

MN HSEM Instructor Application

HSEM Training Program

By completing and signing this form, I hereby certify that I meet the criteria described in the HSEM Certified Instructor Program Guide and will adhere to the guide.

If MN HSEM selects me as an Instructor, I agree to have my name added to the HSEM Instructor List. My name and contact information will be made available to jurisdictions requesting a course for which I'm approved to teach. I understand that the phone number and email address provided will be distributed to other agencies in Minnesota seeking qualified instructors.

Instructor evaluations are part of every course; these evaluations may include student, peer or other evaluation methods selected by HSEM. The HSEM Training Team, at its sole discretion, reserves the right to remove instructors who receive poor evaluations for any reason or is otherwise deemed unfit for instruction from the HSEM Instructor List.

Applicant Printed Name: _____ **Date:** _____

Company: _____

Address: _____

City: _____ **State:** _____

Applicate Signature: _____

Course(s) for which I am applying to become a Minnesota Homeland Security and Emergency Management Certified Instructor:

Course:		Course:	
Course:		Course:	
Course:		Course:	

Submit the following to hsem.training@state.mn.us:

1. MN HSEM Instructor Application
2. Certificate for course(s) for which the application is being submitted to instruct
3. ICS 100, 200, 700, 800 certificates
4. Formal instructor training certificate
5. Train-the-trainer course (if applicable)
6. Resume or a description of how you qualify for the classes you are seeking approval to instruct (operational and teaching experience)
7. HSEM's Basic Emergency Management Certificate



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For Internal Use Only

HSEM Training Staff Reviewer

Name: _____ Title: _____

Approved: _____ Denied: _____

Signature: _____ Date: _____

HSEM Leadership Reviewer

Name: _____ Title: _____

Approved: _____ Denied: _____

Signature: _____ Date: _____

Date Applicant Informed of Review Outcome: _____

Notes:

