



## Application for Base Station Course Instructor

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### For MIEMSS Use Only

1. Application reviewed for completion and proctored course scheduled.

MIEMSS Regional Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

2. Course monitored and Instructor approved.

Regional Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

3. Process approved and certificate issued.

Approved State EMS Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please mail this Application and your CV to the following address:**

**Region I Office:** P. O. Box 34, Grantsville, Md. 21536, [dkitis@miemss.org](mailto:dkitis@miemss.org)

**Region II Office:** Suite 211, 201 South Cleveland Avenue, Hagerstown, Md. 21740,  
[rmeighen@miemss.org](mailto:rmeighen@miemss.org)

**Region III Office:** 3<sup>rd</sup> Floor, 653 West Pratt Street, Baltimore, Md. 21201,  
[lhervon@miemss.org](mailto:lhervon@miemss.org) or [jhuggins@miemss.org](mailto:jhuggins@miemss.org)

**Region IV Office:** Suite 306, 301 Bay Street Plaza, Easton, Md. 21601,  
[jbarto@miemss.org](mailto:jbarto@miemss.org) or [pgray@miemss.org](mailto:pgray@miemss.org)

**Region V Office:** 5111 Berwyn Road, College Park, Md. 20740, [mwarner@miemss.org](mailto:mwarner@miemss.org)  
or [bcontee@miemss.org](mailto:bcontee@miemss.org)