



PA State Fire Academy
INSTRUCTOR UPGRADE REQUEST
 (Please Type or Print)



Last Name First Name M.I. Fema Sid #

Address

City State Zip County

Email Primary Contact #Phone Secondary Contact #

Change of: **Address:** **Phone:** **Email:**

Course Upgrade (Course requesting to be accredited to teach):

Course Name Course Code

Train-the-Trainer for course (if available) attended. Date: _____

Attach documentation of training, education, experience, and other qualifications that indicate you are capable to instruct the course that you are requesting.

Level Upgrade:

Current Instructor Level: Agency: PEMA: Non Suppression: Suppression:
 Upgrade Requested: Non Suppression Suppression Emeritus Emeritus Retired

Suppression:

Suppression Instructor Development ZFID (attach certificate)

Emeritus/Emeritus Retired

25 Years of Service at any level or combination

Date Started:

Field Education Specialist Recommendation

Approved by Field Education Specialist:

Date: