

## **EXPERIENCE AS AN EMT WITH A LICENSED AMBULANCE SERVICE**

In accordance with 105 CMR 170.977(B)(3) of the EMS System regulations, candidates for Massachusetts Department of Public Health (Department)-approval as an Instructor/Coordinator (I/C) are required to have, at minimum, three years' experience within the past 10 years, working for an ambulance service as an EMT providing EMS care, at or above the level of EMT training to be taught.

If applying for I/C approval at the EMT-Basic and Advanced EMT level, candidates must have the above experience providing care at the ALS level. If they do not have this experience, they may apply for I/C approval at the EMT-Basic level, and upgrade once they have obtained the required experience.

This minimum experience requirement must be met before the candidate may qualify to be approved for the I/C internship. Please note that to function as an EMT in the Commonwealth, an individual must be working with a Massachusetts licensed ambulance service.

The contact person listed below should be the **Director or Chief of the ambulance service** in connection with which the candidate worked as an EMT, and must be able to verify employment dates and status. Should the candidate have worked on more than one ambulance service to meet the minimum three-year experience functioning as an EMT, they are to submit an additional page for each respective service they were affiliated with. Please only list the highest level of EMS care the candidate has provided.

APPLICANT NAME	CERTIFICATION NUMBER	I/C APPLICATION	I NUMBER*
LEVEL OF I/C APPLICATION (select one)		LEVEL OF CARE PROVIDED (select one)	
EMT-BASIC		EMT-BASIC	
EMT-BASIC AND ADVANCED EMT		ADVANCED EMT or PARAMEDIC	
AMBULANCE SERVICE NAME		START DATE	END DATE
AMBULANCE SERVICE CONTACT NAME		TITLE	
SIGNATURE OF AMBULANCE SERVICE CONTACT			DATE

\*Application number is located on the top left of each page within the eLicensing I/C application