



EMERGENCY SERVICES TRAINING ACCREDITATION COUNCIL

ACCREDITATION APPLICATION

Date: _____

Name: _____ Contact Phone: _____

Address: _____

City, State & Zip: _____

Course Title: _____ Certification #: _____

Is this course certification or accreditation number over 3 years old? Yes or No

Author (if instructor is not the original author): _____

Note: Instructor must have authors permission to use material if copyrighted.

Regulatory Agency: _____ Phone: _____

Instructor Certifications: _____ Date Issued: _____

_____ Date Issued: _____

_____ Date Issued: _____

_____ Date Issued: _____

Instructor Email: _____ Other Phone: _____

Comments about certifications:

NOTICE: If this application is submitted without being complete, there will be a hold placed on the application. If a phone number or email is provided ESTAC will make one attempt to contact the instructor, if no contact it will be the instructor's responsibility to follow up with ESTAC. By signing below you attest that all the information provided is true.

Instructor Signature: _____ Date: _____