

# ALBERTA EMERGENCY MANAGEMENT AGENCY

## 2026 Instructor Application Form

### Section 1: Personal Information

Surname:	First Name:	Middle Name:
Mailing Address:		
Email Address:		
Work Phone:	Other Email or Phone:	

### Section 2: Qualification You Are Applying For

SELECT ONE qualification per instructor application.

**Note: Instructor Standardization Training (IST) Basic is a two-day course that must be completed as a pre-requisite to becoming an AEMA instructor for Incident Command System (ICS) or AEMA proprietary courses.**

<p><b>ICS COURSES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS I-200 Instructor (I-100 and I-200 in-class)</li> <li><input type="checkbox"/> ICS I-300 Instructor</li> <li><input type="checkbox"/> ICS I-400 Instructor</li> <li><input type="checkbox"/> ICS Instructor Trainer                         <ul style="list-style-type: none"> <li><input type="checkbox"/> I-200 <input type="checkbox"/> I-300 <input type="checkbox"/> I-400</li> </ul> </li> <li><input type="checkbox"/> ICS Position-Specific Instructor (maximum of 2):</li> </ul>	<p><b>AEMA PROPRIETARY COURSES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Instructor Standardization Training (IST) Basic</li> <li><input type="checkbox"/> Basic Emergency Management (BEM)</li> <li><input type="checkbox"/> Director of Emergency Management (DEM)</li> <li><input type="checkbox"/> Local Authority Elected Official (LAEO)</li> <li><input type="checkbox"/> The Planning "P": A Practical Intensive for Emergency Managers (Planning P)</li> <li><input type="checkbox"/> Scribing for Emergency Management (Scribe)</li> <li><input type="checkbox"/> Other (specify:)</li> </ul>
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**FOR INTERNAL USE (AUTHORITY HAVING JURISDICTION)**

Committee Members (Initials):	Review Date:	
Status (Approved to):		Restrictions:
<input type="checkbox"/> Application Review:	Date:	By:
<input type="checkbox"/> Application Notification:	Date:	By:
<input type="checkbox"/> Co-Teach Evaluation (1):	Date:	By:
<input type="checkbox"/> Co-Teach Evaluation (2):	Date:	By:
<input type="checkbox"/> Access to Materials given:	Date:	By:
<input type="checkbox"/> Applicant Notified:	Date:	By:

Visit [www.alberta.ca/aema-instructor-application-process](http://www.alberta.ca/aema-instructor-application-process) for more information.



### Section 3: Pre-Requisites

ATTACH COPIES of your pre-requisite course completion certificates to your instructor application.

**Note: AEMA only accepts completion certificates from instructor-led in-class or video delivery courses for BEM, DEM, LAEO, Planning P, Scribe, ICS I-200, or ICS I-300 as supporting documentation for instructor applications. When applying to deliver in-class training, self-directed online or self-study course completion is insufficient.**

To apply to teach as a(n):	You must present these certificates from approved providers:
<input type="checkbox"/> BEM/DEM/LAEO/Planning P/Scribe Instructor	Instructor Standardization Training, in-class certificate for the course
<input type="checkbox"/> ICS I-200/I-100 Instructor	Instructor Standardization Training, I-100, I-200 in-class, and I-300 in-class
<input type="checkbox"/> ICS I-300 Instructor	I-400, I-200 Train the Trainer
<input type="checkbox"/> ICS I-400 Instructor	I-400, I-300 Train the Trainer
<input type="checkbox"/> ICS Position-Specific Instructor	I-400 Train the Trainer, ICS Position-Specific certificate (if possible)

#### FOR PROSPECTIVE ICS I-300 / I-400 INSTRUCTORS ONLY:

LIST COURSE NUMBERS for four courses you have taught at your current level (I-200 or I-300). Do NOT include co-teaches.

If there is no course number, provide the specific details (i.e., course dates, location, organization, number of students, lead instructor, province).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Section 4: Adult Education / Classroom Experience

DESCRIBE your key adult education/classroom experience, activities, courses, or other relevant information which make you suitable to deliver the course you are applying to instruct.

**Note: AEMA may request additional verification, proof and/or documentation to substantiate the experience indicated. If you have documentation, please attach.**

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## Section 5: Emergency Management Knowledge and Experience

DESCRIBE your emergency management experience, activities, courses, or other relevant information which make you suitable to deliver the course you are applying to instruct.

For example, if you are applying to become an ICS instructor, describe your experience in an ICS Command or General Staff or Unit role on an incident spanning multiple operational periods. In the absence of real incident management experience, you may describe your experience with emergency exercises, developing or maintaining plans, research, and/or advanced training.

**Note: AEMA may request additional verification, proof and/or documentation to substantiate the experience described in your application. If you have documentation, please ATTACH.**

## Section 6: Optional - Additional Information

PROVIDE ANY ADDITIONAL RELEVANT INFORMATION to support your instructor application.

For example, you may describe your involvement with a local authority's emergency management agency, emergency social services, an incident management team, other command systems such as Gold-Silver-Bronze or Blue Card, or experience with applying ICS concepts to a pre-planned event.

**Note: AEMA may request additional verification, proof and/or documentation to substantiate the experience described in your application. If you have documentation, please ATTACH.**

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### Section 7: Reference

LIST ONE REFERENCE to support your instructor application and indicate the specified purpose.

This reference is for the following specified purpose: <input type="checkbox"/> Emergency Management Experience <input type="checkbox"/> Training Experience <input type="checkbox"/> ICS Experience	
Name	
Organization	Years Known
Email Address	Phone Number

### Section 8: Verification by Applicant’s Supervisor

*Note: If you are self-employed, sign as both the applicant and supervisor.*

I, (supervisor name) _____ confirm that (applicant name) _____ has been designated to fill the role of instructor with (organization name) _____.	
Signature of Supervisor:	Date:

### Section 9: Attestation of Accuracy

<input type="checkbox"/> I hereby certify that all statements in this application are true and complete in all respects and no relevant information has been withheld.	
Signature of Applicant:	Date:

The personal information collected through the AEMA Instructor Application Form is to support the provincial emergency management training system and certification program. This collection is authorized by section 4 of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Alberta Emergency Management Agency – Training, Certification, and Standards at [AEMA.Training@gov.ab.ca](mailto:AEMA.Training@gov.ab.ca).

Please scan and email your completed AEMA Instructor Application Form (including supporting documentation) to [AEMA.Training@gov.ab.ca](mailto:AEMA.Training@gov.ab.ca).

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