

EMERGENCY MEDICAL SERVICES – INSTRUCTOR APPLICATION

Regional EMS Council (*circle one*) 1 2 3 4 5

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip
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Home Address (If Different)	Home Phone	Work Phone
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E-mail Address

EMS Affiliation	EMS Phone Number
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Address	City	State	Zip
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Date of Birth	Driver's License Number	Social Security #
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Highest Education Attained _____

Institution (if current student) _____

Degree(s) _____

Major(s) _____

Level and Type of Certification				Occupation/Profession
<u>Date</u>	<u>Level</u>	<u>Certification Number</u>	<u>Expiration Date</u>	
	EMT			<input type="checkbox"/> Attorney
	EMS-I			<input type="checkbox"/> EMS Professional
	EMT-I			<input type="checkbox"/> Executive/Management
	EMT-P			<input type="checkbox"/> Farmer
	Other			<input type="checkbox"/> Fire Fighter
	Other			<input type="checkbox"/> Industrial/Business
	Other			<input type="checkbox"/> Law Enforcement
	Other			<input type="checkbox"/> Nurse
	Other			<input type="checkbox"/> Physician
	Other			<input type="checkbox"/> Teacher
	Other			<input type="checkbox"/> Other _____
	Other			
	Other			
	Other			

Number of YEARS of Emergency Medical Services Experience _____

**EMERGENCY MEDICAL SERVICES COURSES/SEMINARS OR OTHER
EDUCATIONAL COURSES/SEMINARS**

Course/Seminar Title	Subject	Location	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional information (i.e. Job changes, promotions, etc.)

If you need additional space, attach any other lined paper.

Candidate Signature

Date