

Montana Board of Medical Examiners  
PO Box 200513, 301 S. Park Avenue, 4<sup>th</sup> Floor  
Helena, Montana 59620-0513

Phone: (406) 444-6880 Email: [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

## Terminal Objectives

# LEAD INSTRUCTOR ENDORSEMENT

Lead Instructor is an endorsement which indicates the endorsed licensee has completed the board-approved instructor training program and is authorized to offer and conduct ECP courses.

For more information you may contact:  
Carrie Baker, Professional Licensing Supervisor  
Email - [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)  
Phone - (406) 841-2004  
Website - [www.emt.mt.gov](http://www.emt.mt.gov)

## Forward:

The Montana Board of Medical Examiners (BOME) developed the ECP endorsement process to provide the local EMS medical director the ability to expand the individual ECP scope of practice. The BOME has defined the "maximum allowable" skills for each endorsement and established statewide protocols. The endorsement process consists of education and verification.

The local EMS medical director is responsible for verifying an ECP's knowledge and skills for a particular endorsement. This can be accomplished via a training program; or the medical director may take into account an ECP's previous education, skill ability or other personal knowledge to determine whether an ECP meets the endorsement knowledge and skill requirements. The local medical director is responsible for the quality of all endorsement training via direct participation and/or oversight.

The medical director cannot exceed the scope of the endorsement. The endorsement material that follows provides the knowledge and psychomotor objectives at the specific endorsement level.

The endorsement process requires that the medical director complete a standardized "verification form" documenting that an individual ECP has the knowledge and skills identified at the specific endorsement level.

The individual ECP then submits an endorsement application to the Board to establish the endorsement on their license. The medical director then has the option of granting permission to the individual ECP to perform the endorsement to the extent defined by the medical director. All forms and endorsement materials can be obtained from the web site; [www.emt.mt.gov](http://www.emt.mt.gov). Any questions or concerns can be addressed to [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@mt.gov)

## Terminal Objective Summary:

Upon completion of this endorsement, the ECP will understand the Montana laws, rules and regulations governing the offering of ECP initial courses of instruction, understand the purpose and requirements for continued competency, and understand the importance of "accountability and responsibility" to assure public safety in medical education and medical performance within the professional licensing process.

## Cognitive Objectives:

At the completion of the training, the ECP with the Lead Instructor Endorsement will be able to list and/or describe:

- ✓ The difference between Laws and Rules
- ✓ Where to find the rules concerning the licensure of ECPs
- ✓ What your role as a Lead Instructor is, as defined by rule
- ✓ Describe the overall authority, role and responsibilities of the local medical director
- ✓ Describe who can serve as a local medical director for ECP oversight
- ✓ The difference between certification and professional licensure, and what it means
- ✓ What is NREMT certification and at what point does examination occur

- ✓ NREMT and the role they play in the licensure of ECP's in Montana
- ✓ The process to become NREMT certified as a requirement for initial licensure
- ✓ The various levels of ECP licensure and the available endorsements to each specific level of licensure
- ✓ What is required to conduct an initial ECP course of instruction in Montana
- ✓ Cognitive, psychomotor and clinical objectives as they are used to assure successful course completion at the levels of ECP in Montana
- ✓ The clinical requirements for each ECP level
- ✓ The coordination required to successfully schedule and complete the required examinations for each ECP level
- ✓ The role of the medical director at each of the various levels of ECP
- ✓ The process for submitting a licensure application at each level of ECP
- ✓ The requirements for each of the endorsements allowed at the levels of ECP
- ✓ The difference between "continuing education" and refresher program
- ✓ The difference between NREMT and Montana's renewal requirements
- ✓ The requirements for licensure renewal for each level of ECP
- ✓ The requirements for NREMT certification renewal for each level of ECP

### Psychomotor Objectives:

At the completion of the training, the ECP with the Lead Instructor Endorsement will be able to demonstrate working knowledge of:

- ✓ The NREMT certification process
- ✓ All forms, applications and other paperwork required of the Board as it relates to instruction, course completion, continued competency training, and the application process for initial licensure and renewal

### Purpose:

The overall purpose of the Lead Instructor Endorsement is to assure the individual understands the Montana laws, rules and regulations governing the offering of ECP initial courses of instruction, understands the purpose and requirements regarding refreshers (all levels), understands the importance of "accountability and responsibility", and provides the student an opportunity to be educated, tested and perform medical care and procedures safely to the citizens of Montana.

**Montana Board of Medical Examiners**  
**PO Box 200513, 301 S. Park Avenue, 4<sup>th</sup> Floor**  
**Helena, Montana 59620-0513**

Phone: (406) 444-6880 Email: [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

**VERIFICATION FOR LEAD INSTRUCTOR ENDORSEMENT**

**Cognitive Objectives:**

At the completion of the training the ECP with the Lead Instructor Endorsement will be able to list and/or describe:

The difference between Laws and Rules

- ✓ Where to find the rules concerning the licensure of ECPs
- ✓ What your role as a Lead Instructor is, as defined by rule
- ✓ Describe the overall authority, role and responsibilities of the local medical director
- ✓ Describe who can serve as a local medical director for ECP oversight
- ✓ The difference between certification and professional licensure, and what it means
- ✓ What is NREMT and what role can they play in the licensure of ECP's in Montana
- ✓ The process to become NREMT certified
- ✓ The various levels of ECP licensure and the available endorsements to each specific level of licensure
- ✓ What is required to conduct an initial ECP course of instruction in Montana
- ✓ Cognitive, psychomotor and clinical objectives as they are used to assure successful course completion at the levels of ECP in Montana
- ✓ The clinical requirements for each ECP level
- ✓ The coordination required to successfully schedule and complete the required examinations for each ECP level
- ✓ The role of the medical director at each of the various levels of ECP
- ✓ The process for submitting a licensure application at each level of ECP
- ✓ The requirements for each of the endorsements allowed at the levels of ECP
- ✓ The requirements for licensure renewal for each level of ECP
- ✓ The requirements for NREMT certification renewal for each level of ECP

**Psychomotor Objectives:**

At the completion of the training, the ECP with the Lead Instructor Endorsement will be able to demonstrate working knowledge of:

- ✓ The NREMT examination and certification process
- ✓ All forms, applications and other paperwork required of the Board as it relates to the conduct of ECP examinations, continued competency training, and the application process for initial licensure and renewal

Licensee Name (print): \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that \_\_\_\_\_ is competent in the above terminal objectives regarding the Lead Instructor Endorsement. Their training and education was conducted according to Board policies and procedures.

\_\_\_\_\_  
Signature of Medical Director confirming objectives

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Montana License Number

**Montana Board of Medical Examiners  
PO Box 200513, 301 S. Park Avenue, 4<sup>th</sup> Floor  
Helena, Montana 59620-0513**

Phone: (406) 444-6880 Email: [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

## **LEAD INSTRUCTOR ENDORSEMENT APPLICATION**

**FEES:** \$10.00 application fee – Please make check or money order payable to  
The Montana Board of Medical Examiners

**DOCUMENTS:** Please submit a copy of your Verification of Lead Instructor Endorsement and  
a copy of your Lead Instructor Training Certificate of Completion.

**APPLICATION PROCEDURES:** When the application is complete, it will be processed and  
considered by Board staff for approval. The applicant may be notified if additional  
information is required or if required to appear before the Board for an interview.

Please keep the Board office informed at all times of any address changes or changes to the  
originally submitted application. This is essential for timely processing of applications and  
subsequent licensure.

**PROCESSING PROCEDURES:** Once an application is complete, the application takes up to  
10 business days to process from the time it is received in the Board office.

The applicant will be notified in writing of any deficient or missing items from the application  
file.

For information regarding the processing of this application please contact our Customer  
Service Section at 444-6880 or by email at [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)

**Montana Board of Medical Examiners**  
**PO Box 200513, 301 S. Park Avenue, 4<sup>th</sup> Floor**  
**Helena, Montana 59620-0513**

Phone: (406) 444-6880 Email: [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

1. Full Name: \_\_\_\_\_  
Last First Middle

2. Home Address: \_\_\_\_\_  
Street or PO Box # City & State Zip

3. Business Address: \_\_\_\_\_  
Street or PO Box # City & State Zip

4. Preferred mailing address: Home \_\_\_\_\_ Business \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Telephone number: \_\_\_\_\_ Work: \_\_\_\_\_  
Home/Cell

7. Social Security Number: \_\_\_\_\_ Foreign ID Number: \_\_\_\_\_

8. ECP License Number (full number): \_\_\_\_\_

*I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date