

NCBRT Instructor Application

Site Protection Through Observational Techniques

Important things to remember:

- This is a competitive process. Complete each answer thoroughly. "See Resume" or "See Previous Answer" are not acceptable.
- You must submit the application to apply@ncbrt.lsu.edu.

APPLICANT INFORMATION

Name: _____

Area of Expertise

Discipline/Background		Years of Experience
Primary		
Secondary		
Tertiary		

If "Other" selected as primary, secondary, or tertiary background, please specify: _____

- My current résumé, written in chronological order, is attached, beginning with most recent experience. (Note: Your résumé will be used to verify your professional certifications and experience.)

INSTRUCTOR QUALIFICATIONS

Please check whether you meet the following qualifications and have completed all of the independent study courses listed below. **Failure to meet any of the following requirements will result in disqualification. All indicated qualifications should be apparent in your resume.**

- Ten or more years of professional experience in a law enforcement, security assessment, event security, and /or physical security
- Three or more years of experience teaching adult learners. Applicants may be asked to submit a video demonstrating instruction in a classroom setting.

Required Courses

IS 100.b: *Introduction to Incident Command System, I-100*

IS 200.b: *ICS for Single Resources and Initial Accident Incidents*

IS 700.a: *National Incident Management System (NIMS), An Introduction*

IS 800.b: *National Response Framework, An Introduction*

The certificate of completion is

- | | |
|--------------------------------|--|
| <input type="radio"/> Attached | <input type="radio"/> On file at NCBRT |
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| <input type="radio"/> Attached | <input type="radio"/> On file at NCBRT |

NEW HIRES ONLY

Only applicants who are not currently employed by NCBRT must complete the following items.

How did you hear about this opportunity?

- List Serve
- Website (please list): _____
- Recommended by a colleague/friend
Name: _____
Phone: _____
Email: _____
- Other (please list): _____

References

	Reference Name	Title and Organization	Email Address	Phone Number
Primary				
Secondary				
Tertiary				

If "Other" selected as primary, secondary, or tertiary background, please specify: _____

7. Describe your experience in training adult learners. (Provide relevant examples.)

8. Describe your experience(s) co-teaching with other instructors.

CERTIFICATION OF COMMITMENT

What is your availability to teach for NCBRT per quarter? Please indicate the number of three-day assignments you can accept in a quarter: _____

By submitting this application, and if employed by NCBRT as an instructor for this course, I agree to abide by the policies of NCBRT, including the NCBRT Instructor Code of Conduct.

_____ Date: _____
MM/DD/YYYY

APPLICATION DEADLINE

This application, a current resume, and any training certificates must be submitted to apply@ncbrt.lsu.edu.

Contact Charles Phillips at cphillips@ncbrt.lsu.edu or 225-578-4087 with questions.