



**Application for Licensure  
as an Emergency Medical  
Service Instructor**

State of Nebraska  
Department of Health and Human Services  
Division of Public Health – Licensure Unit  
PO Box 94986 – Lincoln, Nebraska 68509-4986

<b>SECTION A – License Type</b> Select the level of licensure for which you are applying.			
<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>	Advanced Emergency Medical Technician
<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>	Paramedic

<b>SECTION B – Personal Information</b>			
This section is public information and can be viewed on the internet at <a href="http://www.nebraska.gov/LISSearch/search.cgi">http://www.nebraska.gov/LISSearch/search.cgi</a> .			

Legal Name:	First:	Middle/MI:	Last:
Maiden Name:	Other names you are known as (AKA):		Out-of-Hospital Emergency Care Provider license number:
Present Address:	Street/Box/Route:		
	City:	State:	Zip:

This information is not displayed on the internet.

*Date of Birth:	Place of Birth:
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**Evidence of being at least 18 years of age is required. Submit a copy of one of the following items:**

- A Driver's License;
- A Birth Certificate;
- A Marriage License that provides date of birth;
- A Transcript that provides date of birth;
- A United States Identification Card;
- A Military Identification Card; or
- Any other similar documentation.

*Citizenship:	<input type="checkbox"/> I am a citizen of the United States; or
	<input type="checkbox"/> I am an alien lawfully admitted into the United States; or
	<input type="checkbox"/> I am a non-immigrant lawfully present in the United States.

**Evidence of citizenship, lawful presence, and/or immigration status is required. Submit a copy of one of the following items:**

- A U.S. Passport (unexpired or expired);
- A birth certificate issued by a state, county, municipal authority or outlying possession of the US bearing an official seal;
- An American Indian Card (I-872);
- A Certificate of Naturalization (N-550 or N-570);
- A Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- A United States Citizen Identification Card (I-197 or I-179);
- A Northern Mariana Card (I-873);
- A Green Card, otherwise known as a Permanent Resident Card (Form I-551);
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- A document showing an Alien Registration Number "A#". An Employment Authorization Card/Document is not acceptable; or
- A Form I-94 (Arrival-Departure Record) Number.

**\*A copy of a certified birth certificate or United States Passport may be sent as proof of both age and citizenship.**

Check the Appropriate Box or Boxes:	<input type="checkbox"/> Social Security Number (SSN)	SSN:
	<input type="checkbox"/> Alien Registration Number (A#)	A#:

*If you have a SSN and an A#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.*

Personal Information Continued	
Phone #: (Optional)	Fax #: (Optional)
E-Mail Address: (Optional)	
<i>While providing a phone number, fax number or an e-mail address is optional, it may result in faster processing of an application in cases where documentation is missing or incomplete.</i>	

SECTION C – Proof of Training/Education
<p>Please submit the following:</p> <ul style="list-style-type: none"> <li>• A copy of the front and back of your current, signed Basic Cardiac Life Support Instructor or Advanced Cardiac Life Support Certification. Your Certification Card must be issued by one of the Board Approved Organizations listed below. <ul style="list-style-type: none"> <li>○ American Red Cross</li> <li>○ American Safety and Health Institute</li> <li>○ American Academy of Orthopaedic Surgeons – Emergency Care and Safety Institute</li> <li>○ National Safety Council</li> <li>○ PRO CPR Organization</li> <li>○ The American Heart Association</li> <li>○ American Trauma Event Management</li> </ul> </li> <li>• A copy of your official course completion certificate from one of the programs listed below showing the name and date of the course, and the name of the training agency, school, college, or university that awarded the certificate. <ul style="list-style-type: none"> <li>○ The 1986, 1995, or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course;</li> <li>○ A college or university program where you received a bachelor’s degree or above in education;</li> <li>○ The National Fire Protection Agency 1041 Instructor 2 Course; or</li> <li>○ The Nebraska EMS Instructor Course, or its equivalent.</li> </ul> </li> </ul>

SECTION D – Field Experience			
<p>You must have at least three years of field experience as an out-of-hospital emergency care provider immediately preceding the submission of this application. List the emergency medical services where you practiced in the past three years, the dates of practice and the name of an officer for the service.</p>			
Name of Service	Name of Service Officer	Start Date	End Date

SECTION E – Demonstration of Skill Competency in the National Registry Skills
<p>Proof of skill competency in the National Registry Skills at or above the level you are applying to teach. Please submit one of the following items:</p> <ul style="list-style-type: none"> <li>• A copy of your current National Registry Card which shows your registry number, expiration date and provider level, <b>or</b></li> <li>• A completed Attachment B (page 7 of this document).</li> </ul>

SECTION F – Other Licensure/Certification					
Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in Nebraska?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in another jurisdiction or state?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If you have been licensed or certified in another jurisdiction or state, provide the following information:</b>					
Jurisdiction/State	Credential Number	Type of Credential	Issue Date	Expiration Date	
<b>Certification of all credentials held is required.</b>					
<i>Please complete Section A of Attachment A (page 6 of this document) and send it to each agency outside of Nebraska that issued you a license or certification to provide health services, health-related services, or environmental services. Section B of Attachment A will then be completed by that agency and they must submit the completed Attachment A to our office. You may make copies of Attachment A as needed.</i>					
Has any disciplinary action ever been taken against any license/certificate to provide health services, health-related services, or environmental services that you hold now or have held in the past by any licensing agency, or is any currently pending?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>IF YES</b> , list the action(s) and provide a copy of the record(s), including charges and disposition.					
Have you ever been denied a credential?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>IF YES</b> , provide an explanation of the basis for the denial.					
Have you ever been denied the right to take an examination?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>IF YES</b> , provide an explanation of the basis for the denial.					

**SECTION G – Conviction Information**

Please note that failure to disclose any conviction or disciplinary action, regardless of when it occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Have you <b>ever</b> been convicted of a misdemeanor or a felony?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES**, provide the following information:

Crime	Date of Conviction	Name and Location of Court

**Provide the following documentation for each conviction:**

- A copy of the court record, which includes charges and disposition;
- A letter of explanation from you detailing the events leading to the conviction (what, when, where, and why), and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- 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;
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation; and
- Any other information as requested by the Board/Department after initial review of your application.

**SECTION H – Practice Prior to Licensure**

An individual who practices prior to issuance of a license is subject to assessment of an administrative penalty in the amount of \$10.00 per day, not to exceed a total of \$1,000 as provided in 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the licensure.

Have you actively practiced as a primary emergency medical service instructor in Nebraska prior to submitting this application at the level for which you are applying?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES**, provide the name(s) and location(s) of practice and the number of days that you practiced there.

Name	Location	Number of Days

**SECTION I – Attestation**

**Subsection 1** – For the purposes of Neb. Rev. Stat. §4-108 through 4-114 and 38-129, (*check **ONE** of the boxes below*):

- A citizen of the United States; or
- A qualified alien under the Federal Immigration and Nationality Act.
- Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

**Subsection 2** – I further attest that:

- I have read the application, or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- I have not committed any act that would be grounds for denial under 172 NAC 13-014.  
*If you have committed any act(s), you must provide an explanation of all such act(s).*

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

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

***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.***



**Request for Verification of Certification/Licensure from Another State/Jurisdiction  
"Attachment A"**

State of Nebraska  
 Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 PO Box 94986 – Lincoln, Nebraska 68509-4986  
 Fax – 402-742-1152 Email – DHHS.RehabOffice@nebraska.gov

**SECTION A – To Be Completed By The Applicant If Licensed In Another State Or Jurisdiction.**

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION B – To Be Completed By The Issuing Agency.**

Our records certify that the aforementioned individual was granted License/Certificate Number \_\_\_\_\_  
 in the State/Jurisdiction of \_\_\_\_\_ to practice as a/an:  
 Emergency Medical Responder     Advanced Emergency Medical Technician  
 Emergency Medical Technician     Paramedic     Other \_\_\_\_\_

Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This licensure/certification was issued based on:  
 Reciprocity with \_\_\_\_\_  
 Completion of a United States Department of Transportation, National Highway Traffic Safety Administration, National Standard Curriculum.  
 Name of Curriculum: \_\_\_\_\_  
 Other Training – please specify: \_\_\_\_\_

Did the aforementioned individual pass an examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**IF YES**, provide the following information:  
 Name of the Examination: \_\_\_\_\_

Scores the individual received:	Written	Practical
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Has this individual's certification/license ever been:			
Suspended:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, explain:
Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, explain:
Other disciplinary action:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, explain:

Name and Title: \_\_\_\_\_  
 Licensing Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Verification of National Registry Skills Examination "Attachment B"

State of Nebraska
Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986 – Lincoln, Nebraska 68509-4986

SECTION A – To Be Completed By The Applicant.

Name: \_\_\_\_\_
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SECTION B – To Be Completed By A Certified EMS Instructor, Training Agency Medical Director, or Training Agency Physician Surrogate.

By printing and signing my name below, I acknowledge that the individual listed above has successfully completed a practical examination over the National Registry Skills for the level of licensure that they are applying to teach as required in 172 NAC 13-011.02, item 2 (f)(2).

Name and Title: \_\_\_\_\_
Training Agency: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_