



Georgia Public Safety Training Center

Fire Academy Division Training Request

USE THIS FORM TO REQUEST OFF-CAMPUS TRAINING

In order for the Fire Academy Division to conduct training at a local facility, Georgia law requires that the fire department to receive the training meet all compliance requirements, as stated in OCGA Title 25-3-22.



Field Delivery: Sections 1, 2



Distribution: Sections 1, 2, 3



Outside Agency Training: 1, 2, 3

Please Print or Type

SECTION 1:

AGENCY INFORMATION

Agency Name _____

Agency Address _____

City _____ Zip Code _____ Email Address _____

Daytime Telephone _____ Alternate Telephone _____

SECTION 2:

TRAINING INFORMATION

Type of Training Requested (course name) _____

Course Location Requested _____

Estimated Enrollment _____ Beginning Date Requested _____ / _____ / _____

Ending Date _____ / _____ / _____

Fire Academy Props/Facilities/Number of Instructors needed Yes No

If yes, please list (be specific)



Large dashed-line box for listing specific details if applicable.

By the signature below, I verify that all students have met, or will have met, all prerequisites for this class by the start date. Failure to do so will require that the applicant be dismissed from the training program. For Distribution or Outside Agency Training, the Requestor's signature indicates that he/she assumes liability and responsibility for the actions of the instructors and students in the course. This authorization does not transfer this liability to the academy authorizing this training, and the requestor's signature indicates the approval and assumption of any applicable liabilities and responsibilities.

Requested By _____ Requestor's Title _____

Email Address of Requestor _____

Signature _____ Date _____ / _____ / _____



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SECTION 3:

INSTRUCTOR/EXAM INFORMATION

Instructors

Lead Instructor _____ Contact Telephone _____
 Email Address of Lead Instructor _____

Completed and current adjunct instructor application must be on file at GPSTC.

Other Instructor(s) or other qualified prop operators as needed: 

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Exams: Please select the method for GPSTC Fire Academy Division Test Administration

To be administered by the Fire Academy Division staff at the off-site location

To be administered by approved Fire Academy Division proctor (Proctoring Guidelines form must be on file at GPSTC)

Date of GPSTC exam _____ Written _____ Performance Exam _____

Time of GPSTC Exam _____

GPSTC Exam/Test Security Administration Instructions:

- ✓ Exams will remain sealed until the time of administration.
- ✓ The "academy approved" proctor will remain in the class for the entire exam and will be the only individual to handle and collect exams.
- ✓ Proctor will count and record number of exams handed out, verify, and record number of exams turned in at completion.
- ✓ Any testing irregularities will be immediately reported to the academy, and Uniform Academy Regulations will be followed for required reporting of any incidents.
- ✓ No copies are to be made of any exam without the expressed written approval of the academy director.
- ✓ Completed exams will be returned to the academy in a sealed envelope within 5 working days after course is completed.

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| <p>Send to: Fire Academy Division Georgia Public Safety Training Center 1000 Indian Springs Drive Forsyth, GA 31029 (478) 993-4670 FAX (478) 993-4671</p> | <p>FIRE ACADEMY DIVISION USE ONLY:</p> <p>Date Received _____</p> <p>Date Recorded _____</p> <p>File Created _____</p> <p>Assigned To _____</p> |
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