



Education Program Instructor Application Form

**Please complete a separate Instructor Application form for each new
NAEMT Education Program you wish to teach.**

Instructor Candidate Name: _____

Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Certification Level? EMR EMT EMT-I/AEMT Paramedic RN / Physician

Are you a current member of NAEMT? Yes No

Requested Program (select only **ONE** Program per application):

- | | | | |
|-------------------------------|-------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> AHDR | <input type="checkbox"/> EVOS | <input type="checkbox"/> PHTLS | <input type="checkbox"/> TCCC |
| <input type="checkbox"/> AMLS | <input type="checkbox"/> GEMS | <input type="checkbox"/> PTEP | <input type="checkbox"/> TECC |
| <input type="checkbox"/> EPC | <input type="checkbox"/> PEPL | <input type="checkbox"/> Safety | <input type="checkbox"/> TECC-LEO |
-

Please list the approved NAEMT Training Center(s) with which you are associated as an instructor or instructor candidate. Please submit a letter from the NAEMT Training Center, along with this completed application, verifying your status as an instructor for the training center.

Are you the training center coordinator for CAAHEP site? Yes No

NAEMT Provider Course Number: _____ Completion Date: _____

Note: Instructor-candidate must complete all steps to become an instructor and be monitored within 12 months following completion of provider course.

By submission of this application, I hereby acknowledge that I have read and understand the [requirements](#) to become an NAEMT Instructor. Further, I confirm that the above information is accurate and complete to the best of my knowledge.

Signature: _____

Please submit NAEMT Instructor Application to: education@naemt.org