



Education Program Instructor Application Form

Please complete a separate Instructor Application Form for each program you wish to become an instructor for.

Instructor Candidate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you a current member of NAEMT? Yes NO

Are you affiliated with one or more course sites? Yes No If yes, please list sites below:

Requested Program: AMLS EPC GEMS LEFR PHTLS Safety TCCC TECC

Provider Course Number: _____ Completion Date: _____

Provider Course Score: _____

Instructor Course Score: _____ Completion Date: _____

All fields are required to be completed.
Submit the completed form along with a copy of your current provider card
and a copy of your instructor course completion certificate to
education@naemt.org.