



STATE FIRE TRAINING

Registered Lead Evaluator/Skills Evaluator Application



Identification

Applicants Name: _____

SFT ID Number: _____

Mailing Address: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Application Selection

Lead Evaluator

Skills Evaluator

Lead Evaluator Applicants:

Requirements	Checklist
1. Have completed the <i>Evaluator course</i> Must have completed the course within the previous 12 months	<input type="checkbox"/> Completed on: _____ (Attach a copy of course completion certificate)
2. Have completed the Evaluator Task Book	*To be implemented at a future date *
3. Current Registered Instructor with State Fire Training	<input type="checkbox"/> Instructor ID#: _____
4. Possess certification in the course or discipline they are Lead Evaluator or evaluating	<input type="checkbox"/> Include copies of CFSTES position certifications for all courses for which you are seeking Lead Evaluator status (Only FF I at this time)
5. Demonstrate mastery in the subject matter	<input type="checkbox"/> Include a letter of verification* attesting to mastery of the subject matter
6. Have a current signed Evaluator Code of Conduct document indicating an agreement to be fair and impartial during testing	<input type="checkbox"/> Include a signed copy of the SFT Evaluator Code of Conduct
7. Possess supervisory skills sufficient to oversee the testing process and the capacity to objectively evaluate the performance of the candidates	<input type="checkbox"/> Include a letter of verification* attesting to meeting the supervisory & objective evaluation skills requirement.
8. Agree to abide by all SFT policies and procedures	<input type="checkbox"/> Initial: _____
* Letter shall be written on agency letterhead and signed by the administrator of the ARTP/ALA with which you are affiliated. All experience requirements requesting a letter of verification can be combined into one letter.	



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Skills Evaluator Applicants:

Requirements	Checklist
1. Have completed the <i>Evaluator course</i> Must have completed the course within the previous 12 months	<input type="checkbox"/> Completed on: _____ (Attach a copy of course completion certificate)
2. Have completed the <i>SFT Ethical Leadership in the Classroom</i> course	<input type="checkbox"/> Completed on: _____ (Attach a copy of course completion certificate)
3. Have completed one of the instructional methodology requirements set forth by SFT Procedures Manual (For Fire Fighter I/II applicant may meet criteria for an Approved Fire Fighter Instructor)	<input type="checkbox"/> Provide certificate/transcripts verifying that you have completed one of the instructional methodology requirements set forth by SFT Procedures Manual (For Fire Fighter I/II applicant may meet criteria for an Approved Fire Fighter Instructor)
4. Demonstrate mastery in the subject matter	<input type="checkbox"/> Include a letter of verification* attesting to mastery of the subject matter.
5. Have a current signed Evaluator Code of Conduct document indicating an agreement to be fair and impartial during testing	<input type="checkbox"/> Include a signed copy of the SFT Evaluator Code of Conduct
6. Have the capacity to objectively evaluate the performance of the candidates	<input type="checkbox"/> Include a letter of verification* attesting to meeting the objective evaluation skills requirement.
7. Agree to abide by all SFT policies and procedures	<input type="checkbox"/> Initial: _____
*Letter shall be written on agency letterhead and signed by the administrator of the ARTP/ALA with which you are affiliated. All experience requirements requesting a letter of verification can be combined into one letter.	

Authorization to Release Information

I understand that State Fire Training will publish the following information about my evaluator registration on either their website or provide it upon request: my name, department name, department address and department telephone number. If I do not have a fire department affiliation, I authorize the release of the following as listed on this application:

Name Home Address Home Telephone Cell Phone E-Mail Address

I understand this authorization is voluntary and I may revoke it at any time by submitting my revocation in writing to State Fire Training.

Statement of Assurance

I, the undersigned am the person applying for evaluator status. I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.

Applicants Signature: _____

Date: _____

Submit

Complete application packages can be submitted to:

Certification Exam Coordinator • 1131 S Street Sacramento CA 95811