



FIRE DEPARTMENT OF NEW YORK



Application for Fire and Life Safety Director Training Course Accreditation

Applicants for training school accreditation should pay the application fee below:
(*Application must be typewritten*)

- Original application fee (\$2,940.00, *Payable to FDNY*):
- Renewal application fee (\$420.00, *Payable to FDNY*):

Original and renewal accreditations will be issued for a term of one year.

Section 1: Institution Information

1. Name of Institution: _____

2. Mailing Address of Institution: _____

City: _____ State: _____ Zip Code: _____

3. Day time telephone number: _____

4. Web Address of Institution: _____

5. Location of Classes:

City: _____ State: _____ Zip Code: _____

6. Course schedule(s):

Fire course: _____

Non-Fire course: _____

Active shooter & Medical Emergency Prep course: _____



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7. Contact information of a designated representative:

Contact name: _____

Contact phone: _____

Contact email address: _____

Section 2: Principal(s) & Instructors Information *(list all principals & attach resumes)*

2.1. Name of Principal(s) ():

2.1.1 Name of a principal: _____

2.1.2 Name of a principal: _____

2.1.3 Name of a principal: _____

2.1.4 Name of a principal: _____

2.2 List of instructors, documentation of their qualifications and a list of the subjects each instructor will teach:

2.2.1 Name: _____ Topic(S): _____

2.2.1 Name: _____ Topic(S): _____

2.2.1 Name: _____ Topic(S): _____

2.2.1 Name: _____ Topic(S): _____

2.2.1 Name: _____ Topic(S): _____

Section 3: Course Fee and teaching materials Information

3.1 Provide a PowerPoint from the FDNY prepared booklet that will be used to teach the FLSD course. A letter of approval will be issued by FDNY upon approval of the PowerPoint submitted by the schools.

Please provide the date you will submit the power point: _____



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3.2 Tuition fees, material fees, and any other fees to be charged students.

3.2.1 Tuition fee for Fire component course (20hrs.): _____

3.2.2 Tuition fee for Non-Fire component course (7hrs): _____

3.2.3 Tuition fee for Active Shooter & Medical Emergency Preparedness
Component course (4 hrs.): _____

3.3 Indicate the instructor to student ratio for classroom. _____

3.4 Explain how your school will document the attendance of each student at every
Class (*describe*):

Section 5: Institution history of trainings and other licenses Information

5.1 A summary of the institution’s prior history and experience in conducting
similar training courses, including the location and approximate of each such date
of each such course:

5.2 A list of all other licensing authorities for which the training courses have
been approved or disapproved (*Specify the status and list all*):



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5.3 Evidence of compliance with New York State Department of Education regulations, or a statement from the applicant that the applicant and /or the training course are not subject to such regulations (*submit documentation if applicable list all applicable*):

Section 6: Applicant Statements and Signatures (*Required for all applicants*)

6.1 **MODIFICATIONS-** By signing and submitting this application, I/we agree to provide written notification to the Department of my/our intent to change instructors, course schedule, curriculum or teaching methods and to secure the Fire Department’s approval prior to making such modification.

6.2 **MISCONDUCT-** In addition to any other penalties provided by law, misconduct on the part of an applicant for accreditation, or any educator or educational institution or program granted accreditation, shall be grounds for denial, non-renewal, suspension or revocation of accreditation. Such misconduct includes, but is not limited to, the following acts or omissions:

- (1) any false or fraudulent conduct in connection with an application for accreditation or other Department approval;
- (2) the failure to conduct the course in accordance with standards and requirements for accreditation;
- (3) the failure to timely notify the Department of training course changes or to obtain approval therefor;
- (4) the failure to maintain proper recordkeeping;
- (5) the failure to allow Department representatives to attend a training course and/or audit records in order to monitor compliance with accreditation standards and requirements;
- (6) the failure to disclose to the Department training course information, including relating to the preparation, security and administration of examinations and students' grades; or



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(7) any other conduct that bears on the integrity of the applicant or accredited educator or educational institution or program, or the effectiveness of the training course.

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- (8) any false or fraudulent conduct in connection with an application for accreditation or other Department approval;
- (9) the failure to conduct the course in accordance with standards and requirements for accreditation;
- (10) the failure to timely notify the Department of training course changes or to obtain approval therefor;
- (11) the failure to maintain proper recordkeeping;
- (12) the failure to allow Department representatives to attend a training course and/or audit records in order to monitor compliance with accreditation standards and requirements;
- (13) the failure to disclose to the Department training course information, including relating to the preparation, security and administration of examinations and students' grades; or
- (14) any other conduct that bears on the integrity of the applicant or accredited educator or educational institution or program, or the effectiveness of the training course.



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I, _____ being duly sworn, state that I have read the foregoing and that the statements contained herein are true and correct. I fully understand the above affirmations and obligations. I understand that the making of a false statement may be subject me to criminal and civil penalties, pursuant to N.Y.C. Administrative Code Section 15-220.1.

<p><i>Applicant's name print :</i> _____</p> <p><i>Applicant's signature :</i> _____</p> <p>Date : _____</p>	<p>Notarization <i>(required for individual applicant)</i> State of New York, county of: Sworn to or affirmed under penalty of perjury _____ day of _____ 20____</p> <p>Notary Signature _____</p>	<p>Notary Seal</p>
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The completed application, any attachments & a check shall be submitted to:

New York City Fire Department
9 Metrotech Center Rm 1S-1A
Brooklyn, NY 11201
Attn: Public Certification Unit

| FDNY Official Use Only (Do not write in this section)

Date application received: _____ reviewed by: _____

Date power point received: _____ Approved Rejected

Comments:
