REQUEST FOR AREA WORKSHOP

**Arizona Center for Fire Service Excellence**

To request a training workshop, complete this form and submit to the Arizona Center for Fire Service Excellence by e-mail, regular mail or fax.

### The Facilities Verification Form and the syllabus used for the training must be turned in with this form in order to receive approval. List applicable NFPA Standards on the syllabus.

**Payments for all students are due at the time the final roster is submitted by the Workshop Instructor.**

***Mailing Address: Phone:*** 623-333-6500

P.O. Box 132 ***Fax:*** 623-333-0600

Avondale, AZ 85323-0050 E-mail: [jeff.johnston@azcfse.org](mailto:jeff.johnston@azcfse.org)

### WORKSHOP INFORMATION

|  |  |
| --- | --- |
| **WORKSHOP TITLE** | **TODAYS DATE** |
| **DATES OF WORKSHOP** | **MAXIMUM # OF STUDENTS** |
| **CURRICULUM**  **(i.e. textbook or other)** | **TOTAL WORKSHOP HOURS:** |
| **NFPA STANDARD & EDITION YEAR** | |

**HOST & INSTRUCTOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| **AUTHORIZED ADJUNCT INSTRUCTOR** | | |
| **ADJUNCT INSTRUCTOR EIN#** | | |
| **INSTRUCTOR PHONE #** | | **FAX** |
| **E-MAIL ADDRESS** | | |
| **HOST DEPARTMENT** | | |
| **HOST DEPT. MAILING ADDRESS** | | |
| **CITY** | **STATE** | **ZIP** |
| **LOCATION OF WORKSHOP**  (if different) | | |
| **STREET ADDRESS** | | |
| **CITY** | **STATE** | **ZIP** |

**ADMINISTRATION** (Office use only)

**ENTERED**

* ERMA
* Tracking worksheet

ERMA Tracking #

# FACILITIES VERIFICATION FORM

**For Certification Programs & Workshops**

## Arizona Center for Fire Service Excellence

This completed and signed form is required as part of the Program or Workshop Application Package—it is required to receive approval from the Arizona Center for Fire Service Excellence.

The purpose of this form is to provide documentation that:

* For Certification Programs: Testing on all (100%) of the AZCFSE practical skills required as part of this program will be possible at the test site selected for the certification examination. Equipment and facilities will be available to test any of the required skills. (Note: a random selection of skills will be tested during the certification exam).
* For Certification Programs and Workshops**:** The facilities and equipment used during the program or workshop, and for certification testing, ensures the health and safety of participants by providing facilities and equipment that meets or exceeds NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.
* The facilities used for classroom and manipulative skill testing for the program provides adequate space for testing. Adequate space is required to deter cheating during any written certification exams and to ensure privacy and safety during manipulative skills testing. The testing sites must also provide for the health and safety of participants.
* Personal protective equipment (PPE), apparatus, and equipment to be used during skill testing meet or exceed applicable NFPA standards.
* Classroom and skills training sessions for programs and workshops must be conducted at Fire Department facilities, other Emergency Services Department facilities, or recognized college facilities in Arizona in order to receive certificates from AZCFSE, unless there is a valid reason for the training to be conducted at an offsite location. Approval for any offsite training locations must be obtained on a case by case basis prior to issuance of certificates.

**PLEASE PRINT OR TYPE**

|  |  |
| --- | --- |
| **Type of program or workshop: (i.e. program or workshop title)** | |
| **Program Sponsor:** | |
| **Physical address:** | |
| **Mailing address:** | |
| **City:** | **Zip:** |
| **Classroom Testing Location:**  *(if applicable)* | |
| **Practical Skills Testing Location:**  *(if applicable)* | |

I hereby verify that the facilities, personal protective equipment, apparatus, and other equipment used during this Program or Workshop, and for certification examinations, ensures the health and safety of the participants, and meets the requirements of all applicable NFPA standards, and meets other requirements as stated above. I further verify that the classroom facilities and testing sites used for certification testing will provide adequate space for classroom and manipulative skills testing. I verify that the facilities and equipment used for certification testing are adequate to allow testing on any AZCFSE skill sheet selected for the examination (if applicable).

|  |  |
| --- | --- |
| **Authorized Lead Adjunct Instructor:** | |
| **Program Coordinator:** | |
| **Instructor or Coordinator Signature:** | **Date:** |