

**DIVISION OF STATE FIRE MARSHAL  
APPLICATION FOR CONTINUING EDUCATION CREDIT**

Please PRINT or TYPE all information

**TITLE OF Fire Official:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**NOTE:** If your telephone number or address of record has changed, please check this box

Please check appropriate box(es) below:

Assistant Deputy Cardholder

Fire Alarm Cardholder

**COURSE/PROGRAM TITLE:** \_\_\_\_\_

**TOTAL CLASS HOURS :** \_\_\_\_\_ **DATE(S):** \_\_\_\_\_ **TESTED/NONTESTED**  
(CIRCLE)

**PROGRAM SPONSOR:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**PLEASE NOTE: IF YOU ARE SEEKING CREDIT FOR A COURSE NOT SPONSORED BY THE RHODE ISLAND FIRE ACADEMY OR PREAPPROVED BY THE FIRE EDUCATION AND TRAINING COORDINATING BOARD, YOU MUST SUBMIT A COURSE DESCRIPTION, AS WELL AS A CERTIFICATE OF COMPLETION, TRANSCRIPT, OR SOME OTHER TYPE OF PROOF OF ATTENDANCE THAT IS ACCEPTABLE TO THE STATE FIRE MARSHAL IN ORDER TO BE PROCESSED.**

For Office Use ONLY:	Course #	CEU's Awarded	Approved By: