



PA STATE FIRE ACADEMY LOCAL LEVEL COURSE APPLICATION

This form must be submitted to an Educational Training agency serving your county listed on the back of this application.
Most institutions require at least 6 weeks lead time before proposed starting date.

To be completed by organization requesting the course		
COURSE TITLE:	CODE:	HOURS:
STARTING DATE:	ENDING DATE:	
STARTING TIME:	ENDING TIME:	
Indicate any other dates/times this course will meet:		
Local contact person name & address	Telephone; Day- Telephone; Night- e-mail- Fax-	
Course location: (include Street, City, State, Zip)	COUNTY:	
Name and Address of Proposed Instructor:	Instructor Contacted: YES:_____ NO:_____	
Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.) Signature also attests that Fire Department's insurance carrier provides accident insurance and workmen's compensation coverage for the participants.		
DATE:		
PART 2: FOR OFFICIAL USE ONLY: This block may be used by the Educational Training Agency (or State Fire Academy) to list information specific to the ETA's record keeping needs, such as assistant instructors, ETA course number, etc.		
PART 3: TO BE COMPLETED BY THE STATE FIRE ACADEMY: This attests that the above named instructor is certified to teach the above named course and that the course is an accredited Pennsylvania State Fire Academy (PSFA) course. Delivery of training, quality control, and supervision of the instructor during the conduct of this course are the responsibility of the educational training/employing agency. The SFA may exercise quality control oversight of both curriculum and instructor for program management purposes.		
Date form received:	Instructor Certified: Yes ___ No ___ Course Certified: Yes ___ No ___	Comments:
Field Education Specialist Signature:		Date: