



Bucks County Community College
Department of Public Safety Training and Certification
LOCAL LEVEL COURSE (REQUEST) APPLICATION

This form must be submitted to the Bucks County Community College with at least 8 weeks lead time before proposed starting date.

All Course (Requests) Application can be emailed to psstate@bucks.edu

To be completed by organization requesting the course							
Course Title:			FSC #		Hours:		Open ☐ Closed ☐
Starting Date:			Ending Date:				
Starting Time:			Ending Time:				
Indicate any other date/ times this course will meet:							
Mon Tues Wed Thurs Fri Sat Sun							
Hosting Agency Contact & Billing Information							
Agency Name:				Billing Contact:			
Contact Person:				Billing Address:			
Address:				City, State, Zip:			
City, State, Zip:				Phone Number:			
Cell Number:				Cell Number:			
Email:				Email:			
Course Location (include Street, City, State, Zip) County:				Is "Live Fire" being used?: ☐ YES ☐ NO If "Live Fire" is being used, list the location below:			
Name & Address of Proposed Instructor				Instructor Contacted: ☐ YES ☐ NO			
Lead:				Assistant(s):			
Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.) Signature also attests that Fire Department's Insurance carrier provides accident Insurance and workmen's compensation coverage for the participants.							
Printed Name: _____ Signature: _____ Date: _____							
To be completed by Bucks County Community College							
Bucks Co Dept: ☐		In Person: ☐		Cost Center: _____			
Standard: ☐		Online: ☐		Program: _____			
Bundles: ☐		Hybrid : ☐		Instructor Pay rate: _____			
Contracted: ☐		Amount: _____		Field Director Approval: _____			Date: _____
FOR OFFICIAL USE ONLY: This block may be used by BCCC to list Information specific to record keeping needs, such as Instructors, salary, etc.							
Name and Approval of Agency: Bucks County Community College Department of Public Safety Training & Certification				Expenses:			
<u>Instructor(s):</u>				<u>Salary:</u>			

****Please return completed form to psstate@bucks.edu****

INSTRUCTIONS FOR COMPLETING THE LOCAL LEVEL COURSE (REQUEST) APPLICATION



The following sections need to be completed by the requesting organization. Once completed submit the course application to psstate@bucks.edu.

Course Information

1. **Course Title:** Enter the full official course title.
2. **FSC #:** Provide the Bucks Fire Service Course number.
3. **Hours:** Indicate the total number of instructional hours.
4. **Open/Closed:** Check Open if the course is available to participants outside your department, or Closed if it is limited to your department.
5. **Starting Date/Time:** Enter the date and time the course begins.
6. **Ending Date/Time:** Enter the date and time the course ends.
7. **Additional Dates/Times:** List all extra class dates or meeting times.
8. **Days of the Week:** Check the boxes for the days the course will meet (Mon–Sun).

Hosting Agency Contact & Billing Information

1. **Agency Name:** Enter the full name of your fire department, company, or organization requesting the course.
2. **Contact Person:** Provide the name of the person responsible for coordinating the course.
3. **Agency Address:** Enter the address of your fire department
4. **Cell Phone & Email:** Contact information for the contact person hosting the class
5. **Billing Contact:** List the person who will receive invoices and handle payment.
6. **Billing Address/City/State/ZIP:** Enter the complete billing address.
7. **Phone Number/Cell Number:** Billing contact phone number
8. **Email:** Provide an email address for billing related communication

Course Location

1. **Course Location:** Enter the full address where the course will be held (street, city, state, ZIP).
2. **County:** Indicate the county where the course will take place.
3. **Live Fire Used:** Check Yes or No.
 - If Yes, provide the facility name and address of the live fire training site.

Name & Address of Proposed Instructor

1. Provide the full name of the lead and assistant(s) instructors.
2. **Instructor Contacted:** Check Yes if the instructor has been contacted, or No if contact is still pending.

Signature of Requesting/Employing Agency Representative

The signature of the requesting/employing agency representative (Chief, Training Officer, or President) confirms:

1. The department's insurance covers all participants for accidents and workers' compensation.
2. All information provided is accurate and complete.

Include: Printed Name, Signature and Date

The following sections are for Bucks County Community College use only. Please leave blank