

**New Mexico Joint Organization on Education
(J.O.E) EMS Instructor Coordinator Initial
Application**

Personal Contact Information:

First Name	
Last Name	
Address 1	
City	
State	
Zip	
Primary Phone	
Secondary Phone	
Primary E-mail	

Sponsoring Training Institution:

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NM Instructor Level: Please select

Level 1	Level 2
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The sponsoring institution certifies that the Instructor Coordinator candidate listed above meets or exceeds the Minimum Instructor Standards as set forth by the NM EMS JOE.

Medical Director Approval (sponsoring education institution)

_____ Date

Service Director Approval (sponsoring education institution)

_____ Date

Instructor Coordinator Approved for the following NM I/C Level:
Please select

Level 1	Level 2
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Date of Approval for renewal: _____

Date Instructor Coordinator will need to renew with institution: _____

Please describe applicant's clinical experience which qualifies them to conduct EMS education:

Please describe applicants 2 years of relevant teaching experience:

Please provide the date and location where applicant completed an approved teaching methodology course (specific to the public safety field):

Please provide the date and location where applicant completed an orientation to an EMS educational program:

Please describe how the applicant has demonstrated an above average knowledge for the EMS level being instructed:

Please describe how the sponsoring institution has verified the applicant's knowledge and qualifications for becoming an NM EMS I/C: