

Field Training Instructor Application

Part I:

Last Name: _____ First: _____ MI: _____ Agency: _____

Legal Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____ DOB : _____

PAEMS System Agency(s) employed/volunteer _____

_____ # Years in PAEMS System _____ # Years as a Paramedic

Provider Signature: _____

Part II:

- Curriculum Vitae (CV)
- Applicant Letter of Intent
- Agency Letter of Support
- Copy of Current IDPH License – License Number: _____ Expiration Date: _____
- Current CPR Healthcare Provider Card Expiration Date: _____
(**Attach:** Copy of Current CPR Healthcare Provider Card or equivalent)
- Current ITLS or PHTLS Advanced Provider Card Expiration Date: _____
(**Attach:** Copy of Current ITLS or PHTLS Advanced Provider Card)
- Current ACLS Provider Card Expiration Date: _____
(**Attach:** Copy of Current ACLS Provider Card)
- Current PEPP or PALS Advanced Provider Card Expiration Date: _____
(**Attach:** Copy of Current PEPP or PALS Advanced Provider Card)
- Continuing Education Credits to Date: _____(approx)

Part III: (OFFICE USE)

- Protocol Test – Pass (85% or greater)
- Meeting with Medical Director & System Approval Completion Date: _____
- Letter to File