

# EMD INSTRUCTOR APPLICATION

Please submit this signed application to the address at right.



## WORLD HEADQUARTERS:

110 South Regent Street, Suite 800  
Salt Lake City, Utah 84111, USA  
800-960-6236 (USA); 801-359-6916 (Int'l/Local)  
801-359-0996 (Fax); www.emergencydispatch.org

## 24-hour Initial EMD Course Information (pre-requisite):

Dates & Location \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Academy Certification Number \_\_\_\_\_

## CANDIDATE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## WORK INFORMATION

Agency Name (place of employment) \_\_\_\_\_ Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Agency Phone \_\_\_\_\_ Agency Fax \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## ACCREDITED CENTER OF EXCELLENCE CONTACT INFORMATION

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Accreditation Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## EMS EDUCATION AND EXPERIENCE

Highest ALS certification received:  EMT-P  RN  PA  MD  Other: \_\_\_\_\_

Years of previous EMS experience: \_\_\_\_\_ Years of Dispatch/Communications (EMD) experience: \_\_\_\_\_

Attach a curriculum vitae/resume to document and describe your adult educational teaching experience and specific instructor qualifications and experience, medical-related or otherwise. Also include three (3) letters of recommendation and verification of the pre-requisites.



I hereby request to enter the IAEMD instructor training program and agree to abide by the Academy's Code of Ethics, Code of Conduct and to respect all IAED and PDC intellectual property right, including copyrights, patents, and trademarks regarding course materials, software, and/or protocols. I also authorize the release of my IAEMD status and any exam results to my employer, prospective employers and/or the person or entity to whom the cost of the course(s) is invoiced. *I UNDERSTAND THAT EMD INSTRUCTOR CERTIFICATION DOES NOT GUARANTEE ANY TEACHING POSITION OR EMPLOYMENT.*

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST SIGN HERE TO COMPLETE APPLICATION**