

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Approved By
	Continuing Education Documentation Form for Individual Certification Renewal	

****This form is to be used only if certificates of completion from the provider of training are not available.**

****The information below must be legible, and the form must be signed by a certified instructor.**

Personal Information:				
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial

Training: Supply training information below. (Refer to Chapter 441 of Standards Manual for information on continuing education.)					
Date	Subject	Name of Department or Training Facility	Instructor Name	Instructor PIN	Hours

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the State Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. Sections 601-617 and 651-669).

By my signature below, 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 T.C.F.P.

Individual's Signature

Signature of Chief Training Officer or Instructor

Print Individual's Name

Print Chief Training Officer or Instructor Name

Date

Date

TCFP-010	Continuing Education Documentation Form
-----------------	--

Purpose: This form is to be utilized by individuals not associated with a department to submit their continuing education information during the renewal process.

Date Received: Reserved for agency use.

Date Approved: Reserved for agency use.

Approved By: Reserved for agency use.

Personal Information: Provide the pertinent information regarding the individual that the form is being submitted for.

Training:

Date: Date of the training.

Subject: Subject of the training.

Department or Training Facility: Name of the department or facility where the training was received.

Instructor Name: The instructor who provided the training.

Instructor PIN: The instructor's personal identification number assigned by the commission.

Hours: Number of hours of training received not to exceed 4 hours.

Individual's Signature: Legal signature.

Signature of Chief Training Officer or Instructor: Legal signature of the officer charged with responsibility for the training program in an organization, or the instructor conducting the training.

Date: Date signed.