

Texas Commission on Fire Protection

Fire Service Standards & Certification Division

P. O. Box 2286, Austin, Texas 78768-2286
(512) 936-3838 FAX (512) 936-3808

Training Prior Approval

Date Received

Date Approved

Entered By

Approved By

Commission rule requires this form to be completed and submitted to the commission for approval, **at least twenty (20) days prior to the commencement of training**, in order for credit to be given toward certification training.

On-Site
 Distance *(Required for Distance Training Training approval)*
 course username: _____
 course password: _____

Training Information

FDID #	Provider of Training	(Agency Use Only) [Facility Cert./ Exp.]	
Address to which Provider of Training wants the approval returned		City	Zip Code
		TX	
Does the training meet all requirements for Training Facilities as set forth under Chapter 427 Standards Manual for Fire Protection Personnel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this training meet all the competencies as stated in the applicable Commission Certification Curriculum Manual?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the lead instructor hold, as a minimum, Fire Service Instructor II certification and hold certification in the discipline being taught?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all instructors hold instructor certification and are certified, or approved by the commission to instruct, in the applicable subject?* (<i>Note: Does not apply to guest instructors who bring special knowledge, skill, and expertise, and teach under the endorsement of the lead instructor.</i>)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Note: In order to teach Instructor I courses, the instructors must hold Instructor II or higher certification. In order to teach Instructor II or III courses, the instructors must hold Instructor III or higher certification. [See commission rule §427.307(f)(g) for details.]</i>			
If the answer is "No" to any of the questions above, please indicate the reason here or attach an additional explanation page:			
Classroom Location(s)		Practical Performance Training/Testing Location(s)	
Course I. D. #	Course Title	Total number of hours	
Course Start Date	Course End Date	Days of Instruction	Class Start Time(s) Class End Time(s)
		SU__ M__ T__ W__ TH__ F__ SA__	

Chief Training Officer

SSN or PIN	Chief Training Officer's Name	Level of Instructor Certification
Chief Training Officer's Phone		Chief Training Officer's Signature
Chief Training Officer's FAX Number		Chief Training Officer's E-Mail Address (if available)

By my signature above, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the Texas Commission on Fire Protection.

According to Commission rule §427.305 (c), periodic written tests shall be administered at the ratio of one test per 50 hours of recommended training, or portion thereof. (Please attach additional pages, if necessary).

Periodic Exams and Course Final Dates

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.
COURSE FINAL:	

According to Commission rule §439.11 (b), “During the course of instruction, the training provider shall test for competency, the Commission-designated performance skills. The skill evaluations may be scheduled at any time during the course, but must take place after all training on the identified subject area has been completed. The date(s), time(s) and location(s) for the Commission-designated skill evaluations must be submitted on the Commission-designated skill schedule contained within the Training Prior Approval form. The Commission must be notified immediately of any deviation from the submitted Commission-designated skill schedule. All skills must be evaluated by a Commission-approved Field Examiner.”

Commission Designated Skills

Skill Topic	Skill Date	Time	Location (physical location address, city)
1.			
2.			
3.			
4.			
5.			
6.			

Academy Contact Information

Academy Contact Name:	Contact's Phone:	Contact's FAX Number:
Contact's E-Mail Address (if available)		

Complete the information below only if you are conducting training as established in the Commission's Certification Curriculum Manual in which performance skill evaluations are required either as part of the academy or part of the Commission-designated performance skill evaluations.

Field Examiners (Attach additional sheets, if necessary.)

SSN or PIN	Instructor's Name	(Agency Use Only)	
		Instructor Level Held	Discipline Check

- Complete the information below only if you are conducting training as established in the Commission's Certification Curriculum Manual and need to schedule a state certification examination.
- Exams less than three (3) hours long must take place at either commission established regional test sites or designated testing sites.
- To obtain the regional test site schedule, please go to the commission's website at http://www.tcfp.texas.gov/testing/regional_testing.asp.
- If a commission-designated testing site or examiner is to be used, a written agreement from the testing site representative or commission – designated examiner confirming the agreed upon location, date, and time of the examination must be attached to this application.

State Certification Examination

Test Location: (Street address, City, etc.)	1 st Choice Date & Time	2 nd Choice Date & Time	3 rd Choice Date & Time

Anticipated Number of Students	
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Payment Preference (Please indicate below how payment will be handled.)

<input type="checkbox"/> Academy to be billed.	<input type="checkbox"/> Individual responsible for payment
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TCFP-030	Page 3	Course Approval Number:	Type of Exam:
9/1/2011	R17	FDID:	Academy Name: