



Education Program Instructor Application Form

Please complete a separate Instructor Application form for each new
NAEMT Education Program you wish to teach.

Instructor Candidate Name: _____

Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Are you a current member of NAEMT? Yes No

Requested Program (select only one per application):

- | | | | |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> AMLS | <input type="checkbox"/> GEMS | <input type="checkbox"/> PTEP | <input type="checkbox"/> TECC |
| <input type="checkbox"/> EPC | <input type="checkbox"/> PEPL | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> EVOS | <input type="checkbox"/> PHTLS | <input type="checkbox"/> TCCC | |
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Please list the approved NAEMT Training Center(s) with which you are associated as an instructor or instructor candidate. Please submit a letter from the NAEMT Training Center, along with this completed application, verifying your status as an instructor for the training center.

NAEMT Provider Course Number: _____ Completion Date: _____

By submission of this application. I hereby acknowledge that I have read and understand the requirements to become an NAEMT Instructor. Further, I confirm that the above information is accurate and complete to the best of my knowledge.

Please submit NAEMT Instructor Application to: education@naemt.org