**Quinsigamond Community College – MECTA Academy**



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# INSTRUCTOR

**PROF I LE**

**2 0 22**

Name Year Certified as Instructor

Home Address

City/Town Zip Code

Bus. Address

Occupation

Home Phone

Work Phone

Cell

E-Mail Repeat E-Mail

EMT #

AHA INS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Certification: Check all That Apply

Heartsaver Instructor BLS Instructor Training Center Faculty Regional Faculty

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Notes: