

**Consultant Application**

**Consultant Criteria:** The following criteria must be met to be an FCCS Consultant. Select boxes before proceeding to Section 1.

- |  |   |
|--|---|
| <input type="checkbox"/> SCCM member (U.S. & International)  | <input type="checkbox"/> Willing to offer mentorship and guidance to first time Course Directors and Coordinators |
| <input type="checkbox"/> Teach/Direct at least two approved FCCS courses in the two previous years | <input type="checkbox"/> Recommendation letter from a current FCCS Consultant                                     |



**CONSULTANT CRITERIA SECTION MUST BE COMPLETED BEFORE PROCEEDING TO SECTION 1.**

**Type Information (English Only) (\* denotes required field). *Print completed form prior to submission as data will not be saved.***

**Section 1. Contact Information**

\*Last Name:  \*First Name:  Middle Initial:

\*Credential(s):  SCCM Member No.:

\*Contact Info:  Institution:

\*Street Address:  \*City:

State/Province:  Zip Code:  \*Country:

\*Telephone:  Fax:  \*Email:

**Section 2. Course Information**

\*FCCS courses you directed:

\*Date:  \*Course Site:

\*Date:  \*Course Site:

**Section 3. Consultant Information**

\*Would you consult for out-of-state or international FCCS courses?  Yes  No

\*Please describe why you would like to serve as an FCCS Consultant: (text limited to visible area of box)

\*Letter of recommendation requested:

(Name of active FCCS Consultant)

\*Applicant Signature

I certify that the above information is true and accurate. Typing name in the signature space provided shall serve as lawful signature as if signed by hand in person.

**ALLOW 2-4 WEEKS FOR PROCESSING APPLICATION**