



FIRE & RESCUE INSTRUCTOR QUALIFICATION APPLICATION

Applicant's Name (Print or Type): _____

Last 4 Social Security Number: _____ Date of Birth: ____/____/____

Mailing Address: _____ City: _____

State: _____ Zip: _____ County of Residence: _____

Home Telephone: _____ Business Telephone: _____

Email address: _____ (Required)

Candidates must be certified a minimum of 5 years as a level I or II instructor with an Associate's Degree or 3 years with a Bachelor's Degree. Academic degrees must be from regionally accredited institutions with a minimum of an Associate's Degree http://www.chea.org/pdf/CHEA_USDE_AllAccred.pdf

Date of Level I Instructor certification: _____

Date of Level II Instructor certification: _____

Date of Degree and Name of Institution: _____

*****Attach a copy of Diploma/ College Transcript ****

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Signature _____ Date _____

Please return this form and supporting documents by Email, Fax or U.S. Mail to:

North Carolina Fire and Rescue Commission Certifications
OSFMCertifications@ncdoi.gov
1202 Mail Service Center
Raleigh, NC 27699-1202
Toll Free: (800) 634-7854
Fax: (919) 715-0063