



DIMO Instructor Application

Name (Last, First, MI):		Grade/Rank: /	
Service Branch/Agency:		Status:	Spec Code/MOS:
Mil/Medical Specialty:		CORPS:	SEI / AQD:
Unit Name/Office Symbol:		Unit Address:	
City/Base:		State:	Zip Code:
Work Email:		Home Email:	
Duty Phone (Comm):		Home Phone:	
Are you currently a vetted DIMO instructor?		Yes	No
		Sex:	
Select the COCOM you are currently assigned to:		Air Force Only: Select the MAJCOM you are currently assigned to:	

DIMO COURSES

HUMANITARIAN ASSISTANCE & DISASTER RELIEF

D319310, Disaster Planning - Basic

D319316, Disaster Planning - Advanced

D319320, Disaster Planning & Emerg. Management (Sr. Leaders)

D175206, Disaster Planning & National Emerg. Mgmt (Resident)

D319321, Public Health Emergencies: Humanitarian Assistance & Disaster Response

FORCE HEALTH PROTECTION

D319314, Operational Preventive Medicine

D319318, Infection Control of High Consequence Infectious Disease

D319326, Outbreak Detection & Response

CBRNE THREATS

D319322, CBRN Incident & Medical Response

BUILDING PARTNER CAPACITY

D175466, Exec Healthcare Resource Management (Resident)

D319051, Point Of Care Ultrasound

D319110, Aeromedical Evacuation Team (AMET)

D319304, Mental Health Services - Combat Related/PTSD

D319308, Fundamentals of Healthcare Administration

D319311, Nursing Leadership

D319315, Mass Casualty Incident (MCI) Response

D319127, Prehospital Trauma Life Support (PHTLS)** **NAEMT**

D319058, Tactical Combat Casualty Care (TCCC)** **NAEMT**

**** TCCC & PHTLS:** Must submit **NAEMT Instructor Certs.** if requesting these courses.

Check the box next to the course(s) you are applying to teach.

EDUCATION

Name of School/Institution	Degree/Certification Awarded	Date Completed

Please describe your current and two previous jobs. Provide dates, unit, duty title and a brief description of your duties/responsibilities.			
Current Unit:			Dates:
Current Duty Title:			
Duties/Responsibilities:			
1st Previous Unit:			Dates:
Duty Title:			
Duties/Responsibilities:			
2nd Previous Unit:			Dates:
Duty Title:			
Duties/Responsibilities:			
DEPLOYMENTS/INTERNATIONAL EXPERIENCE			
Please describe any deployment experience or experience working with foreign nationals.			
Official Government Passport (MM/DD/YYYY):		Tourist Passport (MM/DD/YYYY):	
Yes, Expiration Date: _____ No		Yes, Expiration Date: _____ No	
TEACHING EXPERIENCE			
Briefly describe your teaching experiences, list any teaching awards/recognition. Attach teaching certs. & Inst. cards. to email			
FOREIGN LANGUAGE SKILLS		USAF LEAP: Yes No	
Language	Proficiency (Limited/Conversational/Technical)	DLPT Scores	Date
REFERENCES			
Please provide names and contact information for three professional references.			
Name	Email	Phone	