

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration Division of
Emergency Medical Services

District of Columbia EMT Instructor Application



General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring Educational Institution to sign the application verifying the applicant is a member and authorized instructor with the institution.
- All inquiries about the status of the application should be through the applicant's sponsoring educational institution.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. Applicants must meet all certification requirements in force as of the time of their application.
- Please remit the application fee by certified check or money order payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. **It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.**

Initial/Reinstatement/Renewal Certification Documentation

- You must be at least 18 years of age.
- You must be currently certified/licensed as a DC healthcare provider at or greater than the level you intend to teach in order to apply.
 - ALS Instructors must be DC certified/licensed as a paramedic or greater.
- The applicant must have completed a competency-based evaluation developed and administered by the Medical Director of the sponsoring organization and approved by the District of Columbia Department of Health.
- The application must include a listing of the applicant's teaching dates from an EMS course(s).
- The application must include a copy of the EMS Instructor Training.
- Please include student feedback relating to teaching dates from the instructor course.

Fees

- Initial certification fee is \$20.00.
- Renewal of certification fee is \$15.00

Submit Application to

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
Office of EMS
899 N. Capitol St, NE
Suite 570
Washington, DC 20002

Last Name: _____ First Name: _____ MI: _____

Address: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

Please complete the click boxes below to indicate the level of credentialing you are seeking/re-seeking. Select all that apply.

BLS Instructor (EMR/EMT)

ALS Instructor (AEMT/Paramedic)

Initial Certification

CE-BLS

CE – ALS

Reinstatement

Required Certifications

Certification	Expiration	Certification/License Type	Number
District of Columbia			
NREMT			
Instructor Certification in Related Discipline			

Teaching Experience

A listing of dates in which the applicant has taught modules from the EMS course is attached

Certificate from a DC Instructor Workshop (if applicable) is attached

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

Signature of the Applicant

Date

As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as an instructor with this organization. The applicant has successfully completed a competency-based evaluation which I administered at the level for which the applicant is requesting certification. I further agree to ensure that all instructional evaluations and documentation of instruction in accordance with the Competency-based Evaluation Plan as approved and on file with the DC Department of Health.

Signature of the Medical Director

Date

This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to **“DC Treasurer”**.