Instructor Application

___ Fire Service ___ Hazardous Materials ___ Statewide Instructor ___ In-house Instructor

(Select all that apply)

Name of Applicant _____ Date of Birth _____ Social Security # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ E-Mail Address _____

Citizen of U.S.? ___ Yes ___ No Cell Phone: _____

Requesting approval to instruct the following course(s): _____

_____

Education, Training, and Experience: Refer to the State Instructor Qualification Requirements Guidelines

The following documents **must** be attached to this application:

1. Copies of certificates of instructional methodology, train-the-trainer, or transcripts.
2. Copies of training certificates showing training in the topic area(s) that you are requesting to be qualified to instruct.
3. A resume or a listing of employment history.
4. Payroll information if qualifying as a statewide instructor.

1. Are you currently contracted to teach in a professional-technical program? ___ Yes ___ No

   If "Yes" indicate school and program: _____

2. Have you ever held an Idaho Teacher Certificate? ___ Yes ___ No

   If "Yes" what type and what is the year of expiration? _____

3. Have you ever held an out-of-state certificate endorsed for us in Idaho? ___ Yes ___ No

4. Have you ever had a teaching certificate revoked, suspended, or denied, or have voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another state? ___ *Yes ___ No

5. Have you ever been adjudicated guilty in a court of law of an offense other than a minor traffic violation? ___ *Yes ___ No

***If you answered Yes to questions 4 or 5, attach an explanation of circumstances.**

By your signature upon this application, you attest and affirm that all statements on this application are true and correct according to your knowledge and belief. You further attest and affirm that you have and will abide by IDAHO CODE and State Board of Education rules and regulations to the responsibility and conduct of Certified Idaho Instructors.

Signature of Applicant _____ Date _____

Mail to:

Fire Service Technology
Eastern Idaho Technical College
1600 South, 25th East
Idaho Falls, ID 83404

Fax to:
208-523-1815

OFFICE USE ONLY

Level of Certification: _____

Subjects: _____

Expiration Date: _____

Approved: _____ Date: _____

Form PTE 7-EST
Revised 1/04