



Application must include copies of certificates for formal instructor training, courses requesting to instruct, and train-the-trainer certificates for courses requesting to instruct.

Adult Education Experience
Describe your adult education experience and <i>attach copies</i> of any courses you have taken in formal instructor training:

Required FEMA courses for all instructors. Enter your date of completion.							
ICS-100 Completion:		ICS-200 Completion:		IS-700 Completion:		IS-800 Completion:	

Signature			
<i>I certify that my answers are true and complete to the best of my knowledge.</i>			
Signature of applicant:		Date:	
Signature of Organization Director:		Date:	

Approval (For OEM Office Use Only)				
Signature of OEM State Training Officer:				Date:
Approval/Denial Notification Sent:	<input type="checkbox"/>	Date:		

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 Train the Trainer for the class?	<input type="checkbox"/> YES (Date of Completion: _____) <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Describe your experience in the course material, especially any operational roles and when.				

2. Course Number:		Course Name:		
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	
Describe your experience in the course material, especially any operational roles and when.				

3. Course Number:		Course Name:		
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	
Describe your experience in the course material, especially any operational roles and when.				

Course Information
List the courses you wish to teach. <i>(attach copies of course certificates and TtT certificates)</i>

1. Course Number:		Course Name:	
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
Describe your experience in the course material, especially any operational roles and when.			

2. Course Number:		Course Name:	
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
Describe your experience in the course material, especially any operational roles and when.			

3. Course Number:		Course Name:	
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
Describe your experience in the course material, especially any operational roles and when.			