



International Fire Service Accreditation Congress

Mentoring Program

Mentor Application

Name: _____

Institution or Certification Agency Name: _____

Address: _____

Telephone: _____

Email: _____ Fax: _____

Type of accreditation your entity currently holds:

Accredited degree program:

| | | | |
|--------|----------------------|-------|--------------|
| Fire | Emergency Management | Other | |
| AS/AAS | BS | MS | Ph.D. /Ed. D |

Accredited certifying entity:

| | |
|---------------|---------------|
| United States | International |
|---------------|---------------|

Length of time to serve: 3 Months 6 Months 9 Months 12 Months

I have attended Site Visit Team Member and Site Visit Team Leader training in the last three years.

Yes

Mentor Applicant Signature

Date