ALBERTA EMERGENCY MANAGEMENT AGENCY

Instructor Application 2024

Section 1: Personal Information

| Surname: | | First Name: | | Middle Name: | | |
|--|----------------|------------------|---|---|--|--|
| Mailing Address: | | | | | | |
| Email Address: | | | | | | |
| Work Phone: Other Email | | | or Phone: | | | |
| Organization: | | | | | | |
| Section 2: Qualification | You Are Ap | oplying Fo | or | | | |
| | Select only Of | NE qualification | on per instructor | application. | | |
| | • | • | • | leted as a pre-requisite to becoming an AEMA ency Management courses. | | |
| ICS COURSES: | | | EMERGENCY MANAGEMENT COURSES | | | |
| □ IST* and ICS I-200 Instructor (100 and 200) □ ICS I-300 Instructor □ ICS I-400 Instructor □ ICS Instructor Trainer □ 200 □ 300 □ 400 □ ICS Position-Specific Instructor (Maximum 2): | | | □ IST* Instructor Standardization Training (Mandatory) □ Basic Emergency Management (BEM) □ Local Authority Elected Officials (LAEO) □ Scribing for Emergency Management (Scribe) □ Director of Emergency Management (DEM) □ Other (specify:) | | | |
| | | | | | | |
| | FOR INTERNAL | USE (AUTHO | RITY HAVING JU | RISDICTION) | | |
| Committee Members (Initials): | | e: | | | | |
| Status (Approved to): | | | Restrictions: | | | |
| ☐ Application Review: | Date: | | | Ву: | | |
| ☐ Application Notification: | Date: | · · | | By: | | |
| ☐ Co-Teach Evaluation (1): | Date: | | | By: | | |
| ☐ Co-Teach Evaluation (2):☐ Access to Materials given:☐ | Date: | | | By: | | |
| ☐ Access to Materials given. ☐ Applicant Notified: | Date: | | | By: | | |



Section 3: Pre-requisites

Completion Certificates

You MUST attach copies of your pre-requisite certificates to your instructor application.

| To apply for this position: | You must present these certificates from approved providers: |
|----------------------------------|---|
| BEM/DEM/LAEO/Scribe/Planning P | Instructor Standardization Training, in-class certificate for the course (on-line not accepted) |
| ICS I-200/I-100 Instructor | Instructor Standardization Training, I-100, I-200 in-class*, and I-300* |
| ICS I-300 Instructor | I-400, I-200 Train the Trainer |
| ICS I-400 Instructor | I-400, I-300 Train the Trainer |
| ICS Position-Specific Instructor | I-400 Train the Trainer, ICS Position-Specific certificate (if possible) |
| | *AEMA only accepts in-class or instructor-led video delivery. On-line or self-study not accepted. |
| | |

For I-300 Instructors or I-400 Instructors ONLY:

Provide the course numbers for four courses you have taught at your current level (200 or 300). If no course number, provide the specific details (dates, location, organization, number of students, lead instructor, province).

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Section 4: Adult Education / Classroom Experience

For the course you are applying for, provide a description of key adult education/classroom experience, activities, courses, or other relevant information that would make you suitable at the instructor position being applied for.

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Section 5: EMERGENCY MANAGEMENT Knowledge and Experience

For the course you are applying for, provide a description of emergency management experience, activities, courses, or other relevant information which would make you suitable for the position being applied for. For example, we are looking for experience in an ICS Command or General Staff or Unit role on a multi-operational period incident if you are applying to become an ICS instructor. In the absence of that experience, we will consider exercises, creation of plans, research, higher-level courses.

| : AEMA may request additional verification, proof and/or documentation to substantiate the experience ated. If you have documentation such as a 201/IAP, please attach. | | | | | | |
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Section 6: Optional - Additional Information Optional - Provide any additional relevant information for the level you are applying for. Examples would include working in an emergency management environment such as municipal emergency management, Emergency Social Services or as part of a Canada Task Force or Incident Management Team, experience with other command systems such as Bronze/Silver/Gold or application of ICS concepts for a pre-planned event.



Section 7: References

Please provide one to support your instructor application for the specified purposes. Do not use AEMA Field Officers.

Reference for:

| Emergency Management Experience | Training Experience | ICS Experience |

| name: | |
|--|--|
| Organization: | Years Known: |
| Email Address: | Phone Number: |
| Section 8: Verification by Applicant's Please print clearly. If you are self-employed, sign as | |
| I, (supervisor name) | confirm that (applicant name) |
| | has been designated to fill the role of |
| instructor with (organization name) | . |
| Signature of Supervisor: | Date: |
| Section 9: Attestation of Accuracy | |
| ☐ I hereby certify that all statements on this applic has been withheld. | cation are true and complete in all respects and no relevant information |
| Signature of Applicant: | Date: |
| | |

The collection of this personal information is necessary for operating and administering the Incident Command System Alberta program. The information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be managed in accordance with the provisions of the Act.

Questions about the collection of this information can be directed to the Training, Certification, and Standards section, Alberta Emergency Management Agency at aema.training@gov.ab.ca.

Please scan and email your complete instructor applications (including supporting documentation) to aema.training@gov.ab.ca.

