

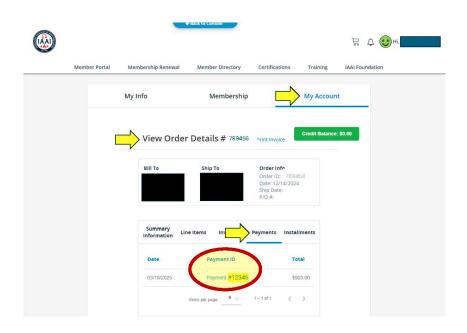
### 2025 IAAI-CI Renewal Application

International Association of Arson Investigators, Inc. Certified Instructor - Renewal Effective May 1, 2025

Before you begin this application, you will need to provide your PAYMENT number. Instructions on where to find this information can be found in the images below. IAAI-CI applications will not be processed without payment \*

12345

Type in Payment Number Here



#### PLEASE NOTE THE FOLLOWING:

Name \*

- Make sure to have all proper paperwork and credentials prepared before beginning the application process.
- It is highly recommended that you create a free Jotform account for online applications by clicking SAVE on this page and following the prompts. You may use any email address you would like, as this is not linked to your FireArson.com account.
  - You will receive an email link to your personal application draft. This will allow you to save progress and return to edit and add documents if needed, prior to submitting your final application.
  - Drafts are saved for 2 months, so if you do not submit your application in that timeframe, it will be deleted.
  - If you have saved your application, and come back to upload documents,
    please be sure all documents have uploaded properly before submitting.
- Please allow up to 15 business days to receive a response of approval or rejection for your application.
- IAAI Member No.: Membership in the IAAI is not required. This information is requested to assist the staff in processing the application.

Sample	Instructor
First Name with Middle Initial	Last Name
Address Line 1 *	Address Line 2
2331 Rock Spring Road	
City *	
Forest Hill	
State *	
Maryland	~
Country *	Zip *
United States	21050
Preferred Phone Number *	Email *
(555) 555-5555	certifications@firearson.com
	example@example.com
Current IAAI-CI Expiration Date *	
07-09-2025	
Date	

Excluding traffic violations, applicants shall disclose all convictions of violations of laws, statutes, ordinances, rules, regulations or canons. Disclosure is required

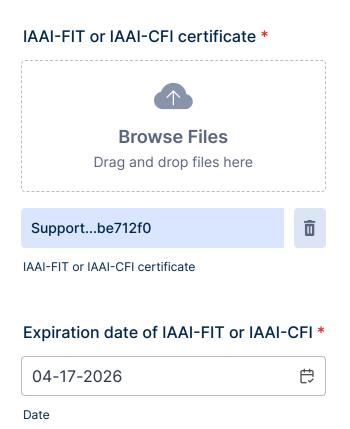
regardless of whether an offense has been expunged, vacated, dismissed or

sealed. Please indicate below if you have a conviction to disclose. We will be in touch regarding next steps, if needed. \*

No, I do not have any convictions to  $\checkmark$ 

### **Current Certifications**

Please provide a copy of your current IAAI-CFI or your IAAI-FIT certificate.



### **Required Training and Education**

Please provide information regarding the training courses that you are submitting in support of your application for the Certified Instructor Program. Total hours must reach a minimum of 150 tested training hours. (Up to 10% of the requirement may be untested.) These required hours combine both time spent in mandatory training courses and training hours generally related to the fire investigation and education profession. While general training hours are not limited to specific topics, this training should provide applicants with the knowledge to successfully present information in an adult learning environment. Supporting documentation can either be contained in a transcript or on a course certificate. All documentation will be subject to approval. Additional pages may be attached if necessary.

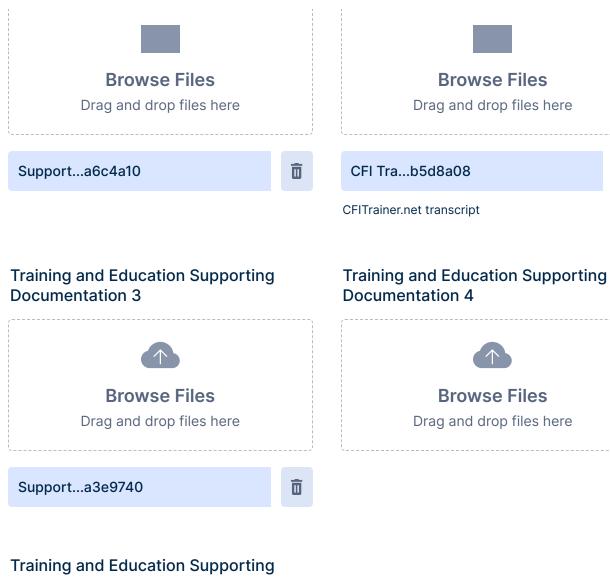
Please include all CFITrainer.net transcripts and copies of other certificates to support your experience claimed. \*

	Date	Tested Hours	Course Comments
*IAAI Certified Instructor Training Course (minimum 24 contact hours) Please specify in course comments.		24	
*CFITrainer.net: Ethics and the Fire Investigator (3 hours)		3	
*CFITrainer.net: The Scientific Method for Fire & Explosion Investigations (3 hours)		3	

Total Required Training: (Must total 30 ho	urs) *
30	

When uploading documents below, you may combine files into one PDF as needed to ensure all certificates and documents are included in your application.

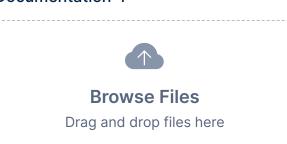
Instructor Training Course Certificate \* CFITrainer.net Transcript \*



# CFITrainer.net transcript

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### **Documentation 5**



#### **Browse Files**

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### **Additional Training and Education**

Please provide information regarding the training courses that you are submitting in support of your application for the Certified Instructor Program. While general training hours are not limited to specific topics, this training should provide applicants with the knowledge to successfully present information in an adult learning environment. Supporting documentation can either be contained in a transcript or on a course certificate. All documentation will be subject to approval. Additional pages may be attached if necessary.

Note: You may organize & combine training into timeframes, if needed. Please include all CFITrainer.net transcripts and copies of other certificates to support your experience claimed. \*

	Course Title	Date	Hours Claimed
Additional Training	Course	5/1/24	25
Additional Training	Course	5/1/24	25
Additional Training	Course	5/1/24	25
Additional Training	Course	5/1/24	50
Additional Training			

Total Additional Training: (Must total 120	O+ hours) *
125	

Additional Training Supporting Documentation 6

Additional Training Supporting Documentation 7



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#### **Browse Files**

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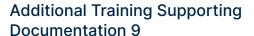


## Additional Training Supporting Documentation 8



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## Additional Training Supporting Documentation 10



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# Additional Training Supporting Documentation 11



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### Additional Training Supporting Documentation 12



### **Browse Files**

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### Additional Training Supporting Documentation 13



### **Browse Files**

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### Additional Training Supporting Documentation 14



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### Additional Training Supporting Documentation 15



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## Additional Training Supporting Documentation 16



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### Additional Training Supporting Documentation 17



#### **Browse Files**

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## Additional Training Supporting Documentation 18



#### **Browse Files**

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## Additional Training Supporting Documentation 19



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## Additional Training Supporting Documentation 20



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<b>Total</b>	<b>Training:</b>	(Must	total	150+	hours)	*
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### **Practical Teaching Experience**

Applicants for this designation shall document performance of a minimum of 44 instructional, coordination, and facilitation hours, including a minimum of 16 hours of actual instructional time. Applicants shall provide adequate documentation to support the performance of instructional hours and/or coordination and facilitation hours through the submission of letters of employment/reference or letters of appreciation issued by the host agency. The letters and/or certificates should clearly indicate the number of hours of training presented or coordinated. Please provide documentation to support your experience such as a letter from your employer or employment records.

### Teaching Experience \*

	Date	Hours Claimed	Course Title
Teaching Experience	5/1/25	20	Course
Teaching Experience	5/1/24	30	Course
Teaching Experience			

Total	Teaching	Experience:	(Must total	44 hours) 3	*

50				
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# Teaching Experience Supporting Documentation 3



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# Teaching Experience Supporting Documentation 4



#### **Browse Files**

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# Teaching Experience Supporting Documentation 5



### **Browse Files**

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# Teaching Experience Supporting Documentation 6



### **Browse Files**

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Current Employer *	Position *
ABC Fire Company	Battalion Chief
Company Address *	
2331 Rock Spring Road	
Supervisor *	Years of Experience *
T. Lawless	5
Dates: From *	Dates: To *
04/11/2019	04/17/2025 🛱
Date	Date
Letter from Employer *	
Provide	
	se Files rop files here
·	
Employment Letter.pdf	15.1KB
NOTE: Letter from employer must be included, and hav	re a valid signature.
Previous Employer	Position
Provide if current employment is less than 18 months	Provide if current employment is less than 18 months

Company Address	
Provide if current employment is less than 18 months	
Supervisor	Years of Experience
	Provide if current employment is less than 18 months
Dates: From	Dates: To
MM/DD/YYYY 🛱	MM/DD/YYYY 🛱
Provide if current employment is less than 18 months	Provide if current employment is less than 18 months
Letter from Employer	
	se Files
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Provide if current employment is less than 18 months

By submitting this application to the IAAI, with all required documentation, the applicant certifies this information to be true and correct to the best of their knowledge and certifies that they have read and understand the program requirements. The intentional submission of false information as part of this application will be cause for immediate rejection of the application and potentially subject the applicant to other penalties, including removal of IAAI member benefits.

#### Date \*

04/17/2025

Date

### Signature \*

