TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

APPLICATION FOR INSTRUCTOR ENDORSEMENT

Please indicate which level you are applying:

☐ **Paramedic Program Director** ☐ **Paramedic Instructor/Coordinator** ☐ **EMT-Instructor/Coordinator**

☐ **Paramedic Instructor Assistant** ☐ **EMT Instructor Assistant**

Please Print Clearly and Legibly:

Name _____
Last First Middle

Address _____
Street City Zip

Telephone # (_____) _____ (_____) _____
Home Business

E-Mail Address _____

License Level: ☐ **AEMT (EMTIV)** ☐ **Paramedic**

License # _____ **Expiration Date** _____

Educational Background

☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree

Prehospital Experience:

EMPLOYER	FROM	TO

Those individuals seeking approval must:

- **Submit documentation required for level of instructor authorization requesting.**
- **Submit copies (front and back) of all certification card(s)(if required for the level applying)**
- **Have official copy of college transcript denoting degree awarded mailed to Office of EMS.**

_____ _____
Applicant's Signature Date