

**Oklahoma State University - Fire Service Training  
Certification - Subject Matter Expert Committee Application**

1. NAME (Last, First, Middle Initial, Suffix)	2. DATE OF BIRTH (MM/DD/YYYY)
3. HOME MAILING ADDRESS	4. PHONE NUMBER:
	5. E-MAIL ADDRESS:
6. NAME AND ADDRESS OF ORGANIZATION	7. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
8. JURISDICTION	
<input type="checkbox"/> STATEWIDE <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP <input type="checkbox"/> FOREIGN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> COUNTY GOVERNMENT <input type="checkbox"/> FEDERAL/MILITARY <input type="checkbox"/> DHS/FEMA                      _____ <input type="checkbox"/> CITY/TOWN/VILLAGE <input type="checkbox"/> INDUSTRY/BUISNESS <input type="checkbox"/> TRIBAL NATION                      _____	
9. CHECK ALL SUBJECTS YOU WOULD LIKE TO BE CONSIDERED FOR:	
<input type="checkbox"/> Fire Fighter I: NFPA 1001 <input type="checkbox"/> Fire Officer I: NFPA 1021 <input type="checkbox"/> Fire Fighter II: NFPA 1001 <input type="checkbox"/> Fire Officer II: NFPA 1021 <input type="checkbox"/> Hazardous Materials Awareness: NFPA 472, 1072 <input type="checkbox"/> Fire Instructor I: NFPA 1041 <input type="checkbox"/> Hazardous Materials Operations: NFPA 472, 1072 <input type="checkbox"/> Fire Instructor II: NFPA 1041 <input type="checkbox"/> Hazardous Materials Technician: NFPA 472, 1072 <input type="checkbox"/> Driver Operator - Pumper: NPFA 1002 <input type="checkbox"/> Fire Inspector I: NFPA 1031 <input type="checkbox"/> Driver Operator - Aerial: NFPA 1002	
10a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of acceptance.	
10b. I hereby authorize the release of any and all information concerning my enrollment in this program to the chief officer in charge, designee, of my organization. All requests for information shall be in writing from said chief or designee.	
10c. I agree to abide by the rules, policies, and regulations of Oklahoma State University, OSU-FST, International Fire Service Accreditation Congress, and The ProBoard Failure to do so will result in denial of the SME application, and removal from SME Committee participation.	
SIGNATURE OF APPLICANT	DATE
<b>EQUAL OPPORTUNITY STATEMENT</b>	
OSU-FST will not discriminate on the basis of age, gender, race, color, religious belief, national origin, sexual orientation, or disability in the admission and student related procedures. OSU-FST will make every effort to ensure equitable representation of minorities and women. Qualified minority and women candidates are encouraged to apply.	
<b>PRIVACY ACT STATEMENT</b>	
GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for SME Committee appointment.	
PURPOSES - To determine eligibility for participation in SME Committees. Information such as age, gender, and ancestral heritage are used for statistical purposes only.	

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**SECTION I - GENERAL INFORMATION**

1. Please describe your organization fully in terms of functions or services provided. (Attach additional pages as needed)

**SECTION II - BRIEF ESSAY QUESTIONS**

2. Please describe your specific duties and responsibilities within the organization. (Attach additional pages as needed)

**SECTION II - BRIEF ESSAY QUESTIONS**

3. How do you expect your background, experience, and capabilities to contribute to the Committee, your fellow participants, and the fire service  
(Attach additional pages as needed)

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**APPLICATION REQUIREMENT CHECKLIST**

- COMPLETED APPLICATION WITH ADDITIONAL PAGES ATTACHED
- 5 YEARS IN THE FIRE SERVICE OR FIRE RELATED ORGANIZATION
- 2-3 PAGE LETTER STATING WHY YOU ARE QUALIFIED FOR THE COMMITTEE
- LETTER OF SUPPORT FROM YOUR ORGANIZATION
- PROOF OF CERTIFICATION IN THE LEVELS YOU ARE APPLYING FOR

**MAIL COMPLETED APPLICATION TO:**

**Oklahoma State University Fire Service Training  
Certification Department  
1723 W. Tyler  
Stillwater, OK 74078**