



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

VERIFICATION OF FIREFIGHTER TRAINING

THIS FORM MUST BE COMPLETED BY THE STATE CERTIFYING AGENCY, OR THE AGENCY UNDER WHICH THE CERTIFICATION WAS ISSUED. INCOMPLETE FORMS WILL **NOT** BE PROCESSED.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI
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SOCIAL SECURITY NUMBER	DISCLOSURE OF SOCIAL SECURITY NUMBER IS MANDATORY PURSUANT TO O.R.C. 3123.50 IN FURTHERANCE OF LICENSING PROVISIONS AND ANY OTHER STATE OR FEDERAL REQUIREMENTS.
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Did the applicant complete a firefighter certification training program under your jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were they issued an IFSAC or Pro Board certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the training meet NFPA 1001 guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What level of NFPA 1001 did they complete?	<input type="checkbox"/> FF 1 <input type="checkbox"/> FF 2
Did the applicant complete an Emergency Vehicle Operation Course that meets NFPA 1002 and NFPA 1451 guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the applicant pass a written examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the applicant pass a practical examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was certification issued for this training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any disciplinary action ever been taken against this person by your jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES, PLEASE PROVIDE DETAILS.

PLEASE INDICATE THE TOPICS AND HOURS INCLUDED IN THE TRAINING AND/OR ATTACH A SYLLABUS WITH TOPICS AND HOURS.

SUBJECT	HOURS	SUBJECT	HOURS
<input type="checkbox"/> Fire Department Organization	_____	<input type="checkbox"/> Fire Cause and Origin	_____
<input type="checkbox"/> Safety	_____	<input type="checkbox"/> Fire Control	_____
<input type="checkbox"/> Fire Behavior	_____	<input type="checkbox"/> Overhaul	_____
<input type="checkbox"/> Fire Alarm and Communication	_____	<input type="checkbox"/> Rescue	_____
<input type="checkbox"/> Portable Extinguisher	_____	<input type="checkbox"/> Water Supplies	_____
<input type="checkbox"/> Personal Protective Equipment	_____	<input type="checkbox"/> Fire Detection, Alarm, and Suppression Systems	_____
<input type="checkbox"/> Forcible Entry	_____	<input type="checkbox"/> Building Construction	_____
<input type="checkbox"/> Ventilation	_____	<input type="checkbox"/> Emergency Medical Care	_____
<input type="checkbox"/> Ropes	_____	<input type="checkbox"/> Hazardous Materials Awareness	_____
<input type="checkbox"/> Ladders	_____	<input type="checkbox"/> Hazardous Materials Operations	_____
<input type="checkbox"/> Salvage	_____	<input type="checkbox"/> Fire Hose, Appliances, and Streams	_____
<input type="checkbox"/> Foam Fire Streams	_____	<input type="checkbox"/> Fire Prevention, Public Fire Education, and Fire Cause Determination	_____

TOTAL COURSE HOURS _____

PRINT VERIFIER'S NAME	TITLE
VERIFIER'S SIGNATURE X	AGENCY
ADDRESS	PHONE NUMBER () - EXT.
CITY	STATE
	ZIP CODE