

All sections of this form must be completed and returned to your AFC Regional Coordinator 14 days prior to the beginning of training. (For courses held on campus, return form to Registration.)

Choose course type from the list:		Application Date:
Course Title:		
Hosting Department/Agency:		County:
Training Address, City, ST, Zip Code:		
Chief Agency/Representative:		Cell Phone:
Email:		
Course Coordinator:		Last 4 digits of SSN:
Cell Phone:	Office Phone:	Email:

Course Dates	Begin Date:	Start Time:	End Date:	End Time:
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Course Format Traditional Hybrid (*Approval Required*) requires Student & Instructor online access

AFC Online Access Students & Instructor Instructor Only None

Instructor/JPR Evaluator Information:

Name	Email	Lead Instructor	Assistant Instructor	JPR Evaluator	Safety	Last 4 Digits of SSN (required)

Participants Information:	Seats available: (<i>maximum # of students in course</i>) _____	Reserved seating: (<i># of your employees or participants attending</i>) _____	<input type="checkbox"/> Private course (<i>will not appear on our website</i>)	Fees required (<i>per student</i>): \$ _____

Please fill out this information if applying for a Fire Fighter I/II Recruit School:

Course	Begin Date	End Date	Test Date	Instructor
Fire Fighter I/II Orientation				
Rapid Intervention Crews				
Hazardous Materials/WMD: Awareness & Operations				

OFFICE USE ONLY:									
Training Director/Coordinator:									
Regional Coordinator:									
Training Approval:									
Monitor:							# Monitor Visits:		
Proctor:							# Proctor Visits:		
Grant Type:			Tuition? Yes No		Cost:		Books Included? Yes No		
Date Received:					Date Approved:				

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Course Title:	Begin Date:	End Date:
Hosting Department/Agency:		

Instructor/JPR Evaluator Information:

Number	Hours	Date	Class From-To	Subjects	Instructor	Location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Hours		<i>If any of these dates, hours, or the assigned instructor change, you must notify your AFC Regional Coordinator.</i>				

<i>Current Certification Policies apply, and are available on our website.</i>	Test Date	Time	Location
Requested Practical Skills/JPR Certification Exam			
Requested Cognitive Certification Exam			
Requested Cognitive Certification Test Type:	Paper	Web Based (Approval Required)	

By checking this box, I certify that I have the authority to schedule this course on behalf of the host entity, and agree to the terms as set forth by the Alabama Fire College and Personnel Standards Commission.

Course Coordinator signature: _____ **Print name:** _____

Equipment will be supplied by RTC/ETC/EMS Site (check if yes)
AFC will supply:
Instructor(s) will be provided by RTC/ETC/EMS Site (check if yes)
AFC will provide the instructor(s):
Other:

Classroom site travel instructions:
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Drill field site travel instructions:
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