Delaware State Fire School

Excellence Through Training

Register at

http://statefireschool.delaware.gov

Cost: $200 per student

Fire & Emergency Services Instructor 1

Blended Learning

PRO BOARD ACCREDITATION

Successful Students Will Earn Proboard Instructor 1

The Fire & Emergency Services Instructor 1 program is designed to prepare the student to teach a class using a lesson plan. It covers the principles of learning, setting up classrooms, safety, student behavior, and several other topics that explain the many facets of instruction. The class is graded based on homework, online discussions, chapter tests, oral presentations, and the final exam.

This course is a prerequisite to the Methods of Instruction Course which will be offered January 23, 2016. Applications for that course must be submitted by December 28, 2015.

Contact person: Billy Baker at 302-739-4773

Prerequisites

- None

Mandatory Dates

Orientation October 22 (7 pm)

Midterm November 12 (7 pm)

Final Exam & Presentation
December 05 (9 am to 4 pm)

Delaware State Fire School

1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
E-mail: william.baker@state.de.us

Delaware State Fire School - *Registration Form*

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

Course Name: Fire and Emergency Services Instructor I Course

Deadline to Sign-Up: October 09, 2015

Dates Attending: October 22, November 12 and December 05, 2015

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Dover, DE 19904

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Fax: 302-739-6245
www.statefireschool.delaware.gov

MANDATORY ORIENTATION HELD AT DSFS - KENT COUNTY 7:00 p.m. ON OCTOBER 22, 2015

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

E-Mail:

Date Joined Fire Service:

Sponsoring Organization:

Sex: ◯ Male ◯ Female

Ethnic Origin: (Optional)

Payment Information

Tuition: $200.00

◉ **Check payable to Delaware State Fire School**

◯ **Invoice (DE Fire Companies Only)**

◯ **Credit Card** **Select Type:**

Card Number:

Expiration Date:

Cardholder Name:

PRINT COMPLETED FORM, OBTAIN SIGNATURES

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School before scheduled class date. C ancellations received after the deadline may be assessed a fee or payment of class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is herby relieved of liability.

ATTENDEE SIGNATURE **Date**

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization **Print Name** **Date**

Sponsoring Organization **Title** **Contact Phone Number**