COURSE NUMBER: _____



Division of Fire Prevention, State Fire Marshal's Office
Permits and Licensing Unit
500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2981
Fax: 615-741-1583

Email: <u>SFMO.permits-licensing@tn.gov</u> <u>http://www.tn.gov/commerce/section/fire-prevention</u>

TN CODE INSPECTOR COURSE APPROVAL FORM

- 1. Attach an outline of the course. Include the time frames for each segment.
- 2. Attach a statement of the methods and tools to be utilized.

NAME OF DEBCON DECLIFETING ADDROVAL FOR COURSE.

- 3. Attach a biography of the instructor(s).
- 4. Continuing education courses with multiple sessions (where credit varies according to seminars attended), submit a separate form for each seminar. Each seminar will receive a separate course number.

NOTE

- 1) If approved, a copy of the approved form with the course number will be sent to the requestor. The course number must be used on all future correspondence.
- 2) Notify the SFMO at least ten (10) business days prior to the approved course being held at other dates and locations.

NAME OF PERSON REQUESTING APPROVAL	FOR COURSE.
PHONE NUMBER:	_ EMAIL:
COURSE PROVIDER NAME:	PHONE NUMBER:
COURSE INSTRUCTOR'S NAME:	PHONE NUMBER:
COURSE PROVIDER ADDRESS:	
CITY/STATE/ZIP:	
WEBSITE:	E-MAIL ADDRESS:
COURSE TITLE:	
TYPE OF CONTINUING EDUCATION HOURS F	REQUESTING;
FIRE BUILDING MEC	HANICAL PLUMBING ELECTRICAL
NUMBER OF CONTINUING EDUCATION HOUR	RS REQUESTING APPROVAL:
DATE(S) OF COURSE:	
COURSE LOCATION:	
STATE FIRE MA	ARSHAL'S OFFICE USE ONLY
COURSE NUMBER:	
APPROVED BY: DA	TE APPROVED:
APPROVER REMARKS:	

COURSE OUTLINE BROKEN DOWN BY SUBJECT & TIME

(Time frames for each segment including lunch and breaks).

Make Copies As Needed For Courses.



CLASS SYLLABUS: (Attach a statement of the methods and tools to be utilized.)



INSTRUCTOR'S INFORMATION

Name:
Phone:
Email:
Education:
Work History:
Teaching Experience (last 5 years):

