

## Minnesota Approved Agent / Basic Examiner Application Instructions

Provide all information requested by this application form. Incomplete or illegible applications will be returned.

### 1. Contact Information

- Provide all requested contact information.
- Fields marked with a \* will be visible on the eLicense Public Portal.
- Fields with a \*\* are provided upon request.

### 2. Application Information

- Please place a check mark the box for each position you are applying for.
- Provide your current OEMS certification number.
- Provide current CPR and/or ACLS expiration dates (both if applicable.)

### 3. Region

- Please mark the EMS regions in which you are available to be an examiner.
- If you are willing to travel to any region, please select "All Regions."

### 4. Other Credentials

- Provide any additional credentials that may be beneficial for exam coordinators to be aware of.
- RN, MD, PA please provide license number in this section.

### 5. Attestation and Signature

- Carefully read the statement provided before signing and dating this application.
- **Examiners:** enter the date & time you viewed the required "[Best Practices for Psychomotor Exam Scoring](#)" webinar.
- **Approved Agent Applicants:** must be signed by a medical director and you must attend an OEMS Approved Agent Seminar.

### 6. Submission

- Please return applications to your EMS Specialist or to [info.oems@state.mn.us](mailto:info.oems@state.mn.us)
- You may also bring your application to your Approved Agent Seminar.

## Approved Agent / Basic Examiner Application

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\*\*Provided when requested

1. Applicant Contact Information				
*Last Name:		*First Name:		*Middle Name:
Street Address:		City:	State:	Zip:
**Phone Number:		**Email Address:		
2. Applicant Information: All Information Required				
<input type="checkbox"/> Applying as Basic Skills Examiner		*MN EMS Certification #:		
<input type="checkbox"/> Applying as Approved Agent		*CPR Expiration Date:		
3. EMS Region: Please check which EMS region(s) you are willing to travel to				
<input type="checkbox"/> All Regions	<input type="checkbox"/> Central	<input type="checkbox"/> Metro	<input type="checkbox"/> Northeast	<input type="checkbox"/> Northwest
<input type="checkbox"/> Southeast	<input type="checkbox"/> South Central	<input type="checkbox"/> Southwest	<input type="checkbox"/> West Central	
4. Please identify other credentials that may be helpful (RN, MD, PA please provide license number):				
5. Attestation and Signatures				
As an examiner in the State of Minnesota, I understand I must be certified or licensed at or above the level being tested, perform the skill being evaluated, must be current in CPR, must have completed a board approved training course. I certify the information provided is true and correct to the best of my knowledge.				
Date I Watched the Required Webinar:				
Applicant's Signature: (You may electronically sign this document by typing "/s/" before your full name. Example: John F. Doe is /s/John Francis Doe)			Date:	
Medical Director Approval (Approved Agent Applicants Only)				
I, as medical director for _____ (ambulance service or education program) to the best of my knowledge, verify this applicant is competent to act as an Approved Agent in the State of Minnesota during an EMT Psychomotor Skills Examination.				
Name (Print):			MN Physician License #:	
Signature (wet ink):			Date:	