

**State of New Hampshire**  
**Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical Services**

**EMS Instructor/Coordinator License Renewal Application**  
**[Pursuant to Saf-C 5908]**

*Please type or print legibly in ink:*

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
TOWN/CITY STATE ZIP

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SERVICE AFFILIATION: \_\_\_\_\_ I/C LICENSE#: \_\_\_\_\_

**Requirements for Licensing Renewal**

**(Legible copies of documents and certificates must be attached)**

1. A current certificate of successful completion of a CPR Instructor course which meets the guidelines set forth in Saf-C 5908.04 (AHA BLS-Healthcare Provider level);
2. Proof of current registration at the minimum of EMT-B with the National Registry and registered at or above the classification level of the program(s) to be instructed;
3. Affiliation with a licensed EMS Unit, which at minimum, shall be at the provider level of the program(s) to be instructed;

(NOTE: Copy of current NH EMS Provider License will complete requirements 2 & 3 above.)

Proof of successful completion in the previous 2 years of the following;

1. At minimum, 20 hours of instruction in Bureau authorized training programs;  
 Course #'s: \_\_\_\_\_
2. At minimum, attendance at 6 hours of continuing education related to improve teaching skills such as educational methodology or Bureau sponsored I/C Enhancements:  
 Date: \_\_\_\_\_ Topic: \_\_\_\_\_ Location: \_\_\_\_\_

*"All statements and accompanying documents are true and correct to the best of my knowledge, and I understand that any falsification will result in disqualification."*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed License Application to: **Instructor/Coordinator Licensing**  
**Bureau of EMS • 33 Hazen Drive • Concord, NH 03305**

**FOR BUREAU USE ONLY**

NR: \_\_\_\_\_ NH License #: \_\_\_\_\_ Inst. CPR: \_\_\_\_\_

Inst. Time: \_\_\_\_\_ CON ED: \_\_\_\_\_ Pass Rate: \_\_\_\_\_

ACCEPTED     DENIED    INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_