

# RECERTIFICATION CARD FOR SOUTH DAKOTA FIRE INSTRUCTORS

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS CARD

INSTRUCTOR NAME:					SOCIAL SECURITY NUMBER: (for record keeping only)			
COMPLETE MAILING ADDRESS:					RECERTIFICATION DATE:(card due in office on this date)			
FIRE DEPARTMENT OR AGENCY:								
<b>12 HOURS OF INSTRUCTION:</b>					<p>I, the undersigned, request a review of these records for completion and request instructor recertification.</p> <p style="text-align: center;">_____ (Signature of instructor)</p> <p style="text-align: center;">_____ (Name of Fire Chief or head of agency)      (Signature of Fire Chief or head of agency)</p> <p><b>RECERTIFICATION REQUIREMENTS:</b>            Submit the following before the recertification date listed above:  <b>(NOTE: Keep a copy of all materials you submit)</b>            1.) This recertification card, documenting 12 hours of instruction and one 6-hour Train-the-Trainer course every two years.            2.) Course evaluation forms (filled out by students) from at least one class session you have taught.</p> <p>SENT TO:      FIRE SERVICE TRAINING PROGRAM                             SD STATE FIRE MARSHAL'S OFFICE                             118 WEST CAPITOL AVE                             PIERRE, SD 57501-2036</p> <p style="text-align: center;">(FOR OFFICE USE ONLY)</p> <p>FIRE SERVICE TRAINING DIRECTOR, Check one, please            _____ Recertification is granted. Issue new recertification card.            _____ Recertification is not granted.</p> <p>DIRECTOR'S NAME: _____</p> <p>SIGNATURE: _____ DATE: _____</p>			
STATE SUBJECT AND LOCATION OF CLASS	NUMBER OF HOURS	DATE OF CLASS	NAME OF AGENCY REP WHO HOSTED CLASS	SIGNATURE OF AGENCY REP				
<b>TRAIN-THE-TRAINER</b> (One 6-hour course every 2 yr.)								