## 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

<table>
<thead>
<tr>
<th>DATE</th>
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<tr>
<th>E-MAIL ADDRESS</th>
<th>PHONE NUMBER</th>
<th>CERTIFICATION NUMBER</th>
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### REASON

- [ ] Safety
- [ ] Performance Procedure(s)
- [ ] NFPA Standard Conflict
- [ ] Other (please explain)

### COURSE TYPE

<table>
<thead>
<tr>
<th>VFF</th>
<th>FFI</th>
<th>FFII</th>
<th>HRO</th>
<th>FSI</th>
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<table>
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<tr>
<th>SKILL SHEET NUMBER</th>
<th>JPR NUMBER(S)</th>
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### REASONS FOR YOUR REQUEST

<table>
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<th>Remarks</th>
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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

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>DATE DISCUSSED</th>
<th>CHANGE ACCEPTED</th>
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<tbody>
<tr>
<td></td>
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<td>Yes  No</td>
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<th>COMMENTS</th>
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EMS 1264 2/18 [760-0983]