

Michigan Department of Community Health
Emergency Medical Services Section
P.O. Box 30437
Lansing, Michigan 48909
(517) 241-0179
Website: www.michigan.gov/ems
Authority: P.A. 368 of 1978, as amended

INSTRUCTOR COORDINATOR APPLICATION FOR LICENSURE INSTRUCTIONS

An individual can file an application for licensure as an Instructor-Coordinator if you have completed a Michigan Instructor-Coordinator course within the last 2 years. There are four levels of Instructor-Coordinator licensure (MFR, EMT, Specialist/AEMT, Paramedic). You must have at least three years field experience providing direct patient care with a licensed Michigan Life Support Agency at the level you are applying for AND be currently licensed in Michigan **at or above** that level.

Applications for Instructor-Coordinator EMT-Specialist (Intermediate 85) are no longer accepted effective IMMEDIATELY. The new Instructor-Coordinator Specialist/AEMT licensure level goes into effect on 4/1/13. You must have at least three years field experience as a Specialist/AEMT providing direct patient care with a licensed Michigan Life Support Agency to be eligible for licensure as an Instructor-Coordinator Specialist/AEMT.

Once you are licensed, all licensees are required to complete the continuing education requirements for renewal of your Michigan Instructor-Coordinator license. Refer to EMS Instructor Coordinator CE Form (BHPPA-EMS-127) for credit options and requirements, which can be found on our website at: www.michigan.gov/ems.

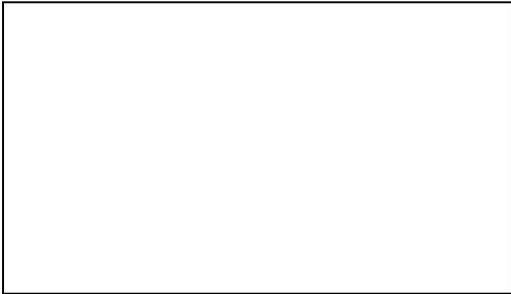
Applications must be submitted and complete before you are approved to take the State Instructor Coordinator exam. The exam reservation form is included in this packet and can be submitted with your application and fee. Applications received without the required fee will be returned to the applicant. ALL FEES ARE NON-REFUNDABLE and are for the license as well as the exam. If a retest is needed you will not need to submit another fee. After your documentation has been reviewed and you are approved for the exam you will be sent a confirmation letter allowing you to test. Completed applications received prior to the first of any month will be scheduled for that month's exam. Otherwise, when the application is incomplete you will be scheduled for the next exam once completed.

1. Enter your personal identifying information, i.e. name, social security number, address, etc.
2. Enter your Michigan Education Program Sponsor's name (name of school or facility that conducted course) and date of course completion.
3. If you have a yes answer to question number 1 on page 1 of the application, you must complete the attached Criminal Conviction History Form (EMS-252).
4. If you have a yes answer to question number 2 on page 1 of the application, you must submit a detailed explanation with your application.
5. Complete Part I of the Verification of Field Experience Form. Forward it to the Life Support Agency director for completion of Part II verifying your **FIELD experience** as an MFR, EMT, Specialist/AEMT, or Paramedic. Completion of this form verifies that you have completed the field experience, for a minimum of three years at or above the level you are applying for, providing direct patient care with a licensed Life Support Agency. **If you have worked for more than one agency during the three-year period you may copy this form and submit it to more than one agency director.**
6. Complete the attached examination reservation form for the Michigan IC exam.

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Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.



State Office Use Only

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (Check ONE only)

- Medical First Responder Instructor Coordinator – Fee: \$100.00**
- Emergency Medical Technician Instructor Coordinator – Fee: \$100.00**
- Specialist/AEMT Instructor Coordinator – Fee \$100.00**
- Paramedic Instructor Coordinator – Fee: \$100.00**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

EDUCATION INFORMATION (Must have completed your course within the past 2 years):

Education Program Sponsor (Name and Location)	Date of Course Completion

Check the appropriate answer to each of the following questions.

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations? NOTE: Attach criminal conviction history form DCH-HLD-002 (7/12) for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you? NOTE: Attach a detailed explanation for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	Social Security Number
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CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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**VERIFICATION OF THREE YEARS OF FIELD EXPERIENCE
FOR INSTRUCTOR COORDINATOR APPLICANTS**

To qualify for an Instructor Coordinator (IC) license, an applicant must have completed a Michigan IC education course, be currently licensed as an MFR, EMT, Specialist/AEMT, or Paramedic and have three years field experience providing direct patient care with a licensed Michigan Life Support Agency at the level of IC you are applying for.

Part I: To be completed by the applicant and forwarded to the Michigan Licensed Life Support Agency Director for completion.

First Name	Middle Name	Last Name	
Street Address	City	State	Zip Code
Current Michigan EMS License Number		U. S. Social Security Number	

Part II: To be completed by the Michigan Licensed Life Support Agency Director where the applicant obtained their three years field experience. This form must be submitted with an ORIGINAL signature. Copies will NOT be accepted.

Name of Agency	Agency License Number
Street Address	Telephone Number
City	State
	ZIP Code
<p>Based on our personnel files, the above named applicant has completed FIELD experience at the level of MFR, EMT, Specialist (AEMT), or Paramedic, providing direct patient care with the above licensed Life Support Agency. Please indicate level and dates this applicant has obtained field experience with your agency. (Note: this is not the same as their dates of licensure)</p> <p>This is to certify that _____ has worked meeting all of the above requirements as an:</p> <p style="text-align: center;">Applicant's Name</p> <p><input type="checkbox"/> Medical First Responder _____ to _____</p> <p><input type="checkbox"/> Emergency Medical Technician _____ to _____</p> <p><input type="checkbox"/> Specialist/AEMT _____ to _____</p> <p><input type="checkbox"/> Paramedic _____ to _____</p> <p style="text-align: center;">(mm/dd/yy) (mm/dd/yy)</p> <p>_____ Signature of Agency Director</p> <p style="text-align: right;">_____ Date of Signature</p> <p>_____ Print or Type Agency Director Name</p>	

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency

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CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ___/___/___ <input type="checkbox"/> Annulled on: ___/___/___

Conviction #2 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ___/___/___ <input type="checkbox"/> Annulled on: ___/___/___

NOTE: The back of this form may be used if you have more than two convictions

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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MICHIGAN EMS IC EXAM RESERVATION FORM

Name: _____ S.S. #: _____

Address: _____ Daytime phone: _____

Initial Test: This form **MUST** be submitted with your Instructor Coordinator (IC) Application packet for Licensure. Your exam will **NOT** be scheduled until both documents are received and approved.

Retest: This form may be faxed to 517-241-9458. The Department will retain your IC Application on file; therefore no new IC Application OR Fee is necessary.

Program Sponsor: _____

Course Completion Date _____

Exam attempt: _____ Initial _____ Retest (date of initial test _____)

Confirmation letter will be sent when exam is scheduled

Exam date/time: (please list 3 choices)

1st choice (date): _____ 9:00 AM 2:00 PM

2nd choice (date): _____ 9:00 AM 2:00 PM

3rd choice (date): _____ 9:00 AM 2:00 PM

Available Examination Dates:

	February 19, 2013	August 20, 2013
	March 19, 2013	September 17, 2013
	April 16, 2013	October 15, 2013
	May 21, 2013	November 19, 2013
	June 18, 2013	December 17, 2013 A.M. ONLY
	July 16, 2013 A.M. ONLY	

Exams will be held in Conference Room A, Capitol View Building, Michigan Department of Community Health, 201 Townsend Street, Lansing, Michigan 48913. Form must be received prior to the first day of the month of the exam date selected. You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter.**