



State of North Carolina

Division of Emergency Management

Instructor Application

Applicant Information

Full Name:				Date:	
	<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:		
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?:	<input type="checkbox"/> YES (Date of Completion:) <input type="checkbox"/> NO <input type="checkbox"/> N/A		
2. Course Name:		Course Number:	
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		
3. Course Name:		Course Number:	
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		

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: _____