State of North Carolina

Division of Emergency Management

Instructor Application

Applicant Information

Full Name:				Date:	
	Last	*First*	*M.I.*		
Address:					
	Street Address		*Apartment/Unit #*		
	City		*State*	*ZIP Code*	
Phone:	( )		E-mail Address:		
Last 4 digits of SS #:		County:			

Adult Education Experience

Please describe your adult education experience and *attach copies* of any courses you have taken in adult methodology:	

Course Information

Please list the courses you wish to teach. *(attach copies of course certificates and TtT certificates where applicable)*

1. Course Name:		Course Number:	
Date you completed the class:			
Have you taken a Train the Trainer for the class?:	☐ YES (Date of Completion:) ☐ NO ☐ N/A		
2. Course Name:		Course Number:	
Date you completed the class:			
Have you taken a Train the Trainer for the class?:	☐ YES (Date of Completion:) ☐ NO ☐ N/A		
3. Course Name:		Course Number:	
Date you completed the class:			
Have you taken a Train the Trainer for the class?:	☐ YES (Date of Completion:) ☐ NO ☐ N/A		

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature of applicant: _____ Date: _____

Signature of County EM: _____ Date: _____

Signature of NCEM AC: _____ Date: _____

Approved by NCEM Training: _____ Date: _____