



PA State Fire Academy Local Level Course Application



This form must be submitted to your
field supervisor

(Revised June 2022)

To be completed by the organization requesting the course			
<u>COURSE TITLE</u>	<u>COURSE CODE</u>	<u>COURSE HOURS</u>	<u>Start Date</u> _____ <u>Start Time</u> _____ <u>End Date</u> _____ <u>End Time</u> _____
Indicate any other dates/times this course will meet:			
<u>Local Contact Name/Address</u>		<u>Daytime Phone:</u> _____ <u>Nighttime Phone:</u> _____ <u>Email:</u> _____ <u>Fax:</u> _____	
<u>Course Location (Full Name/Address)</u>		<u>Name/Address of Proposed Instructor</u>	
<u>Course Location County:</u>		<u>Instructor Contacted</u> Yes: ___ No: ___	
Signature of the Requesting/Employing Agency Representative (Chief, Training Officer, President, Etc). Signature also attests that the Fire Department's insurance carrier provides accident insurance and workmen's compensation coverage for participants.			
<u>Signature</u>	<u>Title of Signer</u>	<u>Date</u>	
PART 2: FOR OFFICIAL USE ONLY: This block may be used by the Educational Training Agency (or PA 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 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 PSFA may exercise control oversight of both curriculum and instructor for program management purposes.			
<u>Instructor Accredited:</u> Yes ___ No ___ <u>Course Certified:</u> Yes ___ No ___		<u>Comments:</u>	<u>Date Received</u>
<u>Field Education Specialist Signature</u>			<u>Date</u>