

**PA STATE FIRE ACADEMY LOCAL LEVEL COURSE APPLICATION**

This form must be submitted to: **LUZERNE COUNTY COMMUNITY COLLEGE**

**Public Safety Training Institute**

**1333 South Prospect Street**

**Nanticoke, PA 18634-3899**

**FAX 570-740-0664**

<b>To be completed by organization requesting the course</b>			
<b>COURSE TITLE:</b>		<b>CODE:</b>	<b>HOURS:</b>
<b>STARTING DATE:</b>		<b>ENDING DATE:</b>	
<b>STARTING TIME:</b>	<b>ENDING TIME:</b>	<b>STARTING TIME:</b>	<b>ENDING TIME:</b>
Indicate all other dates and times (beginning and ending) this course will meet:			
<b>Local contact person name &amp; address</b>		<b>Telephone; Day- Telephone; Night- e-mail- Fax-</b>	
<b>Course location: (include Street, City, State, Zip)</b>		<b>COUNTY:</b>	<b>DOH Con-Ed Registration Requested (check one)</b>  Yes _____ No _____
<b>Name, address and phone number of Proposed Instructor: Instructor Contacted: YES:_____ NO:_____</b>			
<b>Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.)</b> Signature also attests that Fire Department's insurance carrier provides accident insurance and workmen's compensation coverage for the participants.			
<b>DATE:</b>			
<b>PART 2: FOR OFFICIAL USE ONLY:</b> 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.			
<b>PART 3: TO BE COMPLETED BY THE STATE FIRE ACADEMY:</b> 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.			
<b>Date form received:</b>	<b>Instructor Certified: Yes _____ No _____</b> <b>Course Certified: Yes _____ No _____</b>	<b>Comments:</b>	
<b>Field Education Specialist Signature:</b>			<b>Date:</b>

Call 570-740-0521 or 570-740-0481