Reset Form

PRIMARY INSTRUCTOR CANDIDATE REQUIRED PREREQUISITES

State Form 54425 (6-11)

Completed **Training Institution Approval Form** from:	
Primary Instructor Course number PI_____ -_____ -_____	Date of course completion *(month, day, year)*
Name of Training Institution listed above where you took the course	
Attach letter(s) documenting minimum of at least one (1) year of experience in the delivery of emergency medical care in the prehospital setting. NOTE: The letter must state that the candidate provided care, stating that the candidate was merely a member / employee of an organization does not meet this requirement. Be specific, give dates of service delivering emergency medical care in the prehospital setting.	
Year of initial certification (Certification period must be one year or more)	
Score received on the EMT-B Written Certification Examination (must be > 84%)	Date written examination taken *(month, day, year)* (must be < one year from the start date of the Primary Instructor course you wish to attend)
Score received on the EMT-B Practical Certification Examination (must be PASS)	Date practical examination taken *(month, day, year)* (must be < one year from the start date of the Primary Instructor course you wish to attend)
Score received on the Primary Instructor Written Certification Examination (must be > 79%)	Date written examination taken *(month, day, year)* (must be < one year from the completion date of the Primary Instructor course you attended)
Attach copy of High School Diploma / General Equivalency Diploma.	
Attach copy of Indiana certification as EMT-B or higher.	

Name of Primary Instructor candidate *(please print)*
Emergency Medical Services certification number of candidate
Telephone number of candidate ( )