



Application for Base Station Course Instructor

Name: _____

Facility: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Other Phone: _____

Pager: _____

Email Address: _____

Approved Regional Medical Director: _____ Date: _____

Approved State EMS Medical Director: _____ Date: _____

Please mail this application and your CV to the following address:

Office of the State EMS Medical Director
Attention: Chris Hyzer
chyzer@miemss.org
Room 405
653 W. Pratt Street
Baltimore, MD 21201