



**EMS INSTRUCTOR RENEWAL**

RENEWAL PERIOD \_\_\_\_\_

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 of every odd year.

<b>Instructor Name:</b>	<b>Instructor Number:</b>
<b>Address:</b>	<b>Level of Licensure:</b>
	<b>License Number:</b>
<b>Phone:</b>	
<b>E-mail Address:</b>	
<b>Affiliate Institution or Agency:</b>	
<b>Address:</b>	

**ACTIVE PRACTICE**

I do hereby affirm that I have taught a minimum of twenty (20) hours per year of EMS instruction in an approved course as required in DPH Rules and Regulations for EMS 511-9-2 for this renewal period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTINUING EDUCATION**

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 for any rejection or subsequent revocation.