

EFD INSTRUCTOR APPLICATION

Please submit this signed application to the address at right.



WORLD HEADQUARTERS:

139 East South Temple, Suite 200
Salt Lake City, Utah 84111, USA
800-960-6236 (USA); 801-359-6916 (Int'l/Local)
801-359-0996 (Fax); www.emergencydispatch.org

24-hour Initial EFD Course Information (pre-requisite):

Dates & Location _____

Instructor's Name _____

Academy Certification Number _____

CANDIDATE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

WORK INFORMATION

Agency Name (place of employment) _____ Job Title _____

Mailing Address _____

City/Town _____ State/Province _____ Postal Code _____

Country _____ Work E-mail Address _____

Agency Phone _____ Agency Fax _____

City/Town _____ State/Province _____ Postal Code _____

TRAINING ENTITY CONTACT INFORMATION

Contact Person _____ Title _____

Day Phone _____ Fax _____

Address (if different from above) _____

City/Town _____ State/Province _____ Postal Code _____

Country _____ Work E-mail Address _____

If Training Entity receives emergency calls, what is the approximate annual Fire/Rescue call volume? _____

FIRE/RESCUE EDUCATION AND EXPERIENCE

NFPA Fire Service Instructor, NFPA Officer, or substantial fire service experience
(at least 5 years full-time or 10 years part-time/volunteer, with a minimum of 3 years as a company line officer.)

Years of Fire/Rescue experience: _____ Years of Dispatch/Communications (EFD) experience: _____

Attach a curriculum vitae/resume to document and describe your adult educational teaching experience and specific instructor qualifications and experience, fire-related or otherwise. Also include three (3) letters of recommendation and verification of the pre-requisites.



I hereby request to enter the NAEFD instructor training program and agree to abide by the Academy's Code of Ethics and to respect all copyrights regarding course materials and/or protocols. I also authorize the release of my NAEFD status and any exam results to my employer, prospective employers and/or the person or entity to whom the cost of the course(s) is invoiced. **I UNDERSTAND THAT EFD INSTRUCTOR CERTIFICATION DOES NOT GUARANTEE ANY TEACHING POSITION OR EMPLOYMENT.**

Candidate Signature: _____ Date: _____

YOU MUST SIGN HERE TO COMPLETE APPLICATION