

Field Training Instructor Application

Part I:

Last Name: _____ First: _____ MI: _____

Legal Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____

PAEMS System Agency Affiliation(s) _____

_____ # Years in PAEMS System

_____ # Years as a Paramedic

Provider Signature: _____

Provider Email: _____

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 (90% or greater)

Meeting with Medical Director & System Approval

Completion Date: _____