



STATE FIRE TRAINING Skills Evaluator Application



Identification

Applicants Name: _____

SFT ID Number: _____

Mailing Address: _____

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

Email: _____

Application Requirements

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
4. Demonstrate mastery in the subject matter	<input type="checkbox"/> Include a letter of verification* attesting to mastery of the subject matter.
5. 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.
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. 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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Authorization to Release Information

I **DO** authorize State Fire Training to publish the following contact information about my skills evaluator registration on their website:

Sponsoring Agency

Name

Telephone: _____

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.*

I **DO NOT** authorize State Fire Training to publish my contact information regarding my skills evaluator registration on their website:

Applicant Review

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:

**State Fire Training
Attn: Certification Exam Coordinator
1131 S Street
Sacramento CA 95811**