



**EMS Educator Professional Certification Exam Application**  
 EMERGENCY MEDICAL SERVICES EDUCATOR CERTIFICATION SERVICES

**Eligibility Requirements (must be received 14 days prior to exam):**

- Possess a minimum of two (2) years of EMS teaching experience as documented by your supervisor or employer.
- A letter of recommendation from an EMS Medical Director.
- Three (3) additional letters of reference from EMS professionals.
- Possess a valid EMS/Emergency Medicine related credential and provide a photocopy of the credential.
- Provide documentation of successful completion of the NAEMSE Instructor Course or provide proof of credential as a current state/federal recognized EMS Educator/Instructor.
- Ensure you are in compliance with the EMSECS Felony Conviction Policy 72006-14 (please read and sign statement below).
- Copy of your CV.
- **ONLY SEND IN THE APPLICATION ONCE ALL REQUIREMENTS ARE ATTACHED**

I, \_\_\_\_\_, hereby attest that I am in compliance with the EMSECS Felony Conviction Policy 72006-14. SIGNATURE: \_\_\_\_\_

*Please attached all required documents to application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Include \$150 application fee – check/money order payable to NAEMSE**

Credit Card Type: American Express    Visa    Mastercard

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Return to: **National Association of EMS Educators**  
**c/o EMSECS Office Staff**  
 Foster Plaza 6, 681 Andersen Drive  
 Pittsburgh, PA 15220-2766  
 Phone: (412) 920-4775  
 Fax: (412) 920-4780