



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

VERIFICATION OF FIRE SERVICE INSTRUCTOR 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
SOCIAL SECURITY #		DISCLOSURE OF SOCIAL SECURITY NUMBER IS MANDATORY PURSUANT TO ORC 3123.50 IN FURTHERANCE OF LICENSING PROVISIONS AND ANY OTHER STATE OR FEDERAL REQUIREMENTS.
Did the applicant complete a firefighter certification training program under your jurisdiction?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the applicant issued an IFSAC or Pro Board certification?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the training meet NFPA 1041 guidelines?		<input type="checkbox"/> YES <input type="checkbox"/> NO
What level of NFPA 1041 did the applicant complete?		<input type="checkbox"/> FI 1 <input type="checkbox"/> FI 2
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 the applicant 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 SYLLABUS WITH TOPICS AND HOURS.

SUBJECT	HOURS	SUBJECT	HOURS
<input type="checkbox"/> Program Management	_____	<input type="checkbox"/> Instructional Development	_____
<input type="checkbox"/> Administrative Duties	_____	<input type="checkbox"/> Evaluation and Testing	_____
<input type="checkbox"/> Instructional Delivery	_____		

PRINT VERIFIER'S NAME	TITLE	
VERIFIER'S SIGNATURE X	AGENCY	
ADDRESS	CITY	STATE
ZIP CODE	PHONE # ()	ext.