

**Armed First Responder In School or Ambulance or Firefighter Crew
 Training Program – Certified Training Course Application**

Agency and/or Instructor Seeking Course Certification:		Agency and/or Instructor Address:	
Name of Program Coordinator/Instructor:			
Phone:	Fax:	Email Address:	

Instructor(s):

1. Course documentation must be submitted as part of the application. Please review N.D.A.C. Chapter 93-02-04 before completing this application form.

Course documentation and fees *(If the following documentation and fees are not submitted, the course will not be evaluated, and will be returned to the applicant)*

- Instructor(s) qualifications showing proof of professionally recognized education, training and experience in the assigned subject area, Instructor(s) shall possess ND PISB instructor certifications or ND POST Board instructor certifications or specialized academic preparation to teach in the assigned subject area(s)
- Instructor(s) Resume(s)
- Instructor(s) Application(s): Application pages 1, 2, 2A, 3, and 6 are required. Two completed sealed fingerprint cards per page 2A application form, a fee of \$41.25 for the criminal records searches for each instructor. Fees are payable by agency check or money order made out to ND PISB. No personal checks will be accepted.
- Course Description showing the title of the Course
- Course Objective
- Specific performance objectives
- Testing Methods (If Applicable)
- Course Content including a Course timeline that shows a breakdown of the hours
- The body of each major unit of instruction in outline form (can be incorporated with the timeline)
- Instructor evaluation form (if applicable)

- Documentation of Surety Requirements (See N.D.A.C. 93-02-04-03)
- Course References
- *A fee of \$400.00 for plus \$41.25 for each instructor for the criminal record searches fees. All Fees are payable by agency check or money order made out to ND PISB. No personal checks will be accepted.*

In addition to the required information, agencies and/or instructors may submit any additional information (i.e. handouts, equipment list, bibliography) that may be useful in the evaluation of the course.

Program Coordinator/Instructor Signature:	Date:
Print Signature Written Above:	Phone: