

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 | | | | | | | | | | | |
|---|----------------|-----------|----------------------|--------------|--------|----------------|-------|------------------|-----------|--------------|-------|
| | | | | Appli | tant | illioilliation | | | Preferr | ed | |
| Full Name: | | | | | | | | | Name: | | |
| | Last | | | First | | | | M.I. | | | |
| Address: | | | | | | | | | | | |
| | Street Address | 5 | | | | | | Apartment/Unit # | | | |
| | | | | | | | | | | | |
| | City | | | | | | | State | | ZIP Code | |
| Phone: | | | | | E-m | nail Address: | | | | | |
| FEMA SID#: | | | С | ounty: | | | | | | | |
| Sponsoring Organization: | | | | | | | | | | | |
| Adult Education Experience | | | | | | | | | | | |
| Describe your | adult educat | tion exp | erience and attac | ch copies o | f any | courses you ha | ve ta | aken in foi | rmal inst | ructor trair | ning: |
| | | | | | | | | | | | |
| Required FEMA | courses for a | ll instru | ctors. Enter your da | ite of compl | letion | | | | | | |
| ICS-100 | | | CS-200 | | | IS-700 | | | IS-80 | | |
| Completion: | | | Completion: | | | Completion: | | | Com | pletion: | |
| | | | | | | | | | | | |
| | | | | S | ignat | ture | | | | | |
| Signature I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Signature of ap | plicant: | | | | | | | Dat | te: | | |
| Signature of Or Director: | | | | | | | | Dat | | | |
| Approval (For OEM Office Use Only) | | | | | | | | | | | |
| Signature of OE State Training (| | | | | | | | Dat | te: | | |
| Approval/Denial Notification | | n Sent: | | Dat | ۴۵۰ | | | | I | | |
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| Course Information | | | | | | | | | | | |

List the courses you wish to teach. (attach copies of course certificates and TtT certificates)

| 1. Course Number: | | Course Name: | | | | | |
|--|---|---------------------|---------------------------------|--|--------------|--|--|
| Date you completed the class: | | Have you taken a Tr | rain the Trainer for the class? | ☐ YES (Date of Completion:) ☐ NO ☐ N/A | | | |
| Describe your experience in the course material, especially any operational roles and when. | | | | | | | |
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| 2. Course Number: | | Course Name: | | | | | |
| Date you completed | | Have you taken a Tı | rain the Trainer for the class? | | Completion:) | | |
| the class: NO N/A Describe your experience in the course material, especially any operational roles and when. | | | | | | | |
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| 3. Course Number: | | Course Name: | | | | | |
| Date you completed the class: | | Have you taken a Tı | rain the Trainer for the class? | ☐ YES (Date of | Completion:) | | |
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| Course Information | Course | Intorm | nation |
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| Describe your experience in the course material, especially any operational roles and when. | | | | | | | |
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