

**WHATCOM COUNTY EMS COUNCIL  
CONTINUING EDUCATION INSTRUCTOR APPLICATION**

Name \_\_\_\_\_ Please Print \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fire District or Agency Affiliation \_\_\_\_\_

Agency Endorsement (Signature Required) \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**\*\*Current EMT who has recertified at least one time**

Date of Initial Certification \_\_\_\_\_

Date of most recent recertification \_\_\_\_\_  
(Attach copy of current EMT Card)

**AND**

**\*\*Certified as a NFPA Level 1 Instructor**

Date of Course \_\_\_\_\_ Attach copy of certificate of completion

**AND**

**\*\*Successfully completed a DOH Evaluator Workshop**

Date of Course \_\_\_\_\_ Attach copy of certificate of completion

Please summarize additional teaching experience. You are urged to be as complete as possible. Attach any additional certificates supporting your training/experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_