

**GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL  
COURSE CREDIT REQUEST FORM**

This form is to be used to request course approval to meet annual re-certification requirements. Please complete each section and submit this form along with lesson outlines and evaluation form.

**SECTION I - COURSE INFORMATION**

Course Title \_\_\_\_\_

Course Length \_\_\_\_\_

Course Prepared By \_\_\_\_\_

Please attach a copy of each of the following:

1. Summary of Lesson Plan (course description)
2. Student Performance Objectives
3. Method of Instruction

**Course Completion Requirements:**

Cognitive Test \_\_\_\_\_ Performance Test \_\_\_\_\_ Attendance \_\_\_\_\_

Other \_\_\_\_\_ (Describe) \_\_\_\_\_

**SECTION II - FACILITIES INFORMATION**

Location of Training \_\_\_\_\_

\_\_\_\_\_ Classroom

\_\_\_\_\_ Fire Station Bay

\_\_\_\_\_ Drill Field

\_\_\_\_\_ Burn Building

\_\_\_\_\_ Other \_\_\_\_\_

**SECTION III - INSTRUCTOR INFORMATION**

Primary Instructor \_\_\_\_\_

Instructor Qualifications \_\_\_\_\_

\_\_\_\_\_

**SECTION IV - AGENCY INFORMATION**

Requesting Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Date: \_\_\_\_\_ Name/Title \_\_\_\_\_  
(Person Requesting Course Approval)

Signature: \_\_\_\_\_

NOTE: FOR PARTICIPANT RECERTIFICATION CREDIT, A ROSTER OF ALL WHO SUCCESSFULLY COMPLETED THE COURSE MUST BE KEPT ON FILE WITHIN THE FIRE DEPARTMENT RECORDS. THE ROSTER MUST INCLUDE NAME, SSN, AND DATE OF COURSE, COURSE TITLE, AND COURSE NUMBER.

\*\*\*\*\* \*\* FOR GFSTC USE ONLY \*\*\*\*\*

Review:

Approved \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Course Number Assigned \_\_\_\_\_

Date Letter Sent \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_