

DPSST Use Only

Approved:

Yes No

Date: _____

By: _____

Course #: _____

**OREGON DEPARTMENT OF PUBLIC SAFETY
STANDARDS AND TRAINING**

4190 Aumsville Hwy SE

Salem, Oregon 97317

Phone: 503-378-2100 Fax: 503-378-4600



F-20: Application for Certification of a Course

(Revised 05/2013)

SUBMIT AT LEAST 30 DAYS PRIOR TO START OF CLASS WITH COMPLETE DOCUMENTATION

New Course -or- Recertification of Previous Course Number:

On Going Class -or- One time class and Date of Class:

Course Title *(Limit of 30 spaces for computer entry)*

Total Hours

Sponsoring Agency

Contact Person

Title/Rank

Agency

Primary Phone

Secondary Phone

Street Address

Fax

City

State

Zip

Email (optional)

ATTACH to this Application:

- 1) Curriculum including Lesson Plans. (PowerPoint presentations are **not** considered curriculum.)
- 2) Clearly-defined Learning Objectives, Lesson Outline, Lesson Summary, Lesson Title or Topic and Evaluation criteria.
- 3) Indicate below which DPSST Fire Standards/Competencies this class meets.
- 4) An **F-9F: Application to Instruct a Course** for each instructor who will be instructing this course.

Instructor Names:

(Use additional paper if needed.)

Fire Standards/Competencies: (Please identify the NFPA or Oregon Standards that are applicable to this request. Use additional paper if needed)

Attest: Courses are certified by DPSST under the provisions of OAR 259-009-0085, available at http://arcweb.sos.state.or.us/rules/OARS_200/OAR_259/259_009.html
The information contained in this application and attachments are true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature of Applicant

Printed Name

Date