

## Course Director Application

**Director Criteria-** the following criteria must be met to be an FDM Director. Select boxes that apply before proceeding to Section 1.

- SCCM-approved FDM instructor in good standing
- Recommendation letter from an FDM Consultant to direct courses independently
- Serve as Course Director, with the mentorship of an FDM Consultant for at least one approved FDM course

**COURSE DIRECTOR SECTION MUST BE COMPLETED BEFORE PROCEEDING TO SECTION 1.**

**Type Information (English Only) (\* denotes required field). Print completed form prior to submission as data will not be saved.**

### Section 1. Contact Information

\*First Name:  \*Last Name:  Middle Initial:

\*Credential(s):  SCCM Member No.:

\*Contact Info:  Institution:

\*Street Address:  \*City:

State/Province:  Zip Code:  \*Country:

\*Telephone:  Fax:  \*Email:

### Section 2. Course Information

\*FDM Courses You Instructed:

\*Date:  \*Course Site:

\*Date:  \*Course Site:

### Section 3. Course Director Information

\*Please describe why you would like to serve as an FDM Director: (text limited to visible area of box)

\*Letter of recommendation requested:

(Name of active FDM Consultant)

\*Applicant Signature:

I certify that the above information is true and accurate. Typing name in the signature space provided shall serve as lawful signature as if signed by hand in person

**ALLOW 2-4 WEEKS FOR PROCESSING APPLICATION**