

Fire Service Instructor 1 (NFPA 1041), 40 Hours
(Prerequisite for Fire Officer 1)



YORK COUNTY FIRE SCHOOL

"A part of the Fire Chiefs and Firefighters Association of York County"

330 Emig Road

York, Pennsylvania 17406

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Phone: (717) 767-4097, Fax: (717) 764-3243

Course Title: Fire Service Instructor 1 **SFA Course Code:** NFPA 1041, **Length of Course:** 40 Hours

Prerequisites: Minimum age of 18 at the start of class.

Referenced Texts: Fire Emergency Service Instructor – 7th Edition (2006)

Course Goal: This course will teach how to prepare lesson plans, present them, and evaluation skills.

Description of Course: This course establishes the foundation for delivery of training programs with the emergency services spectrum. Emphasis is placed on professional delivery, organization, and methodologies of teaching. Students will develop lesson plans, curriculum presentations, and evaluation tools. Successful completion of the program is dependant upon practical skill demonstration, including a presentation, and a multiple choice written examination.

Dates: September 2nd, 4th, (7th: 08:00 – 17:00), 8th, 11th, 16th, 22nd, 25th, 29th, October 7th & 9th; (18:30 – 22:30)

Instructor: Hoff

USING INK, PLEASE PRINT CLEARLY.

REGISTRATION INFORMATION

Student Name: _____

Sponsoring Organization: _____ Sta. No. _____

Address: _____

City: _____ State: _____ Zip: _____

_____ @ _____ () _____ - _____

(Student's Email Address)

(Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: _____

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (_____) _____ - _____ or _____ @ _____.

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.

Thank you.