



State Urban Search and Rescue Alliance

Instructor Application

Instructor/Applicant Information

Last Name	First name	MI
Address:		Email:

Taskforce Information

SUSAR Taskforce:	Taskforce Position:
Taskforce program manager:	Program Manager contact:

Course Applying to instruct: (separate application needed for each specialty).

Course applying for:		
Assistant Instructor:	Lead Instructor:	Subject Matter Expert (SME):

Qualifications-Include any supporting credentialing, licenses or deployments

Skill/License/Deployment	Received From	License #	Date Issued	Expiration

Mentor/Adjunct Instructor Experience

Mentor	Course	Date	Mentor Signature

Signature/Attestation document must be included with application. Please attach copies of any supporting documentation.

Completed applications should be sent to the SUSAR training committee at susartraining@gmail.com

Applicant and program manager will be advised of approval or denial.

Approved applicants will be issued an instructor number and added to the database.



**State Urban Search and Rescue Alliance National US&R Response System
Instructor Application – Verification & Signature Form**

This document must be signed by all of those requested on this form before the application can be reviewed. A signed/scanned version must be attached to the on-line application when submitted.

**All Signatures on this form are completed
Signed SUSAR US&R Instructor Ethics**

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Endorsements: Applicant - I certify that the information recorded on-line is true and correct. If selected I agree to comply with all instructor requirements as identified by the National US&R Response System.

Print Name

(Last, First)

Date

Signature

Task Force Training Manager - I have reviewed this application, and verify the training and experience as listed and I concur with the applicant's participation.

Print Name

(Last, First)

Date

Signature

Program Manager / Task Force Representative / Authorized Signatory - I have reviewed this application, and verify the training and experience as listed and I concur with the applicant's participation.

Print Name

(Last, First)

Title

Signature

Date

APPROVED

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**HOLD (SEE
ATTACHED)**

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**DENIED (SEE
ATTACHED)**

Comments:

Signature (Training Work Group)

Date