



Course Request

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUESTED INFORMATION. INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

TYPE OF COURSE BEING REQUESTED <input type="checkbox"/> Fire <input type="checkbox"/> Hazmat <input type="checkbox"/> NFA		TODAY'S DATE	TITLE OF COURSE		COURSE NUMBER
DO YOU NEED BOOKS FOR THIS COURSE?*		IF YES, INDICATE THE NUMBER OF NEW BOOKS REQUIRED			
<input type="checkbox"/> No <input type="checkbox"/> Yes					
HOST DEPARTMENT NAME					
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
CONTACT PERSON'S NAME			CONTACT PERSON'S EMAIL		
DAY PHONE		CELL PHONE		FAX	
ADDRESS OF TRAINING LOCATION†		CITY	STATE	ZIP	COUNTY
INSTRUCTIONAL COSTS PAID BY: <input type="checkbox"/> FST‡ <input type="checkbox"/> Host <input type="checkbox"/> Other/N		IN-HOUSE COURSE?§ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Open <input type="checkbox"/> Closed		EXPECTED ATTENDANCE	
				MAXIMUM CLASS SIZE	
TRAINING PROPS NEEDED¶					
WHEN WILL YOU MEET?		HOW OFTEN WILL YOU MEET?		NUMBER OF CLASSES	
CONFIRMED INSTRUCTOR(S)			MENTORING INSTRUCTOR(S)		
Notes: <ul style="list-style-type: none"> In-house courses (instructional costs paid by host department) must have the instructor arrangements made and confirmed before submitting to FST. If you need assistance in identifying a qualified instructor for the requested course, contact FST for assistance. If FST hires the instructor(s), do not fill in the instructor section as FST will make hiring arrangements. Course approval will depend on the number of courses requested, special needs, and budget allocation. Course request must be made at least 45 days before the start of the course. A course syllabus and class schedule MUST be submitted with each course request. The class schedule should include when and how often you meet, the number of hours per session, and the instructor for each session. The minimum class size is 10 students unless a smaller class size is approved in advance by FST. The use of instructors outside of the local area must be approved in advance by FST. 					

Fax the completed form to 208-429-5559 or email it to fst@cte.idaho.gov. Questions? Call 208-429-5500.

OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE.		
RECEIVED	BY (INITIALS)	COURSE CODE
MENTORING INSTRUCTOR(S)		COURSE NUMBER

*To reduce costs and maximize the number of courses we can deliver, please consider reusing current version text books you may have. Please list the number of new text books you will need.
 †The location where students will report for training, NOT your home or department address.
 ‡List any FST training props needed for the class. If you only need training props for a portion of the class, please specify the dates needed for each prop. This can be listed in a separate document and attached to or included with the request form.
 §This is a class that your department wants to teach and is taught by your staff. Adjunct instructors from FST are not needed and won't be hired by FST. In-house open means your department has space and wants to open this class to members from outside your organization and you must follow FST curriculum. In-house closed means the course is available only to members of your organization.
 ¶If selected, these courses are open to all qualified fire service personnel. Instructors are hired and paid by FST.