Oregon Office of Emergency Management

Certified Instructor Application

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

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

Required FEMA courses for all instructors. Please enter your date of completion.

ICS-100 Completion:		ICS-200 Completion:		IS-700 Completion:		IS-800 Completion:	

Course Information

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

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

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

3. Course Number:		Course Name:	
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 or Organization Director:		Date:	

Approval (For OEM Office Use Only)	

Signature of OEM State Training Officer:		Date:	
Approval/Denial Notification Sent:	☐	Date:	