

Course Director Application

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

- Teach in at least two approved FCCS courses in the two previous years
- Submission of the FCCS Course Director Letter of Recommendation
- Serve as Course Director with the mentorship of an FCCS 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

*FCCS courses you instructed:

*Date: *Course Site:

*Date: *Course Site:

Section 3. Course Director Information

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

*Letter of recommendation requested:

(Name of active FCCS 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