



SECTION:	LICENSING FORMS	LIF-MED-025
TITLE:	APPLICATION FOR AVIATION EMERGENCY MEDICAL SERVICES INSTRUCTOR DESIGNATION	

1- APPLICATION TYPE

Initial
 Renewal
 Change of facility address

2- APPLICANT DETAILS

Name: _____ Gender: Male Female

Nationality: _____ CAMA Authorization Number (if applicable) _____

Name of Employer: _____ ID Card/Passport No.: _____

Address: _____ Mobile Number (s): _____

Email Address: _____

3- DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request Letter from the First Aid Instructor	<input type="checkbox"/>
2-	Copy of MOH/DHA/HAAD (if applicable)	<input type="checkbox"/>
3-	Copy of the CAMA training center approval	<input type="checkbox"/>
4-	Applicant's Resume	<input type="checkbox"/>
5-	Copy of the Instructor qualifications	<input type="checkbox"/>
6-	Copy of the Instructor Card	<input type="checkbox"/>
7-	Copy of the Train the Trainer Certificate	<input type="checkbox"/>
8-	Copy of training done during the designation period	<input type="checkbox"/>
9-	Copy of the Instructor CPD record during the designation period	<input type="checkbox"/>
10-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
11-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
12-	Other (Specify if any): _____	

4- EMPLOYMENT INFORMATION

Name of Employer: _____ Employer address: _____

Training Center Manger: _____ Training Center Manger Email Address: _____

Provider and Advanced Education Certifications
(please attach copies of all provider course certifications)

CPR Expiry (mm/yy): _____
 AED: Expiry (mm/yy): _____
 First Aid Expiry (mm/yy): _____

Advance Education Certifications
(please attach copies of all provider course certifications)

EMT Expiry (mm/yy): _____ (please attach copies of all provider course certifications)
 RN or LVN Expiry (mm/yy): _____
 CPRExpiry (mm/yy): _____
 CPRExpiry (mm/yy): _____

Other: _____



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Course selection and Related Information (if applicable)

Preferred Instructor certification course Location:

Instructor training center Name:

Grandfathering Instructor (if applicable)

Which organization(s) are you currently an Instructor with:
 YHA MFA YHI YRC Other: _____
 (please attach copies of all certifications)

Which program(s) are you currently teaching?
 CPR AID FIRST AID Other: _____

For renewal only:
 Number of the Teaching First Aid courses during the designation period (two years)

5- APPLICANT DECLARATION



I hereby declare that I have carefully considered the statements made above and that to the best of my knowledge are complete and correct and that I have not withheld any relevant information or made any misleading statements.

I understand that if I have made any false or misleading statements in connection with this application, I may be guilty of a criminal offence and the CAMA may refuse to grant me an Aviation First Aid Instructor (AFAI) Designation or withdraw any Aviation First Aid Instructor (AFAI) granted.

Signature of Applicant (Sign inside the above box)

Date: _____

6- GLOSSARY

MFA	Medic First Aid
YHA	Yemen Heart Association
YRC	Yemen Red Crescent
YHI	Yemen Health Institute
EMT	Emergency Medical Technician
RN	Registered Nurse
LVN	License Vocational Nurse
MD	Doctor of Medicine

