



State of Nevada Emergency Management

Instructor Application

Applicant Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Last 4 SSN#	<input type="text"/>
Street Address	<input type="text"/>	City	<input type="text"/>	ST	<input type="text"/>
				ZIP	<input type="text"/>
Phone Number	<input type="text"/>	E-Mail Address	<input type="text"/>		

Education & Experience

Are you a current adjunct instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no please provide resume & certification of qualifications</small>	Please Provide Name of Current Organization you teach or are employed by:	<input type="text"/>
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Course Information

Please list the courses you are qualified to teach and/or wish to teach. Please use the attached list for course descriptions

Course Name	<input type="text"/>	Course Number	<input type="text"/>
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Additional Info	<input type="text"/>
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Have you taken a Train the Trainer for the class?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide documentation</i>
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Course Name	<input type="text"/>	Course Number	<input type="text"/>
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Additional Info	<input type="text"/>
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Have you taken a Train the Trainer for the class?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide documentation</i>
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Course Name	<input type="text"/>	Course Number	<input type="text"/>
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Additional Info	<input type="text"/>
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Have you taken a Train the Trainer for the class?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide documentation</i>
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Signature

I certify that my answers are true and complete to the best of my knowledge. I also agree to notify the NDEM Training prior to delivery of an NIMS/ICS or AHIMT Position Specific Course.

Signature of applicant: _____ Date: _____

Signature of Agency Approval: _____ Date: _____

Approved by NDEM Training: _____ Date: _____