



IDAHO BUREAU of HOMELAND SECURITY (BHS)

Application Instructions

The Idaho Bureau of Homeland Security (BHS) Training Program would like to thank you for your interest in applying as a BHS 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.

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 BHS 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:

Coleen Rice

Idaho Bureau of Homeland Security
State Training and Exercise Program Manager
4040 Guard St. Building 600
Boise, Idaho 83705

For questions or assistance, please call or e-mail Coleen Rice at:

Office 208-422-3095
Cell 208-484-0785
crice@bhs.idaho.gov



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Instructor Application

Please print legibly

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

From:	To:	Job Title:	Employer/Agency Name & Phone #:

EDUCATION

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:

Course Title:	Completed Course	Completed TTT	Taught Course	

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.

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