



INSTRUCTOR APPLICATION

AWLS BWLS WLS (CIRCLE ALL THAT APPLY)

First name _____ Last name _____

Company or employer _____

Position/Title _____

Address _____

City _____ State _____ Zip _____

Province/Country _____ Email _____

Work Phone _____ Mobile phone _____

Fax _____

Professional Experience

1. What is your level of formal medical training? _____
(Please forward copies of your certificates for our records)

2. What is the expiration date of your AWLS certificate (if applicable)? _____

3. Describe your experience and background in wilderness activities and skills (including search & rescue, clinics, leadership roles, activities).

4. Describe your teaching background and experience.

5. List any experience you have had in general emergency medical care.



INSTRUCTOR APPLICATION

6. When are you interested in starting your role as an AWLS/BWLS/WLS instructor? _____

7. Do you have a proposed location for sponsoring an AWLS/BWLS/WLS course? _____

8. Are you also submitting this application with the intent of becoming a Lead instructor?
-

I certify that the information contained herein is accurate to the best of my knowledge.

Signature of Applicant

Date

Please attach your curriculum vitae and two letters of reference and forward to:

AdventureMed, LLC
26 South Rio Grande St
Suite 2072
Salt Lake City, UT 84101

TEL 970-444-4001
FAX 801-606-3101
www.awls.org
info@awls.org