



ARKANSAS FIRE ACADEMY



Specialty Course Request Form

Thank you for your interest in requesting/developing a new Arkansas Fire Academy certifiable training course. Please take the time to fill out the following form so together we may have the new course ready for teaching as soon as possible.

1. Name and rank within department of person requesting course _____

2. Name of Fire Department _____

3. If curriculum is already developed or you will develop, please provide the following -

- learning Objectives
- Outline & Lesson Plan
- Teaching Aids (Powerpoint or Overhead References)
- Reference Sources
- Course Length
- Resources & Equipment
- Practical Skills
- Audience
- Overall Goal
- Reason for Course Development

4. If the AFA is developing this course for you please list critical information needed in the course _____

5. Other notes or information _____

Signature Department Chief _____ Date _____

Signature Person Requesting Course _____ Date _____