



**OHIO CHARTERED FIRE TRAINING PROGRAM
CHANGE NOTIFICATION**

Rule 4765-24-06 of the Ohio Administrative Code requires that each chartered fire training program provide written notice to the Executive Director of the Division of EMS of changes related to the administration of a chartered fire training program.

CHARTER PROGRAM NAME	CHARTER NUMBER	BUSINESS PHONE NUMBER
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Please check below the item(s) which need to be changed or updated.

SECTION 1 - Notice of Changes to Below Items Shall Occur PRIOR to Any Change. <input type="checkbox"/> Program Name <input type="checkbox"/> Fixed Geographic Location <input type="checkbox"/> Live Fire Training Facilities <input type="checkbox"/> Offsite Locations <input type="checkbox"/> Affiliation Agreements (attach copy of agreements) <input type="checkbox"/> Written Testing Agreement (attach copy of new agreement) <input type="checkbox"/> Program-specific Course Objectives or check-off sheets (attach copy of new course objectives or check-off sheets) <input type="checkbox"/> Volunteer Firefighter Course Curriculum (attach copy of new curriculum)	SECTION 2 - Notice of Changes to Below Items Shall Occur No Later Than TEN (10) DAYS After the Change. <input type="checkbox"/> Program Mailing Address <input type="checkbox"/> Program Director and/or Contact Information <input type="checkbox"/> Authorizing Official and/or Contact Information <input type="checkbox"/> Program E-mail Address <input type="checkbox"/> Test Proctors <input type="checkbox"/> Instructor Trainers <input type="checkbox"/> Lead Instructor <input type="checkbox"/> Textbook Publisher or Version (for each course)
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Please provide only the new information for the item(s) you checked above.

SECTION 1 - Notice of changes to the following information shall occur PRIOR to any change.

PROGRAM NAME

FIXED GEOGRAPHIC LOCATION (where program is operated and training conducted, including office where records are maintained)

STREET ADDRESS	CITY	STATE	ZIP CODE
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LIVE FIRE TRAINING FACILITIES (list all, including facility name and address)

FACILITY NAME	FACILITY NAME
ADDRESS	ADDRESS

OFFSITE LOCATIONS (list all, including name and address)

FACILITY NAME	FACILITY NAME
ADDRESS	ADDRESS

FACILITY NAME	FACILITY NAME
ADDRESS	ADDRESS

AFFILIATION AGREEMENTS (list names of agreements and attach copy of agreements)

Written Testing Agreement - when it involves change in location, facilities, program director, authorizing official-(attach new agreement)
Program-specific Course Objectives or Check-off Sheets (attach new course objectives/sheets)
Volunteer Firefighter Course Curriculum (attach new curriculum)

SECTION 2 - Notice of changes to the following information shall occur no later than ten (10) days after change occurs.

PROGRAM MAILING ADDRESS

STREET ADDRESS	CITY	STATE	ZIP CODE
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PROGRAM DIRECTOR OR PROGRAM DIRECTOR CONTACT INFORMATION

PROGRAM DIRECTOR NAME		E-MAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER	CELL PHONE NUMBER	FAX PHONE NUMBER	

AUTHORIZING OFFICIAL OR AUTHORIZING OFFICIAL CONTACT INFORMATION

AUTHORIZING OFFICIAL NAME		E-MAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER	CELL PHONE NUMBER	FAX PHONE NUMBER	

PROGRAM E-MAIL ADDRESS

PROGRAM E-MAIL ADDRESS

TEST PROCTORS (list names)

NAME	<input type="checkbox"/> Add <input type="checkbox"/> Remove	NAME	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	<input type="checkbox"/> Add <input type="checkbox"/> Remove	NAME	<input type="checkbox"/> Add <input type="checkbox"/> Remove

LEAD INSTRUCTOR / INSTRUCTOR TRAINERS (list names and certification numbers)

LEAD INSTRUCTOR NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove
NAME	CERTIFICATION NUMBER	<input type="checkbox"/> Add <input type="checkbox"/> Remove

TEXTBOOK PUBLISHER OR VERSION (for each course)

SIGNATURE OF PERSON COMPLETING THIS FORM X	TITLE
PRINT NAME	DATE

SIGNATURE OF PROGRAM DIRECTOR X	DATE
PRINT NAME OF PROGRAM DIRECTOR	E-MAIL

SIGNATURE OF AUTHORIZING OFFICIAL X	DATE
PRINT NAME OF AUTHORIZING OFFICIAL	E-MAIL

Return completed and signed form with all required attachments to:

Ohio Department of Public Safety
 Division of EMS – Fire Program Change
 1970 West Broad Street
 P.O. Box 182073
 Columbus, OH 43218-2073