

**Certified Fire Inspectors Continuing Education
Program Approval Application**
Michigan Department of Labor & Economic Growth
Bureau of Fire Services
P.O. Box 30700
Lansing, MI 48909
517-241-8847

For Agency Use Only
PROGRAM APPROVAL NUMBER

Authority: 1941 PA 207 Completion: Mandatory Penalty: Program will not be approved	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions - In order to provide adequate time for review of a proposed program, **the application must be submitted at least 60 days prior to presentation of the program.** Please take care to complete the application thoroughly and provide all requested information. Questions regarding completion of this form may be directed to bureau staff at (517) 241-8847.

Approval is evidenced by a program approval report prepared by the bureau and issued to the applicant. This will include the date, conditions, and period of approval. Approval is typically granted for the three year certification cycle.

Applicant Information - The name of the contact person provided below is the individual who may be contacted regarding the program. This person's name will appear on material distributed to all inspectors. If the application is made by an agency, organization, association, or educational institution, please include the contact person.

CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
AGENCY / ORGANIZATION / ASSOCIATION / EDUCATIONAL INSTITUTION (if applicable)		FAX NUMBER (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE

Program Information

PROGRAM NAME - Provide the name of the program as you wish it listed (<i>A separate application is required for each program--list one program name only</i>)		
DATE(S) OF TRAINING		
LOCATION		
TRAINING HOURS PER DAY*	TOTAL COURSE TRAINING HOURS*	*RECORD THE ACTUAL NUMBER OF HOURS OF TRAINING FOR THIS COURSE (ACTUAL CLASSROOM HOURS, EXCLUDE LUNCHESES)
IS THIS PROGRAM A HOME STUDY COURSE? (i.e., video tape, audio cassettes, or correspondence course)		YES NO
WILL THIS PROGRAM BE OFFERED ON A CONTINUAL BASIS?		YES NO
ATTACH A COPY OF THE CURRICULUM OR TEACHING OUTLINE TO THE APPLICATION - <i>The application cannot be processed without a thorough curriculum or outline</i>		
COPY ATTACHED? YES NO		
PROGRAM PURPOSE AND OBJECTIVE AS IT APPLIES TO THE CONTINUING EDUCATION OF FIRE INSPECTORS - A clearly defined statement of purpose and objective must be provided		

Program Information continued

PROVIDE THE BASIS, CODE OR STANDARDS USED FOR THE DEVELOPMENT OF THE PROGRAM

TRAINING EQUIPMENT, TEACHING AIDS, OR INSTRUCTIONAL MATERIALS TO BE USED

IDENTIFY THE CRITERIA OR PERFORMANCE MEASUREMENT TO DETERMINE PARTICIPANTS WHO SUCCESSFULLY COMPLETE THE PROGRAM

IDENTIFY THE PROCESS FOR REPORTING PARTICIPANT NAMES, CERTIFICATION NUMBERS, AND VERIFICATION OF SUCCESSFUL PROGRAM COMPLETION TO THE BUREAU OF FIRE SERVICES.

BFS Program Attendance Rosters (originals only)

Other (Explain) _____

Instructor Information

Name(s) of Instructor(s)

Signature

APPLICANT'S SIGNATURE

DATE