NFFPC TRAINING NOMINATION FORM Nominations due February 25th, 2021

Return to: Eric Earle,

eearle@nffpc.org

Course Number: NA	Course name:		Priority of
IQCS Session Number: NA	Course Location: V irtual Training		Course Date(s):
Course Tuition (if required):	Course Coordinator Name (First Last): Eric Earle		Course. Coord. Phone: 709-388-8888
Date Submitted:	Course Coord. E-Mail: eearle@nffpc.org		
Employee's IQCS ID Number: NA			
Nominee's Name (First MI Last): Please print name as it will appear on a certificate			
Working Job Title:		E-Mail:	
Agency Name:		Fax:	
Home Unit:		Nominee's Mailing Address (if different):	
Street:		Street:	
City:	State:	City:	State:
Zip:	Telephone:	Zip:	Telephone:
List your past qualifications pertinent to the position applying for:			
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)			
Supervisor's Signature: (I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in remarks.)			