

This information is gathered to correctly identify candidates for certification and to evaluate the certification program. Information is being collected solely for the purpose listed above in accordance with the Freedom of Information and Protection of Privacy Act.

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|---|------------|---|-----------------------------------|--------------------------------|--|
| Title (please print) | | Last name | | Given names | |
| Address: (street number and name) | | | | (apartment/unit number) | |
| (City) | (Province) | (Postal code) | Telephone No. (include area code) | Fax Number (include area code) | |
| Employer (use the four/six digit local code) | | Address: (street number and name) (apartment/unit number) | | | |
| (City) | (Province) | (Postal code) | Telephone No. (include area code) | Fax Number (include area code) | |
| If you are successful in obtaining certification, please indicate how you wish your name to appear on your certificate (please print) | | | | | |

Information for evaluation purposes

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|--|--|--|---|--------------|------------------|---|---|
| Age range: | <input type="checkbox"/> 18-29 years | <input type="checkbox"/> 30-49 years | <input type="checkbox"/> 50 or over | Sex F / M | Years of service | <input type="checkbox"/> Full-time Training Officer | <input type="checkbox"/> Volunteer Training Officer |
| Education: state highest level completed in terms of years completed | | | | | | | |
| <input type="checkbox"/> Elementary _____ | <input type="checkbox"/> Secondary _____ | <input type="checkbox"/> Community college _____ | <input type="checkbox"/> University _____ | | | | |

Confirm completion of the following requirements for certification. Check all appropriate boxes.

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|--|--|
| Job Experience Requirement | |
| <input type="checkbox"/> Job Experience Requirement Demonstration of Competences to Standards. (Sign-off sheet only) <input type="checkbox"/> Minimum 2 years experience as a Training Officer (or Acting Training Officer) | |
| Academic Requirement | |
| Regular Route (Employed as a training officer after May 30, 2005) <input type="checkbox"/> Training Officer Diploma. Date received: ____/____/____ Enclose copy of OFC diploma (MM / DD / YR) | Window of Opportunity (Employed as a training officer before May 30, 2005) <input type="checkbox"/> OFM <i>Trainer/Facilitator Course</i> <input type="checkbox"/> CO 101 <i>Legislation/Standards</i> or equivalent <input type="checkbox"/> CO 201 <i>Leadership and Communication Theory</i> or equivalent <input type="checkbox"/> CO 202 <i>Practical Communications and Supervision</i> or equivalent <input type="checkbox"/> OFC Applied Program Development course <input type="checkbox"/> Applied Program Delivery course or equivalents. |

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements are willfully false, certification may be denied, revoked or suspended.

Signature of individual

Date

Signature of fire chief

Date

For Office Use Only

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|--|--------------------------------------|-----------------------|
| Date received | | Certification number |
| Documentation checked by secretary of Certification Office | Date Reviewed by Council Chairperson | Certification Awarded |

FM CERT 01 (05/05)

Return completed form to: Chairperson, Certification Council, Academic Standards & Evaluation Section, Office of the Fire Marshal, 5775 Yonge Street, 7th Floor, North York, Ontario, M2M 4J1