



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**REQUEST FOR CHANGE (RFC) TO
PRACTICAL SKILL SHEET**



Please use one form for each skill. This form is to be submitted by Program Directors or Skills Coordinators administering the Ohio Practical Skills Testing.

YOUR NAME		DATE
E-MAIL ADDRESS	PHONE NUMBER	CERTIFICATION NUMBER

REASON

<input type="checkbox"/> Safety	<input type="checkbox"/> Performance Procedure(s)	<input type="checkbox"/> NFPA Standard Conflict
<input type="checkbox"/> Other (please explain)		

SKILL SHEET NUMBER	JPR NUMBER(S)
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REASONS FOR YOUR REQUEST

SUBMIT TO: Fire Education Coordinator
Ohio Department of Public Safety
Division of Emergency Medical Services
P.O. Box 182073
Columbus, Ohio 43218-2073

Fax: (614) 466-9461 **E-mail:** FireEducation@dps.ohio.gov

OFFICE USE ONLY

DATE RECEIVED	DATE DISCUSSED	CHANGE ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS		