



NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES

DIVISION OF HEALTH SERVICE REGULATION • DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Coordinator Verification for EMS Instructor Application

Applicant Name: _____

1. As EMS Program Coordinator for : _____ I verify that I have reviewed and attest that the above applicant has (please check the appropriate option):
- For **Level I Initial Application** applicant has successfully completed one hundred (100) hours of teaching at the level of application in an approved EMS Educational program, or equivalent, as required
 - For **Level II initial application** applicant has successfully met the two (2) years teaching experience as a Level I EMS instructor at the level of application or equivalent, as required
 - For **EMS Instructor Renewal**, the above applicant has met the required ninety-six (96) hours of EMS teaching required for instructor renewal.
2. As EMS Program Coordinator I verify that an Educational Scope of Practice Evaluation was performed for the above applicant on:
- a. The topic presented was:
3. **As EMS Program Coordinator I hereby recommend the NCOEMS Instructor credential for this applicant be issued/renewed:**
- Enter Program Coordinator Name and P Number:

X

Program Coordinator

Date

By placing my name in the above box I declare all information is accurate and true.