# Kentucky Division of Emergency Management

## Instructor Application Form

This application is for:  
- [ ] Initial Credentialing  
- [ ] Re-Credentialing  
(Please check one)

### Personal Information:

| 1. Name: |  |
| 2. Address: |  |
| City, State, Zip: |  |
| Telephone – Home: |  |
| Telephone – Work: |  |
| Telephone – Cell: |  |

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### Organization Information:

| 3. Organization Name: | KYEM Area: |
| Address: |  |
| City, State, Zip: |  |
| Telephone – Business: |  |
| Telephone – Fax: |  |
| County: |  |
| Supervisor: |  |
| Current Position: |  |
| Time in Position: |  |

**Indicate category for which you desire instructor credentialing:**  
(A separate application must be submitted for each category requested.)

- [ ] LEPC Orientation  
- [ ] Exercise Design and Evaluation  
- [ ] NIMS/ICS 300 & 400  
- [ ] Emergency Response Guidebook  
- [ ] Basic Search & Rescue (BSAR)  
- [ ] IMT (☐ Type 5 or ☐ Type 4)  
- [ ] G-Series (Course #):  
- [ ] Damage Assessment  
- [ ] NIMS/ICS 100, 200, 700, 800  
- [ ] Basic Emergency Ops Center  
- [ ] EM Director Orientation  
- [ ] Haz-Mat Awareness  
- [ ] Haz-Mat Operations  
- [ ] Man-tracking  
- [ ] Search Management  
- [ ] Other (Name of Course):

**Please provide copies of the following documents if this is an application for initial credentialing:**

- A copy of the Kentucky Division of Emergency Management Instructional Methodology training program or other Methods of Instruction program, which is comparable in hours and content of the KYEM course that may be conducted by an entity other than KYEM and the Train-The-Trainer program for that discipline if required by the training program.
- Show evidence of having completed NIMS compliant mandatory training (IS-700, IS-800, ICS-100, ICS-200)
- (Search & Rescue courses only) A copy of a letter from a Rescue Squad Chief on official Squad letterhead documenting your having been an active member of a Rescue Squad for a minimum of three (3) years;
- A copy of the certificate verifying that you have completed the basic training program for the discipline in which you are seeking instructor credentialing;
- A copy of a certificate verifying that you have completed of a KYEM curriculum orientation program for the program for which instructor credentialing is being sought;
- Submit a criminal background check (state, or federal) that is no more than six (6) months old;
- A copy of a college degree, high school diploma or GED.

**Please provide copies of the following documents if this is an application for re-credentialing:**

- Please provide the course numbers for course(s) in which you have served as the Lead Instructor, Assistant Instructor or Adjunct Faculty during the past three (3) year period.
- Provide a copy of a certificate or other verification that you have obtained a minimum of four (4) contact hours on topics related to methods of instruction (MOI) during the previous three (3) year period;
- Submits to a criminal background check (state, or federal) that is no more than six (6) months old.
All of the following questions must be answered. Failure to respond to any or all of these questions shall be reason for the application to be denied and returned to the sender as incomplete. If you answer ‘Yes’ to any question, you must attach an explanation as to why on a separate sheet. You should also include copies of court documents, disciplinary actions, or physician’s statements, if applicable. Please circle your answers.

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an Alford Plea to a felony, or participated in a diversion program for a felony? . . . . No Yes
2. Have you ever been convicted of a misdemeanor or DUI? (If yes, please provide a written explanation and a certified copy of court records). . . . . No Yes
3. Are you currently in default on any school loans? (If yes, please provide a written explanation). . .. . . . . . . No Yes
4. Have you at any time had any license, certification or registration, restricted, revoked, denied, or suspended for any reason? . . . . No Yes
5. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a classroom or field instructor? . . . . No Yes
6. Are you at least twenty one (21) years of age . . . . . . No Yes
7. Do you hold a valid motor vehicle operator’s license from a state or territory in the United States . . . . . . No Yes

Instructor Responsibilities

Quality instruction is the key to a successful emergency management training program and the safety of its participants. Whether instructors teach at their own agency, or around the region and state, they have the responsibility to ensure that quality instruction is presented. Regardless of where the course is presented and whether it is presented for five or fifty participants, the responsibility of the instructor remains the same. The responsibilities for a KYEM Instructor include, but are not limited to:

- Maintaining a safe and organized classroom setting;
- Maintaining instructional quality for every course presented;
- Ensuring current, recognized subject matter/curriculum is being taught;
- Advising participants on techniques and skills that make classroom performance safe and effective;
- Conducting field and/or practical exercises that test classroom learning under appropriate supervision;
- Ensuring proper testing procedures are followed and student exams are appropriately proctored;
- Ensuring accurate documentation is completed for all training sessions and submitted in a timely fashion to the Training and Exercise Section; and
- Providing a safe learning environment for the students whether in the classroom or in the field.

I hereby certify that I have read and understand the responsibilities of an instructor, as shown above and agree to maintain the standards set forth. I further certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application shall be reason for denial of the application or suspension or revocation of my Instructor Credential in the future, should it be issued.

____________________________________________________________
Legal Signature of the Applicant
Date Signed

Recommendation(s) of applicant for credentialing as a KYEM Instructor for the discipline(s) checked above.

_______________________________________________________
Rescue Squad Chief (If Applicable)
Date Signed

_______________________________________________________
Local Emergency Management Director
Date Signed

_______________________________________________________
Area Response Manager
Date Signed

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