



COMMERCE & INSURANCE
 TENNESSEE COMMISSION ON FIRE FIGHTING
 2161 Unionville Deason Road
 Bell Buckle, TENNESSEE 37020
 931-294-4140

<u>FOR COMMISSION USE ONLY</u>	
Rec'd	_____
App'd	_____
Hours Credit	_____
NOTES	_____

APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program. A separate form must be submitted for each substitution requested.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

SECTION A

REQUEST FOR: (check one)

_____ TN FIRE COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE
 (complete section A, B, C and F)

_____ COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE
 (complete section A, B, E and F)

_____ SPECIALIZED TRAINING SUBSTITUTION Must at least 2 hours except for approved On-line Courses can be 1 hour or more.
 (complete section A, B, D and F)

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SECTION B

Last Name,	First Name	MI	Fire Department Name
Rank/Position	ACADIS PSID Number		
Home Address	City	State	Zip

Completed 4 hours of Firefighter Safety Training on _____
 Date

Completed the CPR Certification requirement on _____
 Date

**SECTION C
 COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named TN Fire Commission certification.

_ Title of TN Fire Commission Certification	TN Fire Commission Certification Number
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_____ Date Issued

Copy of Certification Must Be Attached

SECTION D
SPECIALIZED TRAINING SUBSTITUTION

Must at least 2 hours except for approved On-line Courses can be 1 hour or more

Course Title _____ # of Hours of Course _____ Test Score _____

Sponsoring Agency _____ Institution _____ Department _____

Location _____

Date: From _____ To _____ # of hours requested _____

A course outline and sign in roster or certificate of completion must be attached

* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer for his/her approval and both applicant's evaluation and the Training Officer's approval are to be attached. **NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.

SECTION E
COLLEGE/UNIVERSITY

TITLE OF COURSE _____ COLLEGE OR UNIVERSITY _____

LENGTH (HOURS) OF COURSE _____ EXPECTED DATE OF COMPLETION _____

Attach College/University catalog description or syllabus of course.

A copy of the transcript showing the grade earned for this course must be attached in order for credit to be given. This course must be completed within the calendar year in which training is requested.

This course is being taken for the following reason(s):

- _____ Agency Requirement _____ Professional/Personal Enrichment
- _____ Degree Requirement _____ Associate _____ Bachelor _____ Master
- _____ Other _____

A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.

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SECTION F

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

Applicant's signature

Training Officer's signature

Fire Chief's signature

You may use a digital signature if you have one or you can leave blank, print and sign.