

Course Director Application

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

- Teach in at least two approved PFCCS courses in the two previous years
- Submission of the PFCCS Course Director Letter of Recommendation
- Serve as Course Director with the mentorship of a PFCCS Consultant for at least one approved course



COURSE DIRECTOR 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 instructed:

*Date: *Course Site:

*Date: *Course Site:

Section 3. Course Director Information

*Please describe why you would like to serve as a PFCCS Course Director: (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