

**DIVISION OF STATE FIRE MARSHAL
APPLICATION FOR CONTINUING EDUCATION CREDIT**

Please PRINT or TYPE all information

TITLE OF Fire Official: _____

LAST NAME: _____ **FIRST NAME:** _____

HOME PHONE: _____ **WORK PHONE:** _____

MAILING ADDRESS: _____

NOTE: If your telephone number or address of record has changed, please check this box

COURSE/PROGRAM TITLE: _____

TOTAL CLASS HOURS : _____ **DATE(S):** _____ **TESTED/NONTESTED**
(CIRCLE)

PROGRAM SPONSOR: _____

LOCATION: _____

PLEASE NOTE: IF YOU ARE SEEKING CREDIT FOR A COURSE NOT SPONSORED BY THE RHODE ISLAND FIRE ACADEMY OR PREAPPROVED BY THE FIRE EDUCATION AND TRAINING COORDINATING BOARD, YOU MUST SUBMIT A COURSE DESCRIPTION, AS WELL AS A CERTIFICATE OF COMPLETION, TRANSCRIPT, OR SOME OTHER TYPE OF PROOF OF ATTENDANCE THAT IS ACCEPTABLE TO THE STATE FIRE MARSHAL IN ORDER TO BE PROCESSED.

For Office Use	Course #	CEU's Awarded	Approved By: