



Course Name: \_\_\_\_\_ Location: \_\_\_\_\_ Start Date: \_\_\_ / \_\_\_ / \_\_\_

**FFID#** *First 4 letters last name, First letter of first name, Last 4 of social security number.*  
*Example: John Academy 000-99-1234 use: ACADJ1234*

**Instructor Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ FFID #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Instructor Confirmation**

By attending this program free of charge as a CT Fire Academy I agree to be become credentialed for this program after approval by the Program Manager or Coordinator and will begin a process outlined by the Program Manager or Coordinator to begin participating in teaching within this program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director of Training Confirmation**

By signing the Director of Training *confirming the Connecticut Fire Academy Instructor is approved to attend the training course outline above free of charge.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Supplying or condoning the submission of false information to this agency may be in violation of Connecticut General Statute's 53a-157b – False statement.*