

TEMA REQUEST FOR INSTRUCTOR CERTIFICATION or RE-CERTIFICATION

RESET

The curriculum established for becoming a Hazardous Materials Instructor for the state is based on training standards developed by the Tennessee Emergency Management Agency utilizing OSHA requirements and NFA 472 Standards for Hazardous Materials Instructors. The Instructor certification criterion is based on a series of courses offered by TEMA. These courses are comprised of National Fire Academy, Federal Emergency Management Agency, Federal Department of Homeland Security, and courses developed by TEMA. These courses require demonstration of competencies through written examinations, hands-on demonstrations, scenarios and exercises. Any certification or accreditation issued by TEMA may be suspended, revoked, or limited for good cause.

Certification Checklist:

- An application completely filled out listing TEMA Hand-off courses completed, by name, number and date.
- A copy of the TEMA Course Certificate(s) is attached to the application.
- Signature of the department training officer, or department head.
- Signature of applicant.
- Application and attachments submitted to the TEMA Regional Office for verification and review.

Certification **Recertification**

Name:	Date:	
Job Title:	SSN:	
Organization:	Phone:	
Address:	City:	Zip:
Did the Instructor's Certification Expire	Yes:	No:
T-t-T Date and Course Accomplished (for Expired Instructors)	Date:	Course:
Email Address:		

Courses Required for Certification

	Course #	Date
Instructor Methodology		

Courses Allowed to Instruct

	Adjunct

I certify that the information given in this application is correct and complete to the best of my knowledge. I have submitted the necessary documents and will supply further information as determined by TEMA. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application. I give my permission for verification of any information contained in this package.

Candidate's Signature Date

I verify that the Candidate is an employee of this department and, to the best of my knowledge, the information given in this application is correct and complete.

Employer's Signature / Training Officer / Department Head Date

TEMA Use Only	Date	Signature	Remarks	Y	N
District Coordinator					
Regional Administrator					
(STO) Training Officer					