



Virginia Department of Fire Programs Training Request/Course Completion Form

VDFP USE ONLY

SCHOOL NUMBER

This form must be used to request training from the VA Dept. of Fire Programs. Complete SECTION A to request training and submit (one) copy to the appropriate Division Office. Once the request has been processed, a copy will be mailed to you. Also, make sure the lead instructor is given a copy. A TRAINING REQUEST MUST BE APPROVED PRIOR TO A SCHOOL. After the training class is completed, the lead instructor will fill out Section B and return it with other school paperwork.

SECTION A (REQUEST FOR TRAINING)

Check Type of School:
<input type="checkbox"/> NON-FUNDED
<input type="checkbox"/> FUNDED
<input type="checkbox"/> REIMBURSABLE
REIMBURSABLE SCHOOL REQUESTS MUST BE ACCOMPANIED BY A LETTER OF INTENT TO PAY ALL INCURRED SCHOOL COSTS.

The _____ of _____
(Fire Department, Agency, Brigade) (City, Town, County)

wishes to establish a class in _____

at _____
(Location where training will be held)

Funded School information will be listed in the VDFP Website. Would you like your non-funded school listed on the VDFP Website. YES NO

Proposed Start Date: _____ Proposed End Date: _____ Number of Students: _____

Estimated Number of Training Hours: _____

Name of Person Initiating Request (Print Clearly) Street Address

City, State, and ZIP Day Time Telephone Number

INSTRUCTOR SECTION ON REVERSE SIDE MUST BE FILLED OUT.

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TRAINING APPROVED TRAINING DENIED _____
(REASON FOR DENIAL)

VDFP Division Chief Signature Date

SECTION B (COURSE COMPLETION INFORMATION, TO BE FILLED OUT BY LEAD INSTRUCTOR)

Actual School Date (If Different from request) Start : _____ End: _____

Total Number Training Hours (If different from request): _____

Total Number of Students Attending Training: _____

Enrollment: Number of Career Male: _____ Number of Volunteer Male: _____

Number of Career Female: _____ Number of Volunteer Female: _____

SECTION B CONTINUED ON REVERSE SIDE

SECTION B (COURSE COMPLETION INFORMATION CONTINUED)
 (USE SUPPLEMENTAL FORM IF NECESSARY)

Departments / Agencies Participating	FDID	City or County	Number of Students

INSTRUCTOR INFORMATION REQUIRED FOR BOTH SECTIONS A & B
 (USE SUPPLEMENTAL FORM IF NECESSARY)

List Participating Instructor Names and Social Security Number	Number of Hours and Topic Scheduled to Teach	ACTUAL HOURS REQUIRED FOR SECTION B ONLY
		List Actual Number of Hours and Topic Taught

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 VDFP Division Chief Signature and Date