courses; at least 20 hours taught at or above the level of I/C licensure (Includes: Lecture, Lab, and up to 8 hours of precepting for any level Initial Education Student). Does not include psychomotor exams or administrative functions within a Program.

*The Program Director must document the correct hours beside the correct category and sign below.*

Medic Legal Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_ Instructor License# \_\_\_\_\_

The Medic/Instructor named above has taught in the following Department approved Continuing or Initial Education course(s). At the time of this letter, the medic has taught the hours indicated in the course(s)/categories below:

Course # _____	Category _____	Level _____	Hours _____
Course # _____	Category _____	Level _____	Hours _____
Course # _____	Category _____	Level _____	Hours _____
Course # _____	Category _____	Level _____	Hours _____
Course # _____	Category _____	Level _____	Hours _____

\*Possible categories are Didactic, Lab, Clinical, Precepting.

\_\_\_\_\_  
Program Director (Print): Date:

\_\_\_\_\_  
Program Director (Signature): Date:

\_\_\_\_\_  
Medic/Instructor (Print): Date:

\_\_\_\_\_  
Medic/Instructor (Signature): Date:

**To submit this form, please verify:**

- This form must have "wet" signatures.
- Form must be in PDF format
- Active Teaching must be within the renewal period of the instructor

**Once completed this form must be uploaded to the EMS instructor/Coordinator license renewal application.**