

Instructor Application

Personal Information

<i>Name: (Last),</i>			<i>(First)</i>	<i>(MI)</i>	<i>(Certification Number)</i>
<i>(Mailing Address)</i>					
<i>(City)</i>			<i>(State)</i>	<i>(Zip)</i>	
<i>(Phone Number)</i>	<i>(Optional Cell Number)</i>	<i>(Email Address)</i>			
<i>(Agency Sponsoring Applicant if Applicable)</i>					

Credential Information

Initial Application Renewal Application

How long have you been certified at your current level?

What certification level are you applying for? (Mark all that apply)

BLS	ALS	CCT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What instructor credential level are you applying for? (Mark all that apply)

Lead	Master	Evaluator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach copies of materials supporting proof of instructor education.

Please answer the following:

Have you ever been arrested for or convicted of any criminal offense? (Excluding minor traffic violations) Yes No

Have you ever had any action taken against any professional license or certification you currently hold or have ever held? Yes No

If you answered yes to either question please attach a written explanation.

(Signature of Applicant)

(Date)