



STATE OF OKLAHOMA
 OFFICE OF HOMELAND SECURITY
 INSTRUCTOR APPLICATION

Initial Application

Renewal Application

DATE _____

INSTRUCTOR # _____

First Name		MI	Last Name	
Address				Phone
City		State	Zip Code	E-Mail
Organization			Position	
Telephone Number	Mobile Number	Business E-Mail if available		
Business Address				
City		State	Zip Code	
Check Required Courses Below and Attach Certificates Before Submitting.				
IS-700	IS-800	ICS-100	IS-200	
ICS-300	IT-300	ICS-400	IT-400	
G0191	L-449 ICS Curricula Train the Trainer - Date of Course			
List instructor qualifications and certifications (Initial Application):				
List at least two NIMS courses taught in the last 5 years (Renewal Application):				
Reviewed by:			Date:	
Approved by:			Date:	
Expiration Date:				