



PA State Fire Academy

1150 Riverside Dr
Lewistown, PA 17044
800-459-4096 OR 717-248-1115

COURSE INSTRUCTOR'S REPORT

<u>COURSE TITLE</u>	<u>COURSE CODE</u>	<u>COURSE HOURS</u>	Start Date:
			End Date:

<u>Instructor Name/Address</u>	Daytime Phone: _____
	Nighttime Phone: _____
	Email: _____
	Fax: _____

<u>Course Location (Full Name/Address)</u>	<u>Course Location County:</u>
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ATTENDANCE

DATE	TIME	Number Enrolled	Number Dropped	Number Absent	Number Present

SPECIAL LECTURERS/TEACHERS

SUBJECT	DATE	NAME OF LECTURER/TEACHER

I CERTIFY THAT THE ABOVE REPORT IS TRUE AND CORERCT AND I CONDUCTED _____ SESSION(S) DURING THE MONTH OF

<u>Instructor's Signature</u>	<u>FEMA SID Number</u>	<u>Total Sessions</u>	<u>Total Hours</u>

<u>Field Supervisor's Signature</u>	<u>Date Report Received</u>
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