



ALABAMA FIRE COLLEGE Evaluator Agreement Form

Thank you for your willingness to serve as an evaluator for an Alabama Fire College performance (skills) evaluation.

Please complete the following requirements to begin the process:

Step 1 (REQUIRED): Complete the Alabama Fire College Evaluator Training for Skills Testing power point.

Step 2 (REQUIRED): Submit the Alabama Fire College Evaluator Agreement Form

Should you have questions regarding this form, please call (205.391.3745 or 205.343.7402) or e-mail certification@alabamafirecollege.org. Hours of operation are M-F, 8-5 CST.

| PROCTOR INFORMATION | | | | | | |
|--|------|-------|-------|--------------------|-------|-------------------|
| Last Name | | First | | Middle Initial | | |
| Title/Job Description | | | | | | |
| Employer(s) | | | | | | |
| Business Address | | | | | | |
| | City | | State | | Zip | |
| Home Address | | | | | | |
| | City | | State | | Zip | |
| Email | | | | Work or Home Phone | () - | |
| Secondary Email | | | | Cell Phone | () - | |
| Certification level of skill you are evaluating | | | | Certificate #: | | Certificate Date: |
| I verify that I did not instruct the skill that I am evaluating. | | | | | | |
| Date Completed Training Powerpoint | | | | | | |
| <p>By my signature below, I attest that I have completed all required training as set forth by the Alabama Fire College, that I meet the eligibility requirements, and am willing to assume the responsibility to serve as an Alabama Fire College evaluator of a performance (skills) exam. As an authorized evaluator, I guarantee that I will adhere to a professional standard when serving and I agree to conduct the exam in accordance with the policies, responsibilities and procedures outlined in the Alabama Fire College Training for Skills Testing power point. Most importantly, by my signature below I attest that I acknowledge that I understand my responsibility for the safety, security, and administering of the State of Alabama certification exam. I also understand by this agreement that the Alabama Fire College may contact me for verification purposes and I grant permission for verification of my credentials. This form must be submitted annually for renewal.</p> | | | | | | |
| Evaluator Signature | | | | Date | | |
| <p>Please sign and submit this application form and return to the Alabama Fire College – Certification Unit – 205.391.3757 or by email at certification@alabamafirecollege.org.</p> | | | | | | |