



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

**Mailing Address:** NHFSTEMS □ 33 Hazen Drive □ Concord, NH 03305

**Physical Address:** 98 Smokey Bear Boulevard □ Concord, NH 03301

**Phones:** Toll Free: (800) 371-4503 Local: (603) 223-4200

**Fax:** (603) 271-4567

**Email:** [emslicensing@dos.nh.gov](mailto:emslicensing@dos.nh.gov)

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### EMS Instructor/Coordinator (EMS IC) or EMS Instructor (EMS I) License Application

*Complete this form electronically so that all drop-down boxes are accessible, and the form is legible; OR*

*By using black ink, a legibly printed application will be accepted upon completion. (Check all that are appropriate)*

Type of License Requested: INITIAL <input type="checkbox"/> or RENEWAL <input type="checkbox"/> or LAPSED <input type="checkbox"/>			
Type of Instructor License: EMS Instructor Coordinator (EMS I/C) <input type="checkbox"/> EMS Instructor (EMS I) <input type="checkbox"/>			
<b>Section 1: APPLICANT INFORMATION</b>			
Full Legal Name: FIRST M.I. LAST			DATE OF BIRTH
Address:		Town/City:	State: Zip:
Contact Phone Number:		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Email Address:			
EMS Unit Affiliation:		EMS I/C or EMS Inst. License Number:	
National Registry of EMTs (NREMT) Number:		Provider License Number:	
<b>Section 2: REQUIREMENTS FOR INITIAL LICENSE (EMS I/C or EMS Instructor)</b>			
<i>Shall provide proof (Legible copies of documents and certificates must be attached)</i>			
1. At minimum, copy of a high school diploma or GED;			
2. Proof of successful completion of Emergency Services Instructor I <u>or</u> III (for IC level). <b>NOTE:</b> If training is NH Professional Educator Challenge see Section 5 below. If training is reciprocity go to the following link to submit paperwork for comparison review and approval. <a href="https://nhfa-ems.com/certification-reciprocity/">https://nhfa-ems.com/certification-reciprocity/</a>			
3. Current registration at the minimum of EMT with the NREMT and registered at or above the certification level of the program(s) to be instructed;			
<b>Section 3: REQUIREMENTS FOR RENEWAL LICENSE (EMS I/C or EMS Instructor)</b>			
1. Current registration at the minimum of EMT with the National Registry and registered at or above the certification level of the program(s) to be instructed;			
2. Affiliation with a licensed EMS Unit, which at minimum, shall be at the provider level of the program(s) to be instructed;			
3. Successful completion in the previous two (2) years of the following;			
a. At minimum, 20 hours of instruction in Division authorized training programs;			
Course #'s:			
Course #'s:			
Course #'s:			
b. At minimum, attendance at six (6) hours of continuing education (CE) related to improving teaching skills such as educational methodology or Division sponsored I/C & Instructor Enhancements (if program(s) are not Division approved please submit a legible certificate of completion): (document CE on page 2)			

**EMS I/C & EMS Instructor LICENSE APPLICATION**

Date:

Topic:

Location:

Date:

Topic:

Location:

Date:

Topic:

Location:

c. Attendance of EMS I/C updates as required by the Division, which shall be 8 hours or less.

By signing the EMS Instructor and EMS I/C application form, I certify that the information provided in the application is complete, truthful, and correct, under the penalties of unsworn falsification pursuant to RSA 641:3; I am complying with RSA 153-A and these rules; I understand any material falsification of information shall result in license denial, suspension, or revocation, in accordance with Saf-C 5922.03, Saf-C 5922.04, or Saf-C 5922.05 and may be grounds for a misdemeanor conviction pursuant to RSA 641:3; I have not been convicted or found guilty of an offense pursuant to RSA 153-A:13, I or Saf-C 5922.03(c)(5); I have not been subject to limitation, suspension from, or under revocation or probation of the ability to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the right to work; and if I am unable to certify compliance with Saf-C 5909.03(b) to 5909.03(e) I shall provide official documentation that fully describes the offense, current status, and disposition of the case.

**Applicant's Signature:****Date:**