

# RECERTIFICATION CARD FOR SOUTH DAKOTA FIRE INSTRUCTORS

<b>INSTRUCTORS NAME:</b>					<b>DRIVER'S LICENSE NUMBER:</b> (for record keeping only)
<b>COMPLETE MAILING ADDRESS:</b>					<b>RECERTIFICATION DATE:</b> (card due in office on this date) JANUARY 31, ____
<b>FIRE DEPARTMENT OR AGENCY:</b>		<b>EMAIL ADDRESS:</b>			<b>CELL NUMBER:</b>
<b>12 HOURS OF INSTRUCTION:</b> SUBJECT or CLASS COVERED	NUMBER OF HOURS	DATE OF CLASS	LOCATION or AGENCY of HOSTED CLASS	SIGNATURE OF AGENCY REPRESENTATIVE	<p>____ I, the Instructor, request a review of these records for completion and request Instructor recertification and I have completed all areas of this recertification form.</p> <p><b>SEND CARDS TO:</b> SD Fire Marshal's Office/Training                  Fax: 605-773-3580 221 S. Central Ave.                  Pierre, SD 57501-3580                  Cards can be emailed to: Fireinfo@state.sd.us</p> <p style="text-align: center;"><b>Recertification Requirements</b></p> <p>Submit the following before January 31, of year due:</p> <ol style="list-style-type: none"> <li>1.) This recertification card, is documenting 12 hours of instruction and one 6 hour train-the-trainer course every two years.</li> <li>2.) Course evaluation forms (filled out by the students) from at least one class session you have taught.</li> </ol> <p style="text-align: center;">(FOR OFFICE USE ONLY)</p> <p>Fire Service Training Director: Check one</p> <p>____ Recertification is granted, issue new recertification card.</p> <p>____ Recertification is not granted</p> <p>Training Director signature: _____</p> <p>Date received: _____</p>
<b>TRAIN-THE-TRAINER: (6 hours)</b>					

Please provide a list of courses you would be interested in Instructing, this will help in finding Instructors to assist with training events throughout the state.

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How far are you willing to travel? \_\_\_\_\_ miles

Thank you, Instructors, for your time and dedication to your fellow firefighters.