

Consultant Application

Consultant Criteria: The following criteria must be met to be a PFCCS Consultant. Select boxes before proceeding to Section 1.

- | | |
|---|--|
| <input type="checkbox"/> SCCM member (U.S. & International) | <input type="checkbox"/> Mentor and guide first-time Course Directors and Coordinators |
| <input type="checkbox"/> Teach/Direct at least two approved PFCCS courses in the two previous years | <input type="checkbox"/> Submission of the PFCCS Consultant Letter of Recommendation |



CONSULTANT CRITERIA 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

*Last Name: *First 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

*PFCCS courses you directed:

*Date: *Course Site:

*Date: *Course Site:

Section 3. Consultant Information

*Would you consult for out-of-state or international PFCCS courses? Yes No

*Please describe why you would like to serve as a PFCCS Consultant: (text limited to visible area of box)

*Letter of recommendation requested:
(Name of active PFCCS 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