MARYLAND INSTRUCTOR CERTIFICATION REVIEW BOARD

c/o Maryland Fire and Rescue Institute
University of Maryland
4500 Campus Drive
College Park, Maryland 20742

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APPLICATION FOR STATE EMERGENCY SERVICES INSTRUCTOR CERTIFICATION OR RECERTIFICATION

Last Name First Name Middle Name

Street Address City County State Zip

Primary Phone Number Email **(REQUIRED)**

This application is for: **(Check only one)**

☐ Initial Certification ☐ Recertification

☐ Re-entry
(Cover letter and required documentation attached)

Date of last certification

Have you ever had your certification as an Emergency Services Instructor in the State of Maryland revoked?

Yes ☐ No ☐

Have you ever had your certification/license as an instructor or teacher in Maryland, or any other jurisdiction, revoked?

Yes ☐ No ☐

Do you have a minimum of three years progressive emergency services experience? Yes ☐ No ☐

Are you 21 years of age or older? Yes ☐ No ☐

Are you capable of performing all of the essential functions of a State Emergency Services Instructor?

Yes ☐ No ☐

I certify that all information on this application is accurate and recognize it is subject to verification. By affixing my signature below, I authorize the Maryland Instructor Certification Review Board (MICRB) to verify the accuracy of the above information.

Signature of Applicant _____ Date _____

This application will be considered in accordance with the Code of Maryland Regulations (COMAR) 13B.03.01.

Revised 7/2026

THIS INFORMATION TO BE COMPLETED BY THE LOCAL JURISDICTION OR SPONSORING AGENCY

Applicant's Name _____

Name of Local Jurisdiction or Sponsoring Agency _____

Street Address | City | County | State | Zip

_____

Authorized Representative | Title | Phone Number | Email Address

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Answer the questions below if applying for INITIAL CERTIFICATION

(1) Does the applicant possess the physical ability to perform all tasks required of an emergency services instructor? SELECT

If NO, explain on a separate, attached sheet.

(2) Has the applicant successfully completed approved training in the emergency services? SELECT

(3) Instructor Training Course

_____ _____ _____

Completion Date | Log Number | Instructor Trainer

(4) Skills Dev Program _____ _____

SELECT | Completion Date | Location

(5) Practice Teaching I _____ _____

SELECT | Date | Location

_____

Evaluator

(6) Practice Teaching II _____ _____

SELECT | Date | Location

_____

Evaluator

(7) Interim Course: **Must be a COMPLETE COURSE OF INSTRUCTION:**

_____

Log # & Title

_____

Dates (from/to) | Number of hours

_____

Additional Teaching Time Log #'s & Titles

_____

Dates (from/to) | Number of hours

Total Number of Hours **(A MINIMUM OF 60)** _____

Interim Course Evaluations – At least one Evaluator must be from outside the candidate's sponsoring agency and otherwise unaffiliated:

_____ _____ _____

Evaluation #1 Date | Evaluator | Affiliation

_____ _____ _____

Evaluation #2 Date | Evaluator | Affiliation

Answer the questions below if applying for RECERTIFICATION

(1) Has the applicant taught a **minimum of 60 hours** within the last three years? SELECT

Log #'s and Titles:

(2) Has the applicant received a satisfactory evaluation within the last three years? SELECT

_____ _____

Date | Evaluator

_____

Location

(3) Has the applicant received any unsatisfactory evaluations since the date of the evaluation indicated in Question 2? SELECT

(4) Has the applicant completed 12 hours of **approved** professional development or continuing education in instructional methodology; or training safety (max. 6 hours) within the last three years? SELECT

(Attach course syllabus, outline, or other additional supporting documentation for courses not on the approved list)

Dates **Log # and/or MICRB #** **Hours**

Answer the questions below if applying for EVALUATOR

(1) Is the applicant **currently an Evaluator**? SELECT

(2) **If YES**, are you recommending the applicant **for reappointment as an Evaluator**? SELECT

(3) **If the answers to (1) and (2) are YES**, has the applicant conducted at least one evaluation during the three-year appointment? SELECT

(4) **If the answer to (3) is NO, Evaluators are required to successfully complete an Evaluator Workshop.** Please provide the following information:

_____

Date | Location | Workshop Facilitator

(5) Are you recommending the applicant as a **new Evaluator**? SELECT

IF YES, please attach application for Instructor Evaluator and copies of AT LEAST TWO practice evaluations.

I certify that all information on this application is accurate and recognize it is subject to verification. By affixing my signature below, I authorize the Maryland Instructor Certification Review Board or its authorized representatives to verify the accuracy of the above information. I further certify that I am familiar with the certification regulations for State Emergency Services Instructor Standard (COMAR 13B.03.01) and that the application for (re) certification has met the requirements, and I recommend the applicant.

Signature and Title of Authorized Representative _____ **Date** _____

Local Jurisdiction or Sponsoring Agency _____