



PROCESS FOR INSTRUCTOR/COORDINATOR APPROVAL

- Prior to submitting this application, candidates must successfully complete a Department-approved EMT Instructor/Coordinator (I/C) training course. This may be completed with either a National Association of EMS Educators (NAEMSE) Level 1 Instructor course or with a "master instructor," Mark Forgues, markforgues@verizon.net, or Greg West, instructorwest@gmail.com. Please contact the instructor directly to inquire about their next scheduled I/C training course.
- Complete and submit the I/C application packet below. There are six requirements listed on the next page. Submit the completed application to the Department.
- The Department will review the submission. All requirements must be met before the Department will approve the candidate to complete the orientation required by 105 CMR 170.977(B)(5), commonly referred to as an internship. When the candidate is approved by the Department to do this 52-hour internship, the Department will issue the I/C candidate a letter indicating that the candidate may begin the internship. Along with the letter, the candidate will receive paperwork (evaluation forms, etc.) for the I/C sponsor to complete-evaluating the I/C candidate's 52-hour internship.
- Once the 52-hour internship is completed, the I/C internship paperwork must be sent to the Department for review and approval.
- The I/C certificate will be issued to the candidate from the Department when all steps of this process are completed.

Please note:

An I/C candidate **must** have approval in writing from the Department **prior** to beginning the I/C internship (see above for reference). Internship hours will not be accepted toward an I/C candidate's application for Department approval, if the Department had not given the candidate approval in writing to begin the internship.

**APPLICATION FOR MASSACHUSETTS
EMS INSTRUCTOR/COORDINATOR APPROVAL**

OVERVIEW & ELIGIBILITY

This form is for individuals applying for Department approval as an EMS Instructor/Coordinator (I/C), who have completed a state-approved I/C program. Your EMT certification and BLS Instructor credentials must be current and remain in good standing at the time of application and throughout your I/C certification period.

DPH/OEMS will review and verify your eligibility for I/C certification. Only those candidates who meet **ALL** eligibility requirements and are approved in writing by the Department to proceed are eligible to participate in their teaching orientation (internship). Applications will be returned to those candidates who are not eligible. All fields are required to be completed. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

PACKET CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> APPLICATION | Completed application for Massachusetts EMS I/C certification |
| <input type="checkbox"/> STATE EMT CARD | A copy of <u>both sides</u> of your current Massachusetts EMT certification card (at any level) |
| <input type="checkbox"/> BLS CPR INSTRUCTOR CARD | A copy of your current Basic Life Support (BLS) Instructor credentials meeting the standards of the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations (CoSTR) or successor body. |
| <input type="checkbox"/> I/C COURSE CERTIFICATE | A copy of a course completion certificate from a Department approved Instructor/Coordinator training course or from the National Association of EMS Educators (NAEMSE). |
| <input type="checkbox"/> RESUME | A copy of your current resume which identifies at a minimum: education, employment, and educator/instructor experience/background. |
| <input type="checkbox"/> PERSONAL STATEMENT | A typed personal statement of <u>not less than 1,000 words</u> explaining why you wish to become a Massachusetts EMS Instructor/Coordinator including what you will contribute to the initial EMT education field. |

Please check your application for completeness and legibility. If your application is incomplete or illegible, you will be notified via email and your I/C approval will be delayed. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the back of the application.

Submit the **complete** packet to:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
INSTRUCTOR/COORDINATOR APPROVAL
67 FOREST STREET, SUITE 100
MARLBOROUGH, MA 01752

IMPORTANT NOTICE

This application must be **submitted and approved** by MDPH-OEMS **BEFORE** the candidate may begin an I/C teaching internship. Failure to adhere to this requirement will result in internship hours not being credited toward the candidate's application for I/C approval by the Department.

**APPLICATION FOR MASSACHUSETTS
 EMS INSTRUCTOR/COORDINATOR APPROVAL**

PERSONAL DEMOGRAPHICS

LAST NAME	FIRST NAME	M.I.
MAILING ADDRESS (STREET)	CITY	STATE
		ZIP
MA EMT Number (with prefix)	EMAIL ADDRESS	PHONE NUMBER

EXPERIENCE AS AN EMT WITH A LICENSED AMBULANCE SERVICE

In accordance with 105 CMR 170.977(B)(3), **candidates for I/C approval 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.** 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. If the experience came from outside Massachusetts, the service director must sign below. The contact person listed below should be the **Director or Chief of the ambulance service** in connection with which you worked as an EMT and must be able to verify employment dates and status. Should more than one ambulance service comprise the minimum three-years' pre-hospital experience, then submit an additional page (3), for each respective service affiliated with.

AMBULANCE SERVICE NAME	START DATE	END DATE
STREET	CITY	STATE
		ZIP
SERVICE OFFICIAL NAME	TITLE	CONTACT NUMBER
SIGNATURE OF SERVICE OFFICIAL	DATE	

ACCREDITED TRAINING INSTITUTION SPONSORSHIP/AFFILIATION

In order to become an I/C, a candidate must complete an orientation (internship) at a Department accredited EMS training institution (ATI). The ATI Program Director's signature below is attesting to the acceptance of the candidate for internship.

ACCREDITED TRAINING INSTITUTION NAME	START DATE OF AFFILIATION
STREET	CITY
	STATE
	ZIP
PROGRAM DIRECTOR (Print)	EMAIL
SIGNATURE OF PROGRAM DIRECTOR	DATE
	PHONE

APPLICATION FOR MASSACHUSETTS
EMS INSTRUCTOR/COORDINATOR APPROVAL

PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS
IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, ATTACH A WRITTEN EXPLANATION WITH SUPPORTING DOCUMENTATION

BACKGROUND

1. Have you previously applied for EMS Instructor/Coordinator approval, certification or licensure in Massachusetts or any other state or jurisdiction? *If yes, provide written explanation and/or documentation regarding when and where this occurred.* ☐ YES ☐ NO
2. Have you previously applied for any EMS approval, certification or licensure (including I/C) in Massachusetts or any other state or jurisdiction under a different name? *If yes, provide written explanation and/or documentation regarding when and where this occurred, and under what name.* ☐ YES ☐ NO
3. Were you previously denied EMS approval, certification or licensure (including I/C) in Massachusetts or any other state or jurisdiction? *If yes, indicate on separate documentation when and where this occurred and why you were denied certification or licensure.* ☐ YES ☐ NO
4. Was your certification, license, or ability to work as an **EMT (at any level) or another type of health care provider** ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)? *If yes, indicate on separate documentation when and where this occurred and why your certification or licensure was restricted, suspended, revoked or voluntarily surrendered.* ☐ YES ☐ NO

CRIMINAL HISTORY

6. Since the last time you submitted an application have you: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, including state, federal or US military courts, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? ☐ YES ☐ NO
For purposes of this question, the following traffic violations are not minor: driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide

With regard to charges of criminal offenses, convictions, and license/certification disciplinary proceedings, you must provide documentation, including, but not limited to, that which fully describes the offense, charges, dates of incident and conviction and court/jurisdiction in which the matter was heard; copies of relevant court documents or administrative proceedings, if any; dispositions and current status.

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

ATTESTATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
4. I agree to keep DPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify DPH/OEMS in writing of any changes.
5. I authorize DPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
6. I hereby certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to gain.
7. I hereby authorize DPH/OEMS to contact any employers or educators as listed in my attached resume discuss the accuracy of my statements.

SIGNATURE OF APPLICANT: _____

DATE: _____