

MILITARY TRAINING NETWORK

INSTRUCTOR TRAINER NOMINATION FORM

BLS

ALS

PALS

New Nomination

Re-Nomination

Instructions: To be completed and then approved by the Program Director. Instructor Trainer (IT) status must be renewed every two years. Send or fax a copy of this form to the MTN Program Manager; retain a copy in the Program Binder along with a copy of the I.T. certificate and curriculum vitae.

Rank/Name/Title:		
Unit Name:		
Unit Mailing Address: (No PO Boxes)		
Commercial Work Phone:	DSN:	Fax:
Duty E-Mail:	Alternate E-Mail:	
Commercial Command Phone:	DSN:	Fax:
Command E-Mail:		

How Long has the Candidate been an Instructor?	
Expiration Date of Current Instructor/ Instructor Trainer credentials:	
List the Last Four Courses Taught Within the Last Two Years to Include Course Type and Date: Must Include one Instructor Course. Ex: COURSE NAME DDMMYY (BLS- 30 SEP 13) COURSE NAME DD-DDMMYY (ALS- 12-13 APR 13)	

<p>MTN Instructor Trainer Commitment: As an MTN Instructor Trainer, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Red Cross. I agree to maintain my instructor commitments in addition to fulfilling the responsibilities of an Instructor Trainer.</p>	
<p>_____</p> <p>Signature of Instructor Trainer Candidate</p>	<p>_____</p> <p>Date</p>

<p>Verification of Instructor Trainer Potential: (All Required)</p> <p style="text-align: center;"><u>NOTE: NOMINATION/RE-NOMINATION FOR PD MUST BE SIGNED BY MTN DIRECTOR</u></p> <p><input type="checkbox"/> Has been identified as having Instructor Trainer potential during performance as an Instructor.</p> <p><input type="checkbox"/> Has demonstrated Instructor Trainer potential during a screening evaluation.</p> <p><input type="checkbox"/> Has demonstrated exemplary performance of Provider skills.</p> <p><input type="checkbox"/> Has had at least two-year's experience as an Instructor and taught four provider courses over the past two years.</p> <p><input type="checkbox"/> For Re-Nomination only: has taught at least one instructor and four provider courses over the past two years.</p>		
<p>_____</p> <p>Name/Title</p>	<p>_____</p> <p>Signature of Program Director/MTN Director</p>	<p>_____</p> <p>Date</p>