



Emergency Medical Instructor Application

Complete and return this application and all supporting documentation to one of the following:

Email (preferred method):
DHHS.EMSLicensing@nebraska.gov

Department of Health and Human Services
 Office of Emergency Health Systems
 PO Box 95026
 Lincoln, Nebraska 68509-5026

Fax: (402) 742-2322

SECTION A – APPLICATION TYPE:			
	Initial Application as an Emergency Medical Instructor		
	Reinstatement of an EMS Instructor From Expired or Inactive Status or Following Voluntary Surrender Unrelated to a Disciplinary Matter		
	Reinstatement of an EMS Instructor from Disciplinary Action: License Following Suspension, Limitation, Revocation, or Voluntary Surrender to Resolve a Pending Disciplinary Matter, In Lieu of Discipline, or In Response to a Notice of Disciplinary Action COMPLETE ATTACHMENT B		
SECTION B – EMS PROVIDER LICENSE:			
	Current Nebraska EMS Provider License Number		
SECTION C – PERSONAL INFORMATION:			
Information in this section is public information and can be viewed at dhhs.ne.gov/lookup			
Legal First Name:		Middle/MI:	
Legal Last Name:		Maiden Name:	
Other Names you are known by (AKA):			
Current Address:	Street/Box/Route:		
	City:	State:	Zip:
This section is NOT public information			
Date of Birth:		Place of Birth:	
Primary Phone Number:		E-Mail Address:	
<i>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.</i>			
Social Security Number:		Alien Registration Number:	
SECTION D – U.S. CITIZEN/LAWFUL PRESENCE: Submit a copy of one of the following:			
U.S. Citizen:			
<ul style="list-style-type: none"> • Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S bearing official seal • U.S. Passport (unexpired or expired) • Certificate of Naturalization • Other legal documents that show U.S. citizenship • Driver's License and Social Security Card is NOT acceptable 			
Not a U.S. Citizen (current immigration status):			
<ul style="list-style-type: none"> • Green Card (Permanent Resident Card) Form I-551(front and back copy of card) • Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with valid unexpired U.S. Visa • Employment Authorization Card AND one of the following: <ul style="list-style-type: none"> ○ Approved deferred action status (DACA) ○ Pending U.S. asylum application ○ Pending or approved application for temporary protected status in the U.S. ○ Pending application for adjustment of status to that of alien lawfully admitted for permanent residence in the U.S. or conditional permanent resident status in the U.S. ○ Other document showing current immigration status 			
NOTE: Documents other than those showing U.S. citizenship are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.			

SECTION E – OTHER LICENSURE OR 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	No
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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	No
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If you have been licensed or certified in another jurisdiction or state, provide the following information:

Jurisdiction/State:	Credential Number:	Type of Credential:	Issue Date:	Expiration Date:

Certification of all credentials held is required. (See Attachment A)

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	No
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IF YES, list the action(s) and **provide a copy of the record(s)**, including charges and disposition.

Have you ever been denied a credential?	Yes	No
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IF YES, provide an explanation of the basis for the denial.

Have you ever been denied the right to take an examination?	Yes	No
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IF YES, provide an explanation of the basis for the denial.

SECTION F – 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.

For reinstatement applicants, list convictions in any jurisdiction since your license was last renewed or issued (whenever is later).

Provide the following documentation for each conviction:

- A copy of the court record, which includes charges and disposition. If a record is no longer available, provide a signed statement from the court to that effect. A printout from JUSTICE does not fulfill our requirements;
- 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
- Additional information may be requested by the Department after initial review of your application.

Have you ever been convicted of a misdemeanor or a felony?		Yes	No
IF YES , provide the following information:			
Crime:	Date of Conviction:	Name and Location of Court:	
SECTION G – 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 38-1,116(1) or such other action as provided in the statutes and regulations governing the licensure.			
Have you actively practiced as an emergency medical service instructor in Nebraska prior to submitting this application?		Yes	No
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 H – Training			
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.		Yes	No
<ul style="list-style-type: none"> • The 1986, 1995, or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course; • A college or university program where you received a bachelor's degree or above in education; • The National Fire Protection Agency 1041 Instructor 2 Course; or • An equivalent course as approved by the Board. 			
Proof of Training/Education is required. Please submit the following:			
<ul style="list-style-type: none"> <input type="checkbox"/> For all applicants (initial or reinstatement), a copy of your current National Registry of Emergency Medical Technician certification at or above the level being instructed. • For Reinstatement applicants: <ul style="list-style-type: none"> <input type="checkbox"/> The reinstatement fee of \$35.00; and <input type="checkbox"/> Proof of completing 8 hours of continuing education, within the 24 months immediately preceding the submission of this application, in educational subject matter that includes all of the following subjects: <ul style="list-style-type: none"> • Emergency medical service course curriculum updates; • Emergency medical service legislation and regulations; and • Fundamentals of teaching adults. <input type="checkbox"/> Proof of teaching at least 12 hours of adult education over emergency medical services care topics within the 24 months immediately preceding the submission of this application. <input type="checkbox"/> If your EMS Instructor License has been expired for more than five years, you are not eligible for reinstatement and must submit an application for initial licensure. 			

Military: Did you complete education, training, or service that you believe is substantially similar to the training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state?

Yes No ***If yes, include evidence with this Application***

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):

I attest that I am:

- I am a citizen of the United States.
- I am NOT a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am NOT a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

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 UCA 38-178.
If you have committed any act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____

The Department:

- May request additional information as needed;
- Requires 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.

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SECTION A – To be completed by the applicant if licensed in another state or jurisdiction.
 Please complete this section 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.

Name: _____
 Social Security Number: _____ Date of Birth: _____

SECTION B – To be completed and submitted 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: _____

Has this individual's certification/license ever been:

Suspended:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Revoked:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Other disciplinary action:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	

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

**Additional Required
Information for
Reinstatement from
Disciplinary Action
“Attachment B”**

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SECTION A – Applicant Information

Name: _____

SECTION B – Additional Required Information

What steps/remedies have you taken to address the actions that caused your license to be disciplined?
(use additional pages as necessary)

[Empty text area for Section B response]

I am requesting the Department remove the probationary status from my license for the following reason(s):
(use additional pages as necessary)

[Empty text area for Section B response]