

SCFA Instructor Off-site Authorization Form

Instructor: _____
Name *ssn*

Department: _____

Agent: _____
Printed name *title*

By my signature the instructor listed above is hereby granted authorization to serve as an instructor or skills evaluator in a training course authorized by and credited through the South Carolina Fire Academy, and offered outside the jurisdiction of this agency. I understand that such authorization is intended to extend this agency's Worker's Compensation and tort liability coverage (or equivalent assumption of liability) to cover the individual listed as if he/she were functioning within and/or for this agency, and that I must verify such coverage with this agency's carrier (if any).

I further understand that before this authorization is valid, the SCFA Regional Office (s) having jurisdiction over the training to be conducted must receive the original of this form, and a copy must be sent to the Instructor Certification Specialist to be placed in the instructor's certification file. Once the authorization form is received, this authorization is valid for the location(s), date(s), and course(s) listed below. In cases of multiple dates and/or locations, no further authorization form needs to be filed unless the information or authorization is changed.

I understand that actual delivery of training or evaluations under this authorization is subject to approval by the South Carolina Fire Academy according to existing policy at the time the program is delivered.

Lastly, I understand that I may revoke this authorization at any time by sending written notification to the Regional Office(s) where the authorization is on file, and forwarding a copy to the SCFA Instructor Certification Specialist.

Authorization: _____
signature *date*

Notary: _____
name *date*

Regional Coordinator: _____
Name *date*

*Check the boxes below to indicate the type of authorization, and complete any specific information required at the left. To authorize a specific program delivery, enter the exact dates, single location, and single course. Entering a range in any field will authorize all programs within that range. Entering **-none** for ending date or **-any** for location or course will make this a blanket authorization for that category. Checking the blanket authorization box allows the instructor to teach any course, at any location, at any time. Regardless of authorization, instructors may only teach or evaluate courses in which they have been certified.*

Valid dates: _____
starting date *ending date*

Location(s): _____

Course(s): _____

Authorization for:	
<input type="checkbox"/> single.....	<input type="checkbox"/> delivery
	<input type="checkbox"/> course type
	<input type="checkbox"/> location
<input type="checkbox"/> multiple.....	<input type="checkbox"/> course types
	<input type="checkbox"/> locations
<input type="checkbox"/> blanket authorization	