

MS FIRE ACADEMY FIELD DELIVERY REQUEST (REV 9/2015)

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| Requesting Department: | |
| Address and City: | |
| Phone Number: | Fax Number: |
| Email: | Contact Person: |
| Please indicate which course you are requesting | |
| <p><u>Certification:</u></p> <p><input type="checkbox"/> 1001 Fire Fighter I-II</p> <p><input type="checkbox"/> 1021 Fire Officer I-II</p> <p><input type="checkbox"/> 1041 Instructor I</p> <p><input type="checkbox"/> 1521 Safety Officer</p> <p><u>Curriculum</u></p> <p><input type="checkbox"/> CPAT Exam</p> | <p><u>Extension:</u></p> <p><input type="checkbox"/> 1002 Driver Operator-Pumping Apparatus</p> <p><input type="checkbox"/> 1002 Driver Operator-Aerial Apparatus</p> <p><input type="checkbox"/> Certified Rural Fire Apparatus Driver I</p> <p><input type="checkbox"/> 1002 Overview of Apparatus Pump Operations</p> <p><input type="checkbox"/> Basic Aerial Operations Annual Refresher</p> <p><input type="checkbox"/> Auto Extrication</p> <p><input type="checkbox"/> Passenger Bus Rescue & Incident Mgmt.</p> |
| <p><u>Special:</u></p> <p><input type="checkbox"/> Rope Rescue Modules I - IV</p> <p><input type="checkbox"/> Confined Space Rescue</p> <p><input type="checkbox"/> Hazardous Materials- First Responder</p> <p><input type="checkbox"/> Hazardous Materials Technician Modules I- VI</p> | <p><u>Other: Identify by Course Name:</u></p> |
| <p>Type of Delivery Requested: (please indicate)</p> <p>_____ Combination-Academy staff and host department share instructional duties.</p> <p>_____ Contract- Academy staff to deliver and test course.</p> <p>_____ Department to provide Instruction and Academy staff will administer test.</p> <p>_____ Academy staff to designate contract workers (Adjunct Instructors) to deliver program And/or Academy staff will proctor final skills/testing. (Usually, grant funded course)</p> <p>_____ Please list your preferred method of delivery for Adjunct Instructor delivery programs. (Example: days, nights, skip any nights, weekend, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| <p>Documentation Required to Continue this field delivery request:</p> <p>___ Signed MS Fire Academy Field Delivery Request form from host department</p> <p>___ Completed MSFA Roll Sheet (Please print or type student names and departments)</p> <p>___ Projected Field Delivery Start Date: _____</p> <p>___ Students from Other Departments will Participate (Department Names):</p> <p>_____</p> | |
| Chief Signature: | Training Officer Signature: |
| <p>Upon receipt of this document and the roll sheet, the Academy staff course coordinator will contact you regarding your request. If a Memorandum of Understanding is required, the Memorandum of Understanding (MOU) document will be submitted for the signature of the chief. Upon receipt of a signed MOU, the field delivery course material with instructions will be submitted to you. Testing dates will be agreed upon by both parties according to availability.</p> | |