



INSTRUCTOR APPLICATION FORM EMERGENCY AIRWAY MANAGEMENT COURSE

Date: _____

Name: _____

Licensure: (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Licensed Paramedic | <input type="checkbox"/> NREMT-P |
| <input type="checkbox"/> EMT-Paramedic | <input type="checkbox"/> EMT-Intermediate |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> MD / DO | <input type="checkbox"/> CRNA |
| <input type="checkbox"/> Other: | |

Years of experience: _____

Do you hold instructor status in any courses? Yes No

Courses:

- | | | | |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> BTLS | <input type="checkbox"/> PHTLS | <input type="checkbox"/> PEPP |
| <input type="checkbox"/> ENPC | <input type="checkbox"/> TNCC | <input type="checkbox"/> PALS | |
| <input type="checkbox"/> Other: | | | |

(PLEASE SUBMIT PHOTOCOPIES OF ALL CARDS)

Instructor experience: (years etc, speaking experience) _____

References: _____

Email Address: _____

Phone Number: _____

Place of employment: _____

Is your employer a member of RAC? Yes No

Signature: _____

Mail to or Fax to: **Derinda Cramer, RN**
ER supervisor
1353 North Travis
Liberty, TX 77575
Fax: 936 336 5947

Attach resume if available