



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**REQUEST FOR CHANGE (RFC) TO  
PRACTICAL SKILL SHEET**

**Please use one form for each skill. This form is to be submitted by Program Directors or Skills Coordinators administering the Ohio Practical Skills Testing.**

YOUR NAME		DATE
E-MAIL ADDRESS	PHONE NUMBER	CERTIFICATION NUMBER

**REASON**

<input type="checkbox"/> Safety	<input type="checkbox"/> Performance Procedure(s)	<input type="checkbox"/> NFPA Standard Conflict
<input type="checkbox"/> Other (please explain)		

COURSE TYPE	SKILL SHEET NUMBER	JPR NUMBER(S)
<input type="checkbox"/> VFF <input type="checkbox"/> FFI <input type="checkbox"/> FFII <input type="checkbox"/> HRO <input type="checkbox"/> FSI		

**REASONS FOR YOUR REQUEST**

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**SUBMIT TO:** Fire Education Coordinator  
Ohio Department of Public Safety  
Division of Emergency Medical Services  
P.O. Box 182073  
Columbus, Ohio 43218-2073  
**Fax:** (614) 466-9461    **E-mail:** [FireEducation@dps.ohio.gov](mailto:FireEducation@dps.ohio.gov)

**OFFICE USE ONLY**

DATE RECEIVED	DATE DISCUSSED	CHANGE ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS          		