

DMEP Instructor Candidate Form

Name _____

1. DMEP Completion

Date _____ Location _____

Post-test Score _____
(score > 85%)

Evidence of active involvement during DMEP Course
(to be filled out by course faculty)

(Certifying course director)

2. Instructor Pre-requisite:

ATLS _____ ATNC _____ TNCC _____ PHTLS _____

3. ICS Education:

___ IS-100 (Date _____)

___ IS-200 (Date _____)

4. Evidence of Local Involvement in Disaster Planning and/or Disaster Response:

- a. ___ Hospital Disaster Committee participation
- b. ___ DMAT team member
- c. ___ USAR team member
- d. ___ Disaster volunteer experience (describe _____)
- e. ___ Scholarly effort (i.e. publication)
Reference _____
- f. ___ Professional society disaster committee (organization _____)

5. Instructor Candidate Observation/Proctoring (2nd stage)

Date _____ Location _____ Lectures _____

Course Director _____