



NYSAFC Education Program Presenter & Instructor *Application*

Presenter/Instructor Information:

Name: _____ Title: _____

Fire/EMS Department/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (): _____ Email: _____

Are you affiliated with a private company that delivers fire/EMS training in New York state? Yes No

If yes, please specify:

Company Name: _____

Company Website: _____

Your area(s) of expertise and subject matter interest(s):

Training programs(s) you are interested in conducting for NYSAFC:

- Annual Conference & FIRE Expo fire or EMS class
- Seminar Series (delivered at numerous sites across New York state throughout the year)
- Company Officers Leadership Training (delivered at numerous sites across New York state throughout the year)
- Hands-On Training (delivered at Annual Conference and numerous sites across New York state throughout the year)
- New classroom-based program(s) (specify proposed courses and location of delivery):

Please forward the following information with this application:

- Resume, including details on past conference lecturing and/or hands-on training instruction experience.
- If desired, brief course description(s) of the programs you currently present.

Submit application and resume to New York State Association of Fire Chiefs:

Email: education@nysfirechiefs.com • 1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063-0328