

Department of Community Health  
Emergency Medical Services Section  
P.O. Box 30437  
Lansing, MI 48909  
(517) 241-0179

**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 <b>FIELD experience</b> at the level of MFR, EMT, Specialist (AEMT), or Paramedic, <b>providing direct patient care with the above licensed Life Support Agency</b>. Please indicate level and dates this applicant has obtained field experience with your agency. (<b>Note: this is not the same as their dates of licensure</b>)</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