



PREMIER • PROFESSIONAL • PROACTIVE

Ohio Fire Chiefs' Association / Ohio Fire & Emergency Services Foundation Continuing Education EMS Instructor Application

Thank you for your interest in applying to become an EMS instructor for the Ohio Fire Chiefs' Association and Ohio Fire & Emergency Services Foundation's Continuing Education site. Please fill out the following application and submit with your resume outlining your instructor and professional credentials. **Please note that if your application is selected, this is strictly a volunteer position and you will not be paid.**

Name: _____

EMS Certification Level: _____ EMS Certification Number: _____

EMS Instructor: _____ Assistant EMS Instructor: _____ CE Instructor: _____

Other Degrees & Certifications: _____

EMS Affiliation: _____ Position/Rank: _____

Department Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Education (Name of Institution Granting Degree or Certification, Year Awarded, Major Area of Study)

College: _____

EMS: _____

Fire: _____

Other: _____

Professional Experience (Briefly describe your professional experience and/or area(s) of expertise, which contribute to the quality of the Continuing Education with the Ohio Fire Chiefs' Association)

Resume or CV Attached: Yes _____ No _____

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