Mississippi State Fire Academy
#1 Fire Academy USA
Jackson MS 39208
601-932-2444

Student Credentialing Form

New Student _____

Student Update _____

STUDENT NAME: _____

Last First Middle I

Your Date of Birth: Month _____ Day _____ Year _____

Please list any names you may have used for course registration:

_____

Exact name you would like to appear on your certificates/training record:

_____

Email Address: _____

Email addresses will be used for the reporting of grades only

Department/Organization: _____ (as of today)

Rank: _____

Your SFA Student ID number will be:

_____ -- _____ -- _____

First 3 Letters of Last Name First 2 Letters of First Name Last 4 digits of SS#

Are you any of the following: _____ EMT _____ Medical 1st Responder _____ Paramedic

Please sign and date to indicate all information is correct.

_____

Signature Date

Do not write below this line - MSFA staff will use for the credentialing process

ARFF	MFR	EMT	EMT-P
FADO	FFI	FFII	FFIII
FINSI	FINSII	FOI-II	FOIII-IV
HMA	HMO	HMT	INST
IC	ICT3	EVT	INVEST
PIO	PIOT3	ROPE	SCRT
SOT3			