



Ohio Emergency Medical Technician Instructor Association

OEMTIA Membership Application

Send all Applications to:

Ohio Emergency Medical Technician Instructors Association

116 W. Wapakoneta St. Box 472

Waynesfield, Ohio 45896-0472

(419) 568-6625

Please print this form and submit the following information and a check or money order in the total amount due and made payable to **Ohio EMT Instructor's Association**, with your Application:

Returning Member or New Applicant: (please select one)

New Applicant

Renewal

Type of Membership: (please select one)

Regular (\$10.00 annually)
for EMT Instructors

Associate (\$5.00 annually)
for individuals in medical, hospital, equipment,
training, and instructional fields (other than EMS)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Department: _____

Telephone: (_____) _____ Email: _____

Current Level of Medical Training Attained (select all that apply):

First Responder

EMT-Basic

LPN or RN

EMT-Intermediate

EMT-Paramedic

Physician

Total Years in Emergency Medical Service: _____ Total Years as EMS Instructor: _____

Level of Instruction You Currently Provide At (select all that apply):

EMS Instructor

Special Topics Instructor

Guest Lecturer

RN or Physician

Applicant Signature: _____

Date Submitted: _____

FOR OEMTIA USE ONLY:

Date Received: _____

Date Approved: _____

Signature: _____