



*“Training to Save Lives”*

# CERTIFIED INSTRUCTOR STATUS

1601 Van Horne Avenue East  
Brandon Manitoba  
Canada R7A 7K2  
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TF: 888-253-1488  
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student\_services@mbmesc.ca  
www.firemedic.ca

\_\_\_\_\_  
Instructor’s Name (Please Print)

\_\_\_\_\_  
Instructor’s Date of Birth or Student Number

I, \_\_\_\_\_ attest to the fact that the above Instructor has been involved  
in instructional activities with \_\_\_\_\_  
**Emergency Services Department Name**

and has completed a minimum of 50 hours of instruction to our department’s satisfaction. The instructional activities and skills of this Instructor meet the standards set out in the Instructor, Evaluator & Proctor Policy Guide of the Manitoba Emergency Services College for the Province of Manitoba.

\_\_\_\_\_  
FIRE Chief or EMS Manager (Please Print)

\_\_\_\_\_  
FIRE Chief or EMS Manager’s Signature

Verified this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

**Note: This form must have the name of the Fire Chief or EMS Manager printed and signature and a copy of the Instructor Log Sheets validating instructional hours must be attached upon submission.**

For office use only:

\_\_\_\_\_  
MESC Director (Please Print)

\_\_\_\_\_  
Director’s Signature

Verified this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)