



Proposal - Instructor Application

Please indicate which type of course you intend to offer. (Please submit separate proposal for each course):

- Category 1 Combined ALS / BLS CE Program (Deadline for submission – Dec. 31, 2017)
- EMS Auxiliary Program * (Deadline for submission – April 30, 2018)

Instructor Information:

Name: _____
Last First Middle Int.

OR Business Entity Name: _____

Address: _____
Street City Zip

Telephone: (_____) _____ (_____) _____
Home/Cell Work

E-Mail Address: _____

VA Certification Level:

- EMT
- Advanced-EMT
- EMT-Intermediate
- Paramedic

Certification # _____ Expiration Date: _____

VA Instructor Certification Level:

- ALS Coordinator
- Education Coordinator

Certification # _____ Expiration Date: _____

Are you a current employee of the WVEMS Council? (Staff, Instructor, Evaluator etc.)

- YES
- NO

Program Information: (Where will the program be conducted?)

Address:** _____
Street City Zip

** Will be in **VARIOUS** Locations – Please List

Expected Dates of Program(s): _____

*** Please select Listed Auxiliary Programs:**

Projected Number of Courses

- | | |
|--|-------|
| <input type="checkbox"/> AHA Advanced Cardiac Life Support (ACLS) | _____ |
| <input type="checkbox"/> AHA Pediatric Advanced life Support (PALS) | _____ |
| <input type="checkbox"/> Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) | _____ |
| <input type="checkbox"/> Prehospital Trauma life Support (PHTLS) | _____ |
| <input type="checkbox"/> Advanced Medical Life Support (AMLS) | _____ |
| <input type="checkbox"/> EMS Safety | _____ |
| <input type="checkbox"/> Geriatric Education for EMS (GEMS) | _____ |
| <input type="checkbox"/> Principles of Ethics and Personal Leadership (PEPL) | _____ |
| <input type="checkbox"/> Emergency Pediatric Care (EPC) | _____ |
| <input type="checkbox"/> Tactical Emergency Casualty Course (TECC) | _____ |
| <input type="checkbox"/> Tactical Combat Casualty Care (TCCC) | _____ |
| <input type="checkbox"/> Pediatric Education for Pre-Hospital Professionals (PEPP) | _____ |
| <input type="checkbox"/> International Trauma Life Support (ITLS) | _____ |
| <input type="checkbox"/> Pediatric International Trauma Life Support (P-ITLS) | _____ |

Has a Course Approval Form already been submitted to OEMS for this course?

- YES
 NO

If YES, then please attach a copy.

Please describe your (and/or your designated instructors') past successes in providing EMS CE courses and/or auxiliary courses, as applicable: