KENTUCKY FIRE COMMISSION

110 Cleveland Drive Paris, Kentucky 40361

IN-HOUSE TRAINING ROSTER

Date:_____ **Host Agency:**_____ **Location:**_____

Lead Instructor (Print):_____ **FFN:**_____ **Level:** ☐ 1 ☐ 2 ☐ 3

Assisting Instructor (Print):_____ **FFN:**_____ **Level:** ☐ 1 ☐ 2 ☐ 3

Category	Class Name	Curriculum	Lesson Plan	Start	End	Method	Hours
						☐ CR ☐ HO ☐ OL	
						☐ CR ☐ HO ☐ OL	

FFN	LAST NAME	FIRST NAME	INITIALS	HOURS	

Instructor Signature:_____ Instructor Initials: _____

Date Entered:_____ Entered By:_____