

Michigan Department of Community Health
 Emergency Medical Services Section
 P.O. Box 30437
 Lansing, Michigan 48909
 (517) 241-0179
Website: www.michigan.gov/ems
Authority: P.A. 368 of 1978, as amended

**INSTRUCTOR COORDINATOR
 RE-LICENSURE
 APPLICATION & INSTRUCTIONS**

To qualify for Re-licensure, your previous Michigan EMS IC license must have expired within the last three years. All other applicants must use the initial IC Application for Licensure form.

Due to the transition to the new Specialist/AEMT, Re-licensure applications for Instructor Coordinator EMT-Specialist (Intermediate 85) are no longer accepted effective immediately. However, you may apply for Re-licensure at the Instructor-Coordinator Specialist/AEMT level IF you have been an Instructor-Coordinator EMT-Specialist in the past three years AND completed the Specialist/AEMT bridge course or the Full Specialist/AEMT course for your provider level license.

GENERAL INSTRUCTIONS

Failure to complete the application in its entirety and correctly may result in a delay of the processing of your application. **This is a two-page application.** Be sure to complete both pages/sides, sign, and date your application before submitting with the appropriate fee.

1. Mark the box for the Instructor Coordinator level you are applying to re-license. Submit it with the appropriate fee to the EMS Section with a check or money order made payable to the State of Michigan. Applications and fees must be submitted together. Applications submitted without the required fee will be returned to the applicant. **Application fees are non-refundable.**
2. With your application submit copies of **Michigan** approved certificates or other acceptable documentation of Instructor Coordinator continuing education credits. *All continuing education credits must have been completed within three years of the date of the re-licensure application.*

There are three methods in which an Instructor-Coordinator (IC) license may be re-licensed:

- (1) Successfully complete a Department-approved instructor-coordinator refresher program;
- (2) Accrue thirty (30) credits in Department-approved professional development continuing education;

Instructional Techniques	Measurement & Evaluation	Education Administration
Minimum 6	Minimum 6	Minimum 6
Maximum 12	Maximum 12	Maximum 12

- (3) Accrue thirty (30) credits through a combination of **20 Professional Development** continuing education and **10 Performance Credits**.

Part A: Professional Development Credits. A minimum of twenty (20) credits for professional development through Department-approved instructor coordinator continuing education programs are required.

Instructional Techniques	Measurement & Evaluation	Education Administration
Minimum 3	Minimum 3	Minimum 3
Maximum 9	Maximum 9	Maximum 9

Part B: Performance Credits. In addition to the 20 credits required in Part A; 10 credits are required in any at least 2 of the following categories:

EMS INSTRUCTION: Maximum of 7 credits. One (1) credit for every four (4) hours of instruction (initial, refresher, or continuing education). Proof: CE Rosters, I.C. credit slip, course syllabus, etc.

EXAMINATION EVALUATION: Maximum of 7 credits. One (1) credit for every two hours in which you assist as a skills examiner for a State approved practical exam. Proof: Credit slip from Regional Coordinator

COURSE COORDINATION: Maximum of 7 credits. Three (3) credits for every Education Program OR CE Program Sponsor approval. Two (2) credits for every Program Sponsor OR CE Program Sponsor re-approval. One (1) credit for every 15 continuing education credits approved and coordinated. Proof: Copies of Education Program Sponsor approvals or CE approval.

Acceptable documentation of continuing education shall include all of the following:

- Name of licensee participating in program
- Name of sponsoring organization and instructor-coordinator number
- Title of program
- Hours of continuing education credit awarded per required category
- Date of program
- Signature of instructor-coordinator or designee

Refer to the Instructor Coordinator Continuing Education Record Form (BHPPA/EMS-128) located on our website at www.michigan.gov/ems.

3. If you have a yes answer to question number 1 on the application, you must complete the attached Criminal Conviction History Form (EMS-252).
4. If you have a yes answer to question number 2 on the application, you must submit a detailed explanation with your application.

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**INSTRUCTOR COORDINATOR APPLICATION
 FOR RE-LICENSURE – LICENSE EXPIRED WITHIN LAST
 3 YEARS**

Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.

Type or Print Only

<p>I AM APPLYING FOR THE FOLLOWING LEVEL (Check ONE only)</p> <p><input type="checkbox"/> Medical First Responder IC – Fee: \$175.00</p> <p><input type="checkbox"/> Emergency Medical Technician IC – Fee: \$175.00</p> <p><input type="checkbox"/> Specialist/AEMT IC – Fee \$175.00</p> <p><input type="checkbox"/> Paramedic IC – Fee: \$175.00</p> <p>Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.</p>	State Office Use Only																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">First Name</td> <td style="width: 30%; padding: 5px;">Middle Name</td> <td style="width: 40%; padding: 5px;">Last Name</td> </tr> <tr> <td style="padding: 5px;">U.S. Social Security Number</td> <td colspan="2" style="padding: 5px;">Date of Birth</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Street Address</td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">ZIP Code</td> </tr> <tr> <td colspan="2" style="padding: 5px;">All Previous Names and/or Birth Name Used (If Applicable)</td> <td style="padding: 5px;">Daytime Phone Number</td> </tr> </table>	First Name	Middle Name	Last Name	U.S. Social Security Number	Date of Birth		Street Address			City	State	ZIP Code	All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">License Number</td> </tr> <tr> <td style="padding: 5px;">Date of Licensure</td> </tr> </table>	License Number	Date of Licensure
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Date of Licensure																		

Check the appropriate answer to each of the following questions.

<p>1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?</p> <p>NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer</p>	<p align="right"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?</p> <p>NOTE: Attach a detailed explanation for a Yes answer</p>	<p align="right"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

Name	Social Security Number
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CERTIFICATION

I certify that I am the person named on this application and that all statements are true. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

Conviction #2 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

NOTE: The back of this form may be used if you have more than two convictions

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.