



Oregon Department of Emergency Management

Certified Instructor Application

Application must include copies of certificates for formal instructor training, courses requesting to instruct, and train-the-trainer certificates for courses requesting to instruct.

| Applicant Information | | | | | |
|--------------------------|-----------------------|--------------|-----------------|-------------------------|-----------------|
| Full Name: | | | | Preferred Name: | |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> | | |
| Address: | | | | | |
| | <i>Street Address</i> | | | <i>Apartment/Unit #</i> | |
| | <i>City</i> | | | <i>State</i> | <i>ZIP Code</i> |
| Phone: | | | E-mail Address: | | |
| FEMA SID#: | | County: | | | |
| Sponsoring Organization: | | | | | |

| Adult Education Experience |
|--|
| Describe your adult education experience and <i>attach copies</i> of any courses you have taken in formal instructor training: |
| |

| Required FEMA courses for all instructors. Enter your date of completion. | | | | | | | |
|---|--|---------------------|--|--------------------|--|--------------------|--|
| ICS-100 Completion: | | ICS-200 Completion: | | IS-700 Completion: | | IS-800 Completion: | |

| Signature | | | | | | | |
|---|--|--|--|--|--|--|--|
| <i>I certify that my answers are true and complete to the best of my knowledge.</i> | | | | | | | |

| | | | | | | |
|-------------------------------------|--|--|--|--|-------|--|
| Signature of applicant: | | | | | Date: | |
| Signature of Organization Director: | | | | | Date: | |

| Approval (For OEM Office Use Only) | | | | | | |
|--|--------------------------|-------|--|--|-------|--|
| Signature of OEM State Training Officer: | | | | | Date: | |
| Approval/Denial Notification Sent: | <input type="checkbox"/> | Date: | | | | |

| Course Information |
|--|
| List the courses you wish to teach. (<i>attach copies of course certificates and TtT certificates</i>) |

| | | | |
|-------------------------------|--|---|--|
| 1. Course Number: | | Course Name: | |
| Date you completed the class: | | Have you taken a Train the Trainer for the class? | <input type="checkbox"/> YES (Date of Completion: _____) <input type="checkbox"/> NO <input type="checkbox"/> N/A |

Describe your experience in the course material, especially any operational roles and when.

| | | | |
|-------------------------------|--|---|--|
| 2. Course Number: | | Course Name: | |
| Date you completed the class: | | Have you taken a Train the Trainer for the class? | <input type="checkbox"/> YES (Date of Completion: _____) <input type="checkbox"/> NO <input type="checkbox"/> N/A |

Describe your experience in the course material, especially any operational roles and when.

| | | | |
|-------------------------------|--|---|--|
| 3. Course Number: | | Course Name: | |
| Date you completed the class: | | Have you taken a Train the Trainer for the class? | <input type="checkbox"/> YES (Date of Completion: _____) <input type="checkbox"/> NO <input type="checkbox"/> N/A |

Describe your experience in the course material, especially any operational roles and when.

| Course Information | |
|--|--|
| List the courses you wish to teach. <i>(attach copies of course certificates and TtT certificates)</i> | |

