IDAHO OFFICE OF EMERGENCY MANAGEMENT (IOEM)

Instructor Application Instructions

The Idaho Office of Emergency Management (IOEM) Training Program would like to thank you for your interest in applying to be an IOEM Instructor.

Instructor selection consists of multiple methods once an application is received and reviewed. Additional methods may include interviews, observing instructional skills, and reference checks.

Instructor Qualifications
The IOEM Training Program follows the guidance laid out by FEMA and the Emergency Management Institute (EMI) to qualify instructors.
Specific requirements include the following:
- ICS 300 and 400 instructors must complete the 2019 versions of the courses and E/L/K0449 ICS Train-the-Trainer.
- All-Hazards Position-Specific course instructors must complete the appropriate Train-the-Trainer for the course(s) they would like to teach.
- Basic Academy instructors must complete E/L/K0110 Train-the-Trainer.

In addition to the above, all prospective instructors must have practical experience in their courses' subject matter. Previous teaching experience or train-the-trainer or teacher education courses are preferred.

APPLICATION SUBMISSION:

Please make sure the following is completed and submitted together for review:

- Instructor Application Form
- 1-2 page resume or curriculum vitae
- One Letter of Recommendation to instruct from the head of the agency/organization the applicant is or has recently been affiliated with.
- Copies and/or documentation of identified education degrees, training hours, or course completion certificates (attended as student or Train-the-Trainers).

The instructor qualification process will be initiated through and reviewed by the IOEM Training & Exercise Program. The application process is not complete until you are contacted and given written approval as a qualified instructor.

Submit your Instructor Application to:

Natalie Lahti
Idaho Office of Emergency Management
Training & Exercise Section Chief
4040 Guard St. Building 600
Boise, Idaho 83705

**For questions or assistance, please call or e-mail Natalie Lahti
at:**

Office 208-258-6543
nlahti@imd.idaho.gov

IDAHO OFFICE OF EMERGENCY MANAGEMENT (IOEM)

Instructor Application

Full Name: (Last, First M.)	**Birth Date:** (mm/dd/yy)

Home phone:	**Work phone:**	**Cell phone:**	**E-mail Address:**

Residential Address: (address/city/state/zip)	**Mailing Address:** (if different than residence)

EMPLOYMENT (Attach additional sheets if necessary.)

From: (mm/yy)	**To:** (mm/yy)	**Job Title:**	**Employer/Agency Name & Phone #:**

EDUCATION (Attach copies of diplomas or transcripts.)

College/Agency/Company:	**Subject Area/Course Code:**	**Degrees or Hours Completed:** (Attach Documents and Certifications)	**Date(s) Attended:** (mm/yy)

REQUESTING APPROVAL TO INSTRUCT THE FOLLOWING COURSES (Use a separate sheet of paper if needed. Attach copies of course completion certificates.)

Course Title:	**Completed Course? Y/N**	**Completed TtT? Y/N**	**Taught Course? Y/N**	**Number of Times Taught Course (Approximate)**

DO YOU HAVE ANY DISABILITIES *(Including special allergies or medical disabilities)* **WHICH WOULD REQUIRE SPECIAL ASSISTANCE?** ☐YES ☐NO

(If yes, describe & indicate any special assistance required on a separate sheet)

Attach the following documents 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) you are requesting to be qualified to instruct.
3. A resume or a listing of employment history.
4. One letter of recommendation to instruct from the head of the agency/organization the applicant is or has recently been affiliated with.
5. Cover letter describing your interest in teaching for IOEM and your experience using ICS operationally and in the field as well as any emergency operations center background.

By your signature upon this application, you attest and affirm that all statements and documents with this application are true and correct according to your knowledge and belief.

_____   _____

Signature of Applicant   **Date**