**PENNSYLVANIA STATE FIRE ACADEMY**
**1150 Riverside Drive, Lewistown, PA. 17044**
**(717) 248 1115 1 800 459 4096 (in PA) FAX: (717) 248 3580**

# ANNUAL LOCAL LEVEL INSTRUCTOR'S REPORT

**Please PRINT or type all information legibly**

**Name**_____ **SSN**_____
Last First MI

**Address**_____
Street City State Zip

**Mailing Address** (if different than above):

_____
Street/PO Box City State Zip

**Home Telephone**: (_____)_____ **Work Telephone**: (_____)_____

**e-mail**_____ **County of Residence**_____

**PROFESSIONAL DEVELOPMENT**: (8 hours minimum required to maintain currency)
Please list when, where, length, topic, presenter(s) – attach certificate or transcript if not State Fire Academy training – use rear of form as needed.

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**TRAINING REPORT**: (32 hours minimum required to maintain currency) Please list when, where, course or topic, length of teaching assignment, and employing/sponsoring organization – use rear of form as needed.)

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**Return to State Fire Academy by mail or FAX.** **LL Inst rep 1 03**