STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

Division of Emergency Management
5636 East McDowell Road
Phoenix, Arizona 85008-3495
(602) 464-6264
training@azdema.gov

Katie Hobbs
GOVERNOR

Major General Kerry L. Muehlenbeck
THE ADJUTANT GENERAL

Adjunct Instructor General Application

Applicant Information		
First Name:	Last Name:	Phone:
Email:	City:	State:

Employment Information					
State	Agency Tribal	Federal	State Local	Private Business	Retired
Agency/Company:				Title:	

Required Documentation Checklist

Please complete one (1) section. Incomplete applications will be returned.

Section 1	Section 2	Section 3
Qualification Card Copy (front & back) of Arizona Qualification System (AQS) Gold Card **- or -** Copy of AQS Gold Card Credential Letter **- or -** Copy of National Wildfire Coordinating Group (NWCG) Incident Qualification Card FEMA transcript showing completion of IS100, IS200, IS700, and IS800. *Not required if previously uploaded to Acadis.* Proof of experience instructing adult learners. Proof of completion of an adult teaching methodology course. Course Track specific application(s) *Please include application for each course track you are interested in applying for.*	Letter of Recommendation from your employer or incident commander, that shows five (5) years of experience in emergency management and/or incident response, experience instructing adult learners. FEMA transcript showing completion of IS100, IS200, IS700, and IS800. *Not required if previously uploaded to Acadis.* Proof of completion of an adult teaching methodology course. Course Track specific application(s) *Please include application for each course track you are interested in applying for.*	Resume documenting your experience in emergency management and/or incident response and your experience instructing adult learners. FEMA transcript showing completion of IS100, IS200, IS700, and IS800. *Not required if previously uploaded to Acadis.* Proof of completion of an adult teaching methodology course. Course Track specific application(s) *Please include application for each course track you are interested in applying for.*

By signing below, I acknowledge that I have read, understand and will abide by the DEMA/EM Training Standards.

Applicant Signature: Date:

Supervisor/Incident Commander Signature:
(unless retired) Date: