



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**DIVISION OF EMERGENCY MEDICAL SERVICES**  
227 FRENCH LANDING, SUITE 303  
HERITAGE PLACE, METRO CENTER  
NASHVILLE, TN 37243

TELEPHONE: 615-741-2584

FAX# 615-741-4217

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**APPLICATION FOR  
FOR  
EMS INSTRUCTOR ENDORSEMENT**

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**IMPORTANT NOTICE:  
REGULATION CHANGE EFFECTIVE MARCH 2005  
CURRENTLY FOUR LEVELS OF INSTRUCTORS FOR EMS EDUCATION IN TENNESSEE.  
THERE IS ALSO A ONE TIME \$35.00 INSTRUCTOR APPLICATION FEE**

**1200-12-1-.12 AUTHORIZATION OF EMERGENCY MEDICAL TECHNICIAN INSTRUCTOR/  
COORDINATORS.**

**EMS Program Director/Administrator** shall mean an individual responsible for the overall coordination of all EMS Programs. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community, and the Division of Emergency Medical Services. The individual is also responsible for the recruitment and continued development of faculty to meet the needs of the institution.

**The minimal qualifications for Program Director shall be:**

1. Bachelor's degree
2. Equivalent or greater academic training and preparation, and hold all credentials for which the students are being prepared in the program.
3. Professional license must be free from history of revocation, denial or suspension
4. Prehospital experience shall include a minimum of three years practicing in the pre-hospital environment or equivalent. Administrative experience shall include a minimum of two (2) years in EMS education administration
5. Current endorsement in a Board approved trauma, cardiac, and pediatric course at the provider level.

**EMT-Paramedic Instructor/Coordinator** shall mean a full time employee responsible for the delivery of instruction in accredited Paramedic Programs. The individual shall be knowledgeable in all aspects of prehospital care, capable of applying techniques and modalities of adult education, and of managing resources and resource personnel.

**The minimal qualification for EMT-Paramedic Instructor/Coordinator shall be:**

1. Associate degree
2. Currently licensed as a Tennessee EMT-Paramedic, without a history of revocation, denial or suspension of licensure.
3. Pre-Hospital: Minimum of two years practicing in the pre-hospital environment and
4. Administration: Minimum of two years in EMS education administration **or**, Greater than three hundred (300) hours of EMS instruction.
5. Currently endorsed in an EMS Board approved trauma, cardiac and pediatric course (instructor preferred).
6. Completion of an EMS Board approved instructors' course.

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# APPLICATION FOR FOR EMS INSTRUCTOR ENDORSEMENT

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**EMT-Basic Instructor/Coordinator** shall mean an individual responsible for the overall coordination of the EMT-Basic Program. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community and the Division of Emergency Medical Services. The individual is also responsible for the delivery of didactic material, demonstration of the psychomotor skills, verification of skill proficiency, and the recruitment and continued development of faculty to meet the needs of the institution.

**The minimal qualifications for EMT-Basic Instructor Coordinator shall be:**

1. Associate degree.
2. Currently licensed as a Tennessee EMT-Paramedic, without history of revocation, denial, or suspension of licensure.
3. Experience. Pre-Hospital: Minimum of two years practicing in the pre-hospital environment **or** :  
One hundred fifty (150) hours of EMS instruction acceptable to the Board.
3. Administrative: Minimum of one year in EMS education administration.
4. Completion of an EMS Board approved Instructors' course.

**EMT Instructor Assistant** shall mean an individual capable of teaching the application of practical skills to include: assisting the faculty in the delivery of instruction, evaluating student performance of skills, maintenance of equipment, and coordinating with the faculty or Instructor/Coordinator to maintain adequate levels of needed equipment.

**The minimal qualifications for EMT Instructor Assistant shall be:**

1. Currently licensed as a Tennessee EMT-Basic, without history of revocation, denial, or suspension of licensure.
2. Experience: Pre-Hospital: Minimum of one year practicing in the pre-hospital environment in Tennessee.
3. Must document at least seventy-five (75) hours of EMS instruction acceptable to the Board.

**ALL APPLICANTS SHOULD READ RULE 1200-12-1-.12. FOR RENEWAL REQUIREMENTS FOR EACH LEVEL OF INSTRUCTOR.**

This packet contains the information needed for EMS personnel seeking endorsement as EMS Instructor in Tennessee.

In order for an endorsement to be issued you must:

- \* Submit all of the required documentation on the attached list.
- \* Pay **all** required fees.

ALL THE REQUIRED DOCUMENTATION AND FEES MUST BE SUBMITTED IN ONE PACKAGE. THE ONLY EXCEPTION IS THE "OFFICIAL COLLEGE TRANSCRIPT WHICH MUST BE MAILED TO THE STATE EMS OFFICE. ANY INCOMPLETE APPLICATION PACKAGE WILL BE DELAY PROCESSING FOR INSTRUCTOR ENDORSEMENT.

**Submit all documentation to:**

**Tennessee Department of Health  
Division of Emergency Medical Services  
EMS INSTRUCTOR ENDORSEMENT  
227 French Landing, Suite 303  
Heritage Place, Metro Center  
Nashville, TN 37243**

With your cooperation, we will make every effort to expedite your application.



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## **INSTRUCTOR APPLICATION CHECKLIST**

### **General Requirements:**

1.  **Completed Application**  
:
2.  **Verification of Education:**  
Submit an official copy of college transcript with degree awarded.
3.  **Copy of current TN EMS License.**
4.  **Documentation of Two years practicing in pre-hospital Environment**  
Submit a letter from your employer with years of practice in their employment.
5.  **Documentation of Previous hours in teaching in EMS instruction.**  
Submit a letter from a school or organization verifying your teaching experience to include appropriate number of hours required.
6.  **Documentation of experience in EMS education administration for appropriate levels**  
A letter from an organization/school/service documenting your coordination of EMS related courses, i.e. CPR, ACLS, PEPP, BTLS.
7.  **Documentation of successful completion of a EMS Board approved Instructors' course. For EMT and Paramedic Instructor Coordinator levels prior to endorsement all assistant levels must have course before renewal of status. Submit a certificate of completion.**
8.  **Complete EMS Professional Fee form and return with fee for Instructor Endorsement.**

***NOTE: Fees Are Subject To Change Without Notice.***

**REMEMBER: ALL REQUIRED DOCUMENTATION, FORMS, AND FEES MUST BE SUBMITTED TOGETHER AS ONE PACKET. (Excluding Official College Transcript) IF YOUR APPLICATION PACKET IS INCOMPLETE, IT WILL NOT BE PROCESSED.**

**Questions?**  
**Contact Donna Tidwell**  
**Director of EMS Personnel Licensure and Education**  
[donna.g.tidwell@state.tn.us](mailto:donna.g.tidwell@state.tn.us)  
**Phone: 615-741-2584**



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## APPLICATION FOR INSTRUCTOR ENDORSEMENT

**Please indicate which level you are applying:**

- |   |   |
|---|---|
| <input type="checkbox"/> EMT Instructor Assistant         | <input type="checkbox"/> EMT-Instructor/Coordinator |
| <input type="checkbox"/> Paramedic Instructor/Coordinator | <input type="checkbox"/> Paramedic Program Director |

**Please Print Clearly and Legibly:**

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
Zip

Telephone # ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home
Business

E-Mail Address \_\_\_\_\_

License Level:     EMT-IV             Paramedic

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Prehospital Experience:**

EMPLOYER	FROM	TO

- **Submit a copy of your current CPR Instructor Card (Provide a copy of front and back)**
- **Submit documentation of Instruction hours**
- **Submit documentation of completion of a Board approved instructor course**
- **Submit copies of certification card(s) ( if required for the level applying)**

**Those individuals seeking EMT Instructor Coordinator, Paramedic Instructor Coordinator or Paramedic Program Director please complete the following:**

**Educational Background** (*Please provide an official copy of college transcript denoting degree awarded*):

- Associate's Degree     Bachelor's Degree     Master's Degree     Doctorate Degree

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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OFFICE USE ONLY	
707 - 1st Responder	_____
718 - EMT, IV, PM	_____
719 - EMD	_____

## EMS PROFESSIONAL FEES

Class Number: (If Applicable) \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (Jr., Sr., etc.)

Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip  
 Phone: ( ) \_\_\_\_\_

EMS Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Have you ever been convicted, for a violation of the law other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever or are you now addicted to any alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your license/certification to practice in any state ever been reprimanded, suspended, restricted, revoked or is it under threat of disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered yes to either question, give details on a separate sheet including circumstances with appropriate dates. Attach a certified copy of court records if convicted of any law violation.*

I certify that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my certification/license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be signed and dated to insure processing.**

Please **check the appropriate box(es)** and submit this form with the total fee(s) by a personal or certified check (**no cash**). Payment should be made payable to **TDH-EMS. This form must be submitted fifteen (15) days prior to your examination date.** Failure to comply with these instructions will result in a delay of your license approval.

ACTION	EMT-B	EMT-IV	PARAMEDIC	FIRST RESPONDER	EMD	INSTRUCTOR
Application Fee (non-refundable)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$35.00
License Fee	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30.00	
Renewal Fee	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$30.00	
Reinstatement Fee	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	
Reciprocity Fee	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00			

TOTAL FEE = \_\_\_\_\_

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."