

## Education Program Coordinator Change Form

☐ Replacing Current Program Coordinator

☐ In Addition to Current Program Coordinator

**Minnesota Statutes 144E.001, Subd.14. Education Program Coordinator.** *"Education program coordinator" means an individual who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation; and assisting in the coordination of examination sessions and clinical training.*

Education Program Name: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_ MN EMS # \_\_\_\_\_

Program Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Coordinator being replaced and effective date: \_\_\_\_\_

### Instructors

**Minnesota Statutes 144E.283. Instructor Qualifications.** (a) *An emergency medical technician instructor must: (1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse; (2) have two years of active emergency medical practical experience; (3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board; (4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the board; and (5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.*

(b) *An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.*

Instructor Name	Certification Level	MN EMS #	Expiration Date	Instructor Qualifications	Teach more than 50%, Y/N

## Signature

Program Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director: \_\_\_\_\_

(Print Name)