



## Application for Base Station Course Instructor

(Please print)

Name: \_\_\_\_\_  
                            LAST  FIRST  M.I

Certification Level: \_\_\_\_\_ (MD, DO, NP, RN, NRP, etc.)

Facility: \_\_\_\_\_  
  (Home Facility)

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

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please mail this application, CV, and letters to the following address:

Office of the State EMS Medical Director

Attention: Stephanie Ermatinger

653 W. Pratt Street, Room 405

Baltimore, MD 21201

Or email to [sermatinger@miemss.org](mailto:sermatinger@miemss.org)

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Approved Regional Medical Director: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_