INSTRUCTIONS FOR COURSE/INSTRUCTOR LEVEL UPGRADE

The following instructions are to help you in adding a course to your list of accredited courses; or, to upgrade your instructor level to the next higher level. Complete either the <u>Course Upgrade</u> **OR** <u>Level Upgrade</u>.

DO NOT COMPLETE BOTH

Course Upgrade:

List the course and course code that you wish to add to your accredited list. Some courses have train-the-trainers and you are required to attend the T-t-T prior to having the course added to your list. Attach copies of certificates and/or transcripts to document training, education, and experience that indicates you are capable to instruct the course you are requesting.

Send this application and documentation to:

Pa State Fire Academy 1150 Riverside Drive Lewistown, Pa 17044-1979

Use a separate Upgrade application for each course addition you are requesting For NIMS courses attach Instructor Criteria Check sheet

Instructor Level Upgrade:

Indicate your current instructor level and the level to which you are requesting to be upgraded. Then check-off the requirements you have met for the level you are requesting upgrade.

Provide documentation to verify that you have met the requirements. Include copies of certificates or accreditation lists of courses eligible to teach. Provide evidence of state training you have conducted including course titles, hours, and dates. Provide copies of certification required.

<u>Emeritus</u> - shall complete four hours of CPE and eight hours of instruction annually. <u>Emeritus-Retired</u> - no longer instruct and will be removed from the active instructors list.

Mail application and documentation to the:

Pa State Fire Academy 1150 Riverside Drive Lewistown, Pa 17044-1979

If you have any questions, call the State Fire Academy, Monday through Friday, 8 a.m. to 4 p.m. at (717) 248-1115 or 1-800-459-4096.



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

LAST NAME	FIRST NAME	MI	FEMA Student Identification #	
ADDRESS: (street)				
TOWN	STATE	ZIP	COUNTY	
EMAIL				
HOME PHONE	WORK PHONE		CELLPHONE	
CHANGE OF ADDRESS -	- PHONE - EMAIL appropriate			
COURSE UPGRADE:	(Course requesting to be accredited to	teach:)		
Course Name		Course Code		
Train-the-Trainer for cours	e (if available) attended. Date			
Attach documentation of the course you are reques		er qualifications t	that indicate you are capable to instruct	
LEVEL UPGRADE:				
Current Instructor Level:	AgencyPEMA Non	Suppression _	Suppression	
Upgrade Requested:	Non Suppression Suppression	Emeritus _	Emeritus Retired	
Suppression: Suppression Instruc	ctor Development ZFID (attach certificat	e)		
25 years service at Date started	any level or combination ecialist recommendation			
Approved by Field Edu	ucation Specialist	_	Date:	