

**GEORGIA STATE FIRE MARSHAL'S OFFICE  
STANDARDS AND TRAINING  
TRAINING CREDIT REQUEST FORM**

(Email completed course form to [engineering@sfm.ga.gov](mailto:engineering@sfm.ga.gov))

This form is to be used to request training course approval to meet annual continued education units hours as required by Rules and Regulations 120-3-23. Please complete each section and submit this form along with training outlines and evaluation form.

**SECTION I – TRAINING COURSE INFORMATION**

Course Training Title: \_\_\_\_\_

Course Training Length: \_\_\_\_\_

Course Training Prepared By: \_\_\_\_\_

**Please attach a copy of each of the following:**

1. Summary of Training Plan (training course description)
2. Student Performance Objectives: Certificate
3. Method of Training Instruction

**Training Course Completion Requirements:**

Cognitive Test \_\_\_\_\_ Performance Test \_\_\_\_\_ Attendance \_\_\_\_\_

Other \_\_\_\_\_ (Describe) \_\_\_\_\_

Training Certificate issued: YES \_\_\_\_\_ NO \_\_\_\_\_

**SECTION II -FACILITIES INFORMATION**

Location of Training Offered: \_\_\_\_\_

\_\_\_\_\_ Please list the name and address of the facility where training will be held:

\_\_\_\_\_ Classroom location

\_\_\_\_\_ Field (Technical College)

\_\_\_\_\_ Licensed by SFMO Fire Suppression Business

\_\_\_\_\_ Other: (CLARIFY BELOW)



**SECTION IV – TRAINING COURSE INFORMATION**

**REQUESTING TRAINING PROGRAM:**

\_\_\_\_\_  
NAME OF BUSINESS OFFERING TRAINING COURSE

\_\_\_\_\_  
Street City State Zip Code

Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_  
(Person Requesting Course Approval)

Signature: \_\_\_\_\_

NOTE: FOR PARTICIPANT TRAINING PROVIDER FOR CONTINUING EDUCATION UNITS HOURS , A ROSTER OF ALL WHO SUCCESSFULLY COMPLETED THE TRAINING MUST BE KEPT ON FILE WITHIN THE TRAINING PROVIDER AND PROVIDED TO THE STATE FIRE MARSHAL’S OFFICE ON COMPLETION OF THE TRAINING SESSION. THE ROSTER MUST INCLUDE NAME, SSN, AND DATE OF TRAINING, TRAINNG TITLE, AND INCLUDE THE TRAINING COURSE NUMBER ASSIGNED BY STATE FIRE MARSHAL’S OFFICE.

\*\*\*\*\* \*\* FOR SFMO USE ONLY \*\*\*\*\*

**Review:**

Reviewed by: \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Training Course Number Assigned \_\_\_\_\_

Date Letter Sent \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**Summary of Training Plan (course description): List all NFPA Standards covered and all Codes the training offers in this training session.**

**Student Performance Objectives:**

**TO OBTAIN CONTINUING EDUCATION UNIT AS REQUIRED BY 120-3-23.**

**Method of Instruction:**

The method of instruction will be classroom power point presentation and lecture with handouts. The student will be allowed to question instructor at the end of the training. The instructor will answer any student questions and/or forward information REGARDING THE TRAINING CONDUCTED TO THE SFMO (STATE FIRE MARSHAL'S OFFICE).