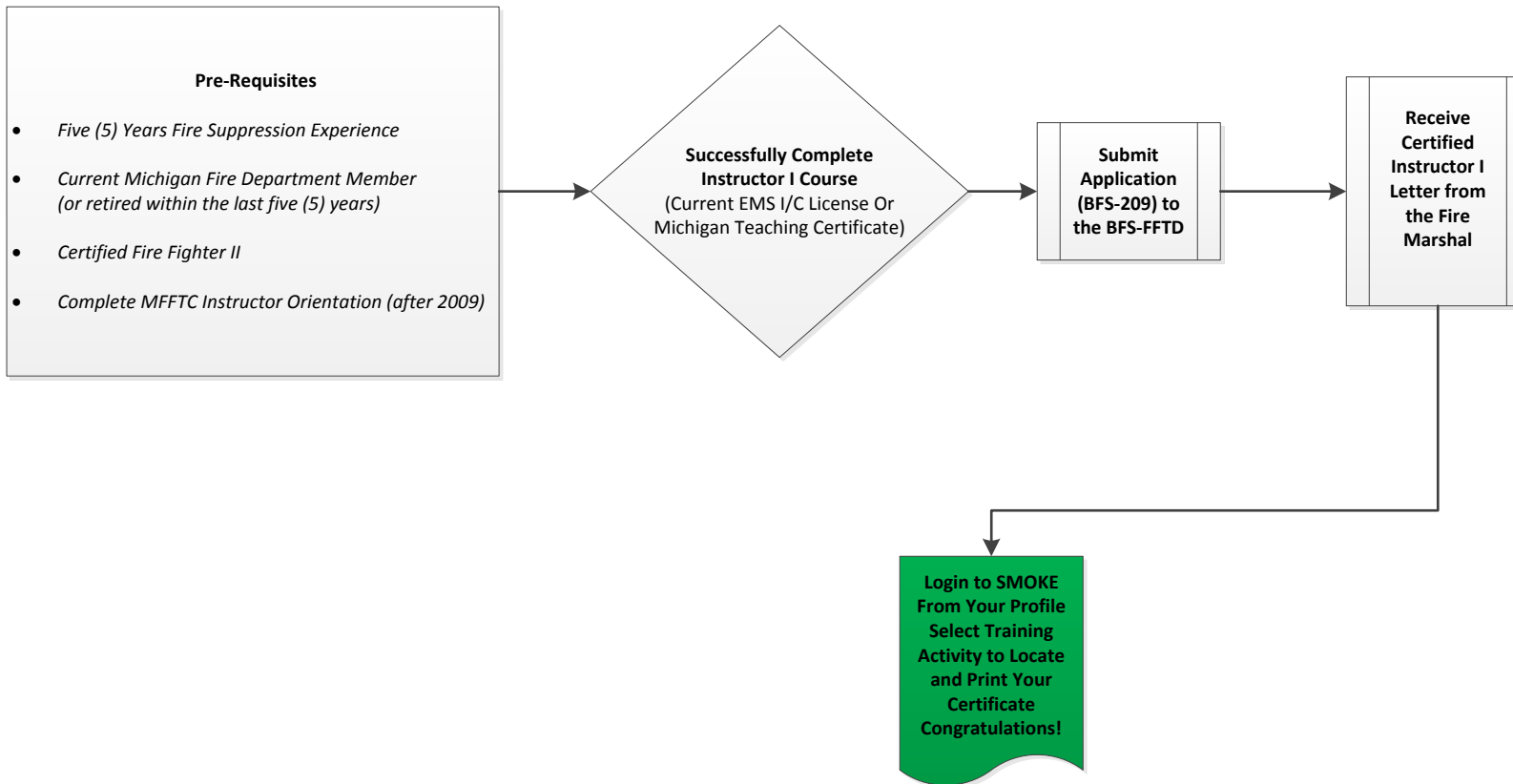


# Application Pathway

## Certified Instructor (EMS I/C Equivalent) To Certified Instructor I



Email all Instructor Forms to:  
[LARA-BFS-SMOKE@michigan.gov](mailto:LARA-BFS-SMOKE@michigan.gov)

