Oklahoma State University Fire Service Training
Certification System
Training Verification Form

To: Registration Clerk

Date:

Name of Candidate: Organization:

Date of Birth: Organization Phone #:

Test You Are Challenging: Organization Address:

Date of Test: Location of Test:

Candidate Telephone #: Candidate E-Mail:

I verify that _____________, has completed training to satisfy the appropriate objectives/JPRs found in NFPA _____________, edition which apply to level _______. Further, I have reviewed all training records indicating the dates and times of training and verified the above stated candidate is proficient in objectives/JPRs and is prepared for the certification process. Further, I verify that the above stated candidate(s) meets the requirements of NFPA 1582, Standard on Medical Requirements for Fire Fighters, and I attest that the above stated candidate(s) is a member of the organization stated below and as a result of membership is covered by this organization’s workmens compensation provider (health insurance for academic institutions.)

__________________________
Signature of Department Director, Organization or Designee

__________________________
Date

Title of Department Director, Organization or Designee

Organization

Organization Street Address

City, State Zip

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The following information is designed to assist you in completing this Training Verification Form. Choose the level that applies. An example of how the information should be listed in the form is shown below.

“I verify that John Smith, has completed training to satisfy the appropriate objectives/JPRs found in NFPA 1001, 2002, edition which apply to level 1.”

- NFPA 1001, 2002 edition Fire Fighter I
- NFPA 1001, 2002 edition Fire Fighter II
- NFPA 1021, 2003 edition Fire Officer I
- NFPA 1021, 2003 edition Fire Officer II
- NFPA 1031, 2003 edition Fire Inspector I
- NFPA 1031, 2003 edition Fire Inspector II
- NFPA 1041, 2002 edition Fire Instructor I
- NFPA 1041, 2002 edition Fire Instructor II