



## INSTRUCTOR APPLICATION

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? \_\_\_\_\_

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.

\_\_\_\_\_



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6. When are you interested in starting your role as an AWLS instructor? \_\_\_\_\_

7. Do you have a proposed location for sponsoring an AWLS course? \_\_\_\_\_

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  
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Salt Lake City, UT 84101

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[info@adventuremed.com](mailto:info@adventuremed.com)