

Maryland Instructor Certification Review Board
APPLICATION FOR STATE EMERGENCY SERVICES INSTRUCTOR EVALUATOR

Instructor evaluation is a vital part of our effort to maintain quality instruction provided to the emergency services of the state. The Evaluator's role in this process is critical; the evaluation process is designed to provide an opportunity for the Instructor to demonstrate teaching methods and skills, provide an objective evaluation of an Instructor, give positive feedback and constructive criticism about the Instructor's teaching methods, and provide time for an exchange of ideas between the Evaluator and the Instructor.

Prior to recommending any State Emergency Services Instructor for approval as an Instructor Evaluator, the sponsoring agency shall ensure that both the Evaluator candidate and the sponsor are familiar with the requirements as outlined in the Certification Standards for Emergency Services Instructors in the State of Maryland (COMAR 13B.03.07E-H).

The requirements for Instructor Evaluator are:

- The completion of at least one certification cycle (three (3) years) as a State Emergency Services Instructor and
- Successful completion of an MICRB-approved Evaluator Workshop.

The MICRB strongly recommends that the sponsoring agency provides the candidate ample opportunity to conduct practice evaluation(s) under the supervision of an experienced and MICRB-approved Evaluator.

Please type or print clearly:

Candidate's Name _____

Initial Certification Date _____

Evaluator Workshop Information:

Date Completed _____

Location _____

Instructor _____

I certify that all information on this application is accurate and recognize that it is subject to verification. By signing 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 this application for Instructor Evaluator has met the requirements, and I recommend the applicant.

Signature and Title of Authorized Representative

Date

Local Jurisdiction or Sponsoring Agency

Approved by the MICRB _____