

State of North Carolina

Division of Emergency Management

Search and Rescue Instructor Application

		Applica	int information				
Full Name:					Date:		
i uii ivailie.	Last	First		M.I.	Date.		
Address:	Office of And I						
	Street Address			Apar	tment/Unit #		
	City			State	•	ZIP Code	
Phone: ()		E-mail Address	:			
Last 4 digits o	f SS #:	County:					
Adult Education Experience							
Please describe your adult education experience and attach copies of any courses you have taken in adult methodology:							
Course Information							
Please list the courses you wish to teach. (attach copies of course certificates and TtT certificates where applicable)							
1. Course Nar	me:		Course Number:				
Date you com	Date you completed the class: YES (Date of Completion:)						
Have you taken a Train the Trainer for the class?:							
Have you take	en a Train the Traine	er for the class?:	□ N/A				
		er for the class?:	Course				
2. Course Nar	me:	er for the class?:	•				
2. Course Nar		er for the class?:	Course Number:	Completion			
2. Course Nar Date you com	ne: pleted the class:		Course Number:	Completion:)			
2. Course Nar Date you com	me:		Course Number: YES (Date of NO N/A	Completion:)			
2. Course Nar Date you com	me: pleted the class: en a Train the Traine		Course Number:	Completion:)			
2. Course Nar Date you com Have you take 3. Course Nar	me: pleted the class: en a Train the Traine		Course Number: YES (Date of NO N/A N/A	Completion:)			
2. Course Nar Date you com Have you take 3. Course Nar Date you com	me: pleted the class: en a Train the Traine me:	er for the class?:	Course Number: YES (Date of NO N/A N/A YES (Date of NO N/A N/A				
2. Course Nar Date you com Have you take 3. Course Nar Date you com	ne: pleted the class: en a Train the Traine me: pleted the class:	er for the class?:	Course Number: YES (Date of NO N/A NO N/A Course Number:				
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?: er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)			
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)			
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take I certify that r Signature of applicant:	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?: er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)	Date:		
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take I certify that r Signature of applicant: Signature of	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?: er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)	Date:		
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take I certify that r Signature of applicant: Signature of NCEM SARCO:	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?: er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)	Date:		
2. Course Nar Date you com Have you take 3. Course Nar Date you com Have you take I certify that r Signature of applicant: Signature of NCEM	me: pleted the class: en a Train the Traine me: pleted the class: en a Train the Traine	er for the class?: er for the class?:	Course Number: YES (Date of NO N/A NO N/A YES (Date of NO N/A NO N/A Onature	Completion:)			

Roy Cooper, Governor Erik A. Hooks, Secretary Michael A. Sprayberry, Director

GUIDELINES FOR PROFESSIONAL BEHAVIOR

These guidelines for professional behavior were designed to assure the professionalism of NCEM SAR Instructors and representatives and their relationships with emergency services organizations. These guidelines are to be followed at all times by any personnel participating in training sponsored by NCEM or personnel representing NCEM through providing instruction. These guidelines pertain to involvement as well with any Ambulance Service, Fire Department, State Organization, EMS Organization, Hospital (in any capacity), Rescue Squad and/or the public. All training sites will have a copy of these guidelines on hand at all time. Any instructor found not following these guidelines may/will receive disciplinary action as seen appropriate by NCEM.

- 1. All persons will act in a Professional manner at all times.
- 2. Anyone found to be under the influence of alcohol and/or drugs will immediately be suspended from activity, with further disciplinary actions to follow as allowed.
- 3. Everyone must follow FERPA and HIPAA rules and regulations at all times. Anyone found to be out of compliance will immediately be suspended. The length of suspension will depend upon the length of the investigation that will be conducted by the Coordinator, and/or Director or his designee.
- 4. Anyone that is found to be deficient in her/his skills, and/or knowledge can be removed from the NCEM SAR Instructor Cadre. The length of suspension may vary, and will depend upon successful completion of a remediation process. This process may/will be set by the State SAR Coordinator, and/or the Director of Emergency Management or his designee. The remediation process will cover all necessary actions, information, and/or skills that the team member is found to be deficient in.
- 5. Any instructor found to be physically or verbally causing detrimental actions towards North Carolina Emergency Management, the NCEM Search & Rescue Program, as well as its Coordinator, Directors, Instructors or other students, may/will receive immediate disciplinary action. The Coordinator, Director, and/or Instructors will determine these disciplinary actions.

All instructors and support personnel involved with any North Carolina Emergency Management Search and Rescue training will be required to sign this agreement prior to the start of training.

By signing below indicates I have read and do fully understand the consequences that are stated within these guidelines. I understand that this profession is considered a Public Safety Profession. I understand that at all times I am in the watching eye of the general public, as well as other Public Safety Professionals. I understand that any and all actions considered inappropriate may affect my career, as well as the status of North Carolina Emergency Management, the NCEM Search and Rescue Program, the Program Coordinator, and any instructors associated with the Division.

Instructor Signature	Date
Instructor Name Printed	