



## 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, 2018)
- EMS Auxiliary Program \* (Deadline for submission – April 30, 2019)

### 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:**