

# EMD INSTRUCTOR APPLICATION

Please submit this signed application to the address at right.



## WORLD HEADQUARTERS:

139 East South Temple, Suite 200  
Salt Lake City, Utah 84111, USA  
800-960-6236 (USA); 801-359-6916 (Int'l/Local)  
801-359-0996 (Fax); [www.emergencydispatch.org](http://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 \_\_\_\_\_

## TRAINING ENTITY CONTACT INFORMATION

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

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

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

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

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

If Training Entity receives emergency calls, what is the approximate annual EMS call volume? \_\_\_\_\_

## EMS EDUCATION AND EXPERIENCE

Highest ALS certification received:  EMT-II  EMT-CC  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 NAEMD instructor training program and agree to abide by the Academy's Code of Ethics and to respect all copyrights regarding course materials and/or protocols. I also authorize the release of my NAEMD 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**