Virginia Department of Fire Programs
Training Request/Course Completion Form

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:

- [ ] NON-FUNDED
- [ ] FUNDED
- [ ] REIMBURSABLE
- [ ] PARTIAL FUNDED
- [ ] FUNDED BY LOCALITY

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

wishes to establish a class in _____

at _____
　　(Location where training will be held)

Funded schools will be listed on the VDFP Website. Would you like your course to be be listed on the site for open enrollment?　　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

Contact E-mail Address _____

Locality may select "Funded by Locality" option above if course falls below recommended minimum seating allocations. All associated costs will be billed to locality to conduct the course

VDFP USE ONLY

[ ] 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: _____

Attach course schedule and preferred instructors to this form for review and approval