



## South Carolina Fire Academy

### Instructor Application & Teaching Hour Record

Check the box in the shaded area below to indicate the type of submission, then complete the sections listed for the type of submission. Be sure to sign and date the form. For certification applications or changes of information, submit the form to the Instructor Certification Specialist, South Carolina Fire Academy, 141 Monticello Trail, Columbia, SC 29203. For recertification, complete the sections indicated, including all necessary information on the Teaching Hour Record, and submit directly to the Regional Supervisor at the Recertification Workshop. If more than one page is necessary to complete the Teaching Hour Record, be sure to provide your name and social security number. If required information is left off of the form, you may not receive credit for submitting training hours.

**1 - Personal Information**  
*Complete for all submissions*

Name: \_\_\_\_\_ **SSN:** \_\_\_\_\_  
*last name first name mi*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E Mail Address \_\_\_\_\_  
*Home Work*

**2 - Agency Affiliation**  
*Complete for certification, recertification and agency changes*

*Primary Department*

name: \_\_\_\_\_ FDID: \_\_\_\_\_ Status:  paid  volunteer

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Fax*

**3 - Authorization**

By my signature below, I verify that the information contained on this form is accurate and complete. I understand that failure to provide complete, accurate information or falsification of information may prevent me from receiving teaching hour credit, and that my certification or other benefits or services within the Instructor Certification Program may be adversely affected or revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

