



# Virginia Department of Fire Programs Training Request/Course Completion Form

VDFP USE ONLY

SCHOOL NUMBER

This form must be used to request training from the VA Dept. of Fire Programs. Complete SECTION A to request training and submit (one) copy to the appropriate Division Office. Once the request has been processed, a copy will be mailed to you. Also, make sure the lead instructor is given a copy. A TRAINING REQUEST MUST BE APPROVED PRIOR TO A SCHOOL. After the training class is completed, the lead instructor will fill out Section B and return it with other school paperwork.

## SECTION A (REQUEST FOR TRAINING)

Check Type of School:
<input type="checkbox"/> NON-FUNDED
<input type="checkbox"/> FUNDED
<input type="checkbox"/> REIMBURSABLE
<input type="checkbox"/> PARTIAL FUNDED

The \_\_\_\_\_ of \_\_\_\_\_  
(Fire Department, Agency, Brigade) (City, Town, County)

wishes to establish a class in \_\_\_\_\_

at \_\_\_\_\_  
(Location where training will be held)

Funded schools will be listed on the VDFP Website. Would you like your course to be listed on the site for open enrollment? YES  NO

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Estimated Number of Training Hours: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Initiating Request ( Print Clearly) Street Address

\_\_\_\_\_  
City, State, and ZIP Day Time Telephone Number

\_\_\_\_\_  
Email

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*INSTRUCTOR SECTION ON REVERSE SIDE MUST BE FILLED OUT.*

TRAINING APPROVED  TRAINING DENIED \_\_\_\_\_  
(REASON FOR DENIAL)

\_\_\_\_\_  
VDFP Division Chief Signature Date

## SECTION B ( COURSE COMPLETION INFORMATION, TO BE FILLED OUT BY LEAD INSTRUCTOR)

Actual School Date ( If Different from request ) Start : \_\_\_\_\_ End: \_\_\_\_\_

Total Number Training Hours ( If different from request): \_\_\_\_\_

Total Number of Students Attending Training: \_\_\_\_\_

Enrollment: Number of Career Male: \_\_\_\_\_ Number of Volunteer Male: \_\_\_\_\_

Number of Career Female: \_\_\_\_\_ Number of Volunteer Female: \_\_\_\_\_

**SECTION B CONTINUED ON REVERSE SIDE**

SECTION B (COURSE COMPLETION INFORMATION CONTINUED)  
 (USE SUPPLEMENTAL FORM IF NECESSARY)

Departments / Agencies Participating	FDID	City or County	Number of Students

INSTRUCTOR INFORMATION REQUIRED FOR BOTH SECTIONS A & B  
 (USE SUPPLEMENTAL FORM IF NECESSARY)

List Participating Instructor Names and CSOD ID Number	Number of Hours and Topic Scheduled to Teach	ACTUAL HOURS REQUIRED FOR SECTION B ONLY
		<b>List Actual Number of Hours and Topic Taught</b>

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\_\_\_\_\_  
 VDFP Division Chief Signature and Date