

**New Mexico Instructor Coordinator
Primary Training Institution Affiliation
Transfer Request**

1. When a training institution agrees to accept an instructor, the Director signs and sends a copy of this form to the instructor and current affiliate institution.

a. Our training institution is willing to accept _____ as an Instructor Coordinator at our training institution. We agree to keep and maintain all instructor records in accordance with the requirements of the JOE and EMS Bureau.

b. Director Signature: _____

c. Director Contact Information:

i. Office Phone: _____ Cell: _____

ii. Email address: _____

iii. Physical address: _____

2. The instructor completes the following information and sends it to the training institution that holds the instructor's current affiliation.

a. I, _____, request to transfer my primary training institution affiliation from _____ to _____.

3. The training institution that holds the current affiliation completes the following information.

a. _____ is an instructor in good standing with our training institution.

b. His/her instructor credentials expire on _____.

c. He/she has completed _____ teaching hours and _____ instructor education hours (the instructor will provide proof of these hours).

d. Director Signature: _____

e. Director Contact information:

i. Office Phone: _____ Cell: _____

ii. Email address: _____

iii. Physical address: _____

4. The new training institution contacts the instructor when the transfer is complete and records have been received.