

Connie Allen Beasley Training Aid of the Year Nomination Form 2012

North Carolina Society of Fire Rescue Instructors

3720 Old Flat Rock Road

Kernersville, NC. 27284

336-309-6900

NCSFRI.org

Name of Nominee _____

Address _____ City _____ State _____ Zip _____

Fire or Rescue Department (membership) _____

Subject(s) the Training Aid is utilized in Teaching _____

Location(s) where Training Aid has been used _____

Describe the Training Aid (use additional sheets as needed, photos may be attached) _____

How is Training Aid used in class

Training Aid is ___ Portable, ___ Fixed, ___ Computer Based. Cost of development of Training Aid \$ _____ Can this Training Aid be reproduced _____

Is the Training Aid available for demonstration at the Instructors Conference? _____

Your Name(print) _____ Phone # _____

I (signature) _____ hereby certify that all statements on this application are true and accurate to the best of my ability.

Return to Executive Director by **March 15, 2012**. Nominee must be a current member of NCSFRI to qualify.