

Application for Authorization

Department of Health & Social Services
Division of Public Health
State of Alaska EMS Unit
P.O. Box 110616, Juneau, AK 99811-0616
Phone: (907) 465-8234
<http://www.ems.alaska.gov>

Certifying Officer

To be completed by the Instructor requesting designation as a Certifying Officer:

<i>Instructor Information</i>			
Name:	Provider Level:	Certification Number:	Expiration Date:
	Instructor Level:	Certification Number:	Expiration Date:

I agree to serve as a Certifying Officer and fulfill the responsibilities outlined in the *Guide for EMS Instructors and Certifying Officers in Alaska*.¹

Signature

Date

To be completed by a Regional or Subregional EMS Office authorized to distribute examinations:

The individual named above has completed the requirements for designation as a Certifying Officer as outlined in the Administration of Examinations² regulations and the *Guide for EMS Instructors and Certifying Officers in Alaska*. Our agency recommends that the individual be designated as a Certifying Officer.

Signature

Date

Once Signed, this agreement remains in effect until one of the following occurs:

- The instructor requests withdrawal of Certifying Officer designation;
- The endorsing agency requests withdrawal of Certifying Officer designation;
- The Department deems that, because of changes in testing methods, retraining of Certifying Officers is necessary; or
- The Certifying Officer's Instructor certification lapses at the level he or she was authorized to function as a Certifying Officer.

The original of this form should be sent to the EMS Unit at the address listed above. A copy should be retained by the endorsing agency and the individual requesting designation as a Certifying Officer should retain a copy for their records.

¹ *Guide for EMS Instructors and Certifying Officers in Alaska* adopted by reference in 7 AAC 26.050(b)

² 7 AAC 26.060