



# NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

## ADJUNCT INSTRUCTOR PACKET COVER SHEET

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

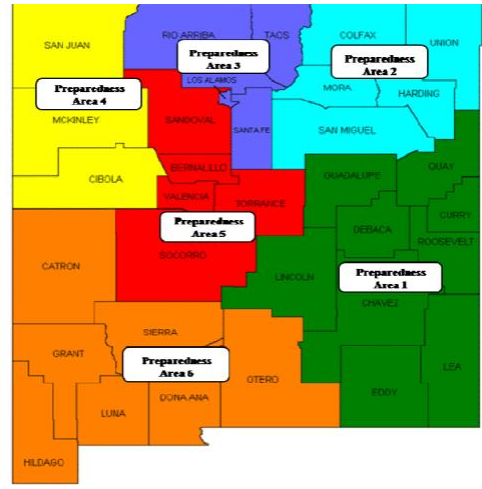
Phone Number \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Home Address \_\_\_\_\_  
\_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Would be willing to travel to

Preparedness Areas: \_\_\_\_\_



### INSTRUCTOR PACKET CHECKLIST

- Letter of Interest
- Resume
- Letters of Recommendations
- Certificates (check all that apply)
  - 100       200       700       800       300       400
- Instructor Train-the-Trainer Certificates (check all that apply)
  - ICS       CERT       COOP       40-hour Instructor from \_\_\_\_\_
  - Other: \_\_\_\_\_
- Subject Matter Expertise Verification (check all that apply)
 

|  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Emergency Management    | <input type="checkbox"/> Mitigation   | <input type="checkbox"/> Recovery                   |
| <input type="checkbox"/> Law Enforcement         | <input type="checkbox"/> Fire         | <input type="checkbox"/> Emergency Medical Services |
| <input type="checkbox"/> Public Health           | <input type="checkbox"/> Public Works | <input type="checkbox"/> Communications             |
| <input type="checkbox"/> Functional Access Needs | <input type="checkbox"/> Children     | <input type="checkbox"/> CBRNE                      |
| <input type="checkbox"/> Other: _____            |                                       |   |

### FOR DHSEM USE ONLY

Received: \_\_\_\_\_

Approved: \_\_\_\_\_ or Denied: \_\_\_\_\_