

## Staff Information Form

This form must be completed each instructor / coordinator.

Name:

Work Phone:  Home Phone:  Fax Number:

E-mail:  Pager Number:

Mailing Address:

Mailing City, State, Zip:

### Check all certification levels that apply.

Current copies of ALL certifications must be submitted every year for our files.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Emergency Care Attendant (ECA) | <input type="checkbox"/> ITLS Provider             | <input type="checkbox"/> EMD Provider    |
| <input type="checkbox"/> EMT Basic                      | <input type="checkbox"/> ITLS Instructor           | <input type="checkbox"/> EMD Instructor  |
| <input type="checkbox"/> EMT Intermediate               | <input type="checkbox"/> Pediatric ITLS Provider   | <input type="checkbox"/> EVOC            |
| <input type="checkbox"/> EMT Paramedic                  | <input type="checkbox"/> Pediatric ITLS Instructor | <input type="checkbox"/> EVOC Instructor |
| <input type="checkbox"/> EMS Instructor                 | <input type="checkbox"/> ITLS Access Provider      |  |
| <input type="checkbox"/> TxDSHS Basic Coordinator       | <input type="checkbox"/> ITLS Access Instructor    |  |
| <input type="checkbox"/> TxDSHS Advanced Coordinator    | <input type="checkbox"/> PHTLS Provider            |  |
|   | <input type="checkbox"/> PHTLS Instructor          |  |

### Additional certification statements

I am an employee of a Texas state agency. (If you answer "yes", you may be asked to provide additional information.)  Yes  No

I am willing to travel to teach.  Yes  No

I am willing to stay overnight to teach when needed.  Yes  No

By signing here, I give TEEX permission to list my name on the TEEX website as an available instructor / coordinator.

**X**

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