

This form may be completed online and mailed to the address listed below.



**APPLICATION FOR LICENSURE AS AN EMS INSTRUCTOR**

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2299

**Check below the basis for application:**

(Please print or type application)

**SECTION A – APPLICATION FOR EMS INSTRUCTOR INITIAL LICENSURE : Level(s) that you will be teaching: (Check all that apply)**

|                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Emergency Medical Responder          |
| <input type="checkbox"/> | Emergency Medical Technician         |
| <input type="checkbox"/> | Advance Emergency Medical Technician |
| <input type="checkbox"/> | Paramedic                            |

**SECTION B - Personal Information:** (All applicants for licensure must complete this section.) **This section is public information and will be displayed on the INTERNET**  
<http://www.nebraska.gov/LISSearch/search.cgi>

**NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.**

|   |                 |                   |                                    |       |
|---|-----------------|-------------------|------------------------------------|-------|
| 1 | Legal Name:     | First:            | Middle/MI:                         | Last: |
|   | Maiden Name     | Name:             | Other names you are known as (AKA) |       |
| 2 | Present Address | Street/Box/Route: |                                    |       |
|   |                 | City:             | State:                             | Zip:  |

Additional information requested: (This information is not displayed on the internet)

|   |                     |                   |                            |                       |
|---|---------------------|-------------------|----------------------------|-----------------------|
| 3 | Date of Birth:      | Month/Day/Year    | Place of Birth:            | City/State or Country |
| 4 | Phone #: (optional) | Fax #: (optional) | E-Mail Address: (optional) |                       |

**SECTION C: IDENTIFICATION INFORMATION** (All applicants for licensure must complete this section).

|  |                               |  |              |
|--|-------------------------------|--|--------------|
| 5  | Check the Appropriate Box(s): | <input type="checkbox"/> Social Security Number (SSN);               | <b>SSN#</b>  |
|  |                               | <input type="checkbox"/> Alien Registration Number ("A#"); or        | <b>A#</b>    |
|  |                               | <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number | <b>I-94#</b> |
| <p><b>If you have both a SSN and an A# or I-94 number, you must report both.</b> Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</p> <p><b>SEE NOTE – ITEM 5 FOR A LIST OF DOCUMENTATION THAT MUST BE SUBMITTED</b></p> |                               |  |              |

**SECTION D – LICENSURE BASED ON TRAINING.** Applicants applying for licensure based on training must submit the following:

**Current Out-of-Hospital Emergency Medical Care Provider License Number:** \_\_\_\_\_

- 1 A copy of The Nebraska EMS Instructor Course; **OR**
- 2 A copy of 1986, 1995 or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course **OR**
- 3 A copy of College or university program transcript showing you received a bachelor's degree or above in education; **OR**
- 4 A copy of The National Fire Protection Agency 1041 Instructor 2 Course.

**PRACTICAL EXAMINATION :**

|   |   |
|---|---|
| 5 | Submit a copy of current certification from the National Registry of Emergency Medical Technicians at the highest level you will be teaching to demonstrate competency in National Registry Practical Skills; <b>OR</b>   |
| 6 | <p>I have had my Physician Medical Director or Physician Medical Director Surrogate or Licensed EMS Instructor conduct a practical examination over the National Registry Skills and verify the following:</p> <p><b>I, _____, (print name) verify that he/she has successfully completed a practical examination over the National Registry skills for the highest level he/she will teach.</b></p> <p>_____</p> <p><b>Signature of Physician Medical Director or Physician Medical Director Surrogate or Licensed EMS Instructor.</b></p> <p>_____</p> <p><b>Date</b></p> |

**EMERGENCY MEDICAL SERVICES:**

7 List the emergency medical services where you practiced for the past three years as an out-of-hospital emergency care provider, the dates of practice and the service officer.

| Name of Service | Date of Practice | Service Officer |
|-----------------|------------------|-----------------|
|                 |                  |                 |
|                 |                  |                 |
|                 |                  |                 |
|                 |                  |                 |

**SECTION E – CONVICTION INFORMATION**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Have you ever been convicted of a misdemeanor or a felony:<br><br><i>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</i> | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |

**If yes, state what crime, date of conviction, name, location of court (city, county state).**

| Crime | Date of Conviction | Name and Location of Court |
|-------|--------------------|----------------------------|
|       |                    |                            |
|       |                    |                            |
|       |                    |                            |

**Submit documentation of convictions. SEE NOTE ITEM 4**

**SECTION F – PRACTICE PRIOR TO LICENSURE – An individual who practices prior to licensure of a credential is subject to assessment of an Administrative Penalty of \$10.00 per day up to \$1,000.00 or such other action as provided in the statutes and regulations governing the credential.**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Have you actively practiced in Nebraska as a primary instructor?  | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many days have you practiced as a primary instructor? |                          |                          |

**\* Primary instructor means a licensed EMS Instructor who must attend a majority of the class sessions to assure course continuity and identifies that students have the cognitive, affective and psychomotor skills necessary to function at the level being taught.**

## SECTION G – Attestation

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114. I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States.
- I am a qualified alien under the federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

For the purpose of complying with Neb. Rev. Stat. §§38-129, I attest as follows:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act: or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s) you must provide an explanation of all such act(s).

**SEE NOTES below for information on documentation that must be submitted.**

Print Name: \_\_\_\_\_

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

Date \_\_\_\_\_

**NOTE:** The applicant must submit the following documentation:

1. **Age:** Evidence of at least 18 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;

**CONTINUED ON NEXT PAGE**

4. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charges and disposition;
  - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

5. **Citizenship, lawfully admitted/present** information: You must submit a copy of at least one of the following documents:

**Any of the following documents provide proof of United States Citizenship:**

- (1) A U.S. Passport (unexpired or expired);
- (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- (3) An American Indian Card (I-872);
- (4) A Certificate of Naturalization (N-550 or N-570);
- (5) A Certificate of Citizenship (N-560 or N-561);
- (6) Certification of Report of Birth (DS-1350);
- (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- (8) Certification of Birth Abroad (FS-545 or DS-1350);
- (9) A United States Citizen Identification Card (I-197 or I-179);
- (10) A Northern Mariana Card (I-873);

**Any of the following documents provide proof of lawfully admitted/present in the United States:**

- (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
  - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (3) A document showing an Alien Registration Number ("A#"); or
  - (4) A Form I-94 (Arrival-Departure Record);
6. **Education:** An official college/university transcript or course completion certificate;:
  7. Current Basic or Advanced Cardiopulmonary Resuscitation Instructor certification.
  8. A copy of current National Registry Certification if applicable or documentation that a PMD, PMD Surrogate or Certified EMS Instructor completed an examination over the National Registry practical skills that he/she will be teaching.

**Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.**