



**Rhode Island Department of Health  
Division of Health Services Regulation  
Emergency Medical Services**

3 Capitol Hill, Room 105  
Providence, RI 02908-5097

*Application for*

**License as an  
EMT-Instructor/Coordinator**

---

**Applicant - Print Name (First/MI/Last)**

FOR DEPARTMENT OF HEALTH USE ONLY

Course completed     Admin orientation     Teaching evaluations  
 APPROVED     DENIED    Date \_\_\_\_\_    By \_\_\_\_\_

**Phone: (401) 222-2401**

**Fax: (401) 222-3352**

**TTY/TDD: (800) 745-5555**

# State of Rhode Island Division of Emergency Medical Services

Application for License as an EMT-Instructor/Coordinator

Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your license and reported to those who inquire about your license. Do not use nicknames, etc.

\_\_\_\_\_  
Title (i.e., Mr., Mrs., Ms., etc.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Surname, (Last Name)

\_\_\_\_\_  
Suffix (i.e., Jr., Sr., II, III)

\_\_\_\_\_  
Maiden, if applicable

\_\_\_\_\_  
Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

				-				-					
--	--	--	--	---	--	--	--	---	--	--	--	--	--

**MANDATORY INFORMATION**

## 3. Gender

Male

Female

## 4. Date of Birth

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

## 5. Home Address

It is your responsibility to notify the EMS Office of all address and telephone number changes.

\_\_\_\_\_  
1st Line Address (Apartment/Suite/Room Number, etc.)

\_\_\_\_\_  
Second Line Address (Number and Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country, if NOT U.S.

\_\_\_\_\_  
Postal Code, if NOT U.S.

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Fax

\_\_\_\_\_  
Email Address (Format for email address is Username@domain [e.g. applicant@isp.com](mailto:e.g._applicant@isp.com))

**Applicant: Print your complete last name >**

**6. Rhode Island EMT License**

License Number \_\_\_\_\_

**RHODE ISLAND EMT LICENSE NUMBER**

**7. I/C Training Program Information**

Please enter the Last Name of lead instructor in for your EMT-Instructor/Coordinator course. Also, provide the name of the sponsoring agency, and the dates of the training program.

Last Name of Lead I/C Course Instructor \_\_\_\_\_

Sponsoring Agency for I/C Training Program \_\_\_\_\_

Date Enrolled (MM/DD/YYYY) \_\_\_\_\_

Date Completed (MM/DD/YYYY) \_\_\_\_\_

**8. Attachments**

The indicated documents must be attached to this application form.

- Copy of course completion certificate for EMT-Instructor/Coordinator Course
- Three (3) completed Practical Skill Lab Station student teaching evaluation forms
- Five (5) completed Lecture Presentation student teaching evaluation forms

**9. Affidavit of Application**

Complete this section and sign.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island. I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Division of Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant \_\_\_\_\_

Date of Signature (MM/DD/YYYY) \_\_\_\_\_

If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.



## Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: \_\_\_\_\_

### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

*On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.*