

**Fire Department Safety Officers Association
Health and Safety Officer Recertification
By
Work Experience**

The purpose of this form is to confirm that the person listed below has met the work experience requirements, during the past Five (5) years, of the Fire Department Safety Officers Association's Recertification for Health and Safety Officer.
Please Print or Type

DUPLICATE FOR ADDITIONAL COPIES

Applicant's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Work Phone _____ **FDSOA Certification Number** _____

Day Phone _____

Please confirm the number of incidents in which you served as an Incident Safety Officer or an Assistant Incident Safety Officer with your jurisdiction or during a Mutual Aid response with another jurisdiction.

DIRECTIONS: Please complete the year, number of responses and a signature from a supervisor or Chief Officer. Each line is for one (1) calendar year. The form is to be used for five (5) calendar years.

YEAR	NUMBER OF RESPONSES	VERIFIED BY	For Office Use Only CEUs Awarded
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____

I certify all information contained herein is accurate and truthful to the best of my knowledge.

Applicant Signature

Date

**Fire Department Safety Officers Association
Health and Safety Officers Recertification
By
Education**

The purpose of this form is to document that the person listed below has attended an educational course offering, to meet the requirements of the Fire Department Safety Officers Association's Recertification for Health and Safety Officer

Please Print or Type

DUPLICATE FOR ADDITIONAL COPIES

Date _____ **FDSOA Certification Number** _____

Applicant's Name _____

Course location or Conference Name _____

Course or Conference Date _____

CEUs will be awarded for classroom attendance in the following subject areas: Risk Management, Safety Management, Fire Suppression Safety, Health and Wellness, Building Construction and Personal Protective Equipment, Incident Management Systems and Accident Investigation. One (1) CEU will be awarded for one (1) contact or classroom hour.

Directions: Please print the course title, classroom hours and a brief course description. If a printed brochure has the necessary information it may be stapled to the form. **DO NOT SUBMIT THE ENTIRE BROCHURE.** If the class is taught by a local jurisdiction please have the instructor sign the form.

Course Title _____ **Classroom Hours** _____

Course Description _____

I certify all information contained herein is accurate and truthful to the best of my knowledge.

Local Instructor Signature

Applicant Signature

Date

For Office Use Only CEUs Awarded _____
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**Fire Department Safety Officers Association
Health and Safety Officer Recertification
By
Instruction, Practical Training or Post Incident Analysis**

The purpose of this form is to document that the person listed below participated in Safety Instruction, Practical Training Evolutions or conduct a Post Incident Analysis to meet the requirements of the Fire Department Safety Officers Association's Recertification for Health and Safety Officer .

Please Print or Type

DUPLICATE FOR ADDITIONAL COPIES

Date _____ **FDSOA Certification Number** _____

Applicant's Name _____

Course location or Conference Name _____

Course Date _____

CEUs will be awarded for classroom instruction on a safety subject, establishing safety, assisting with safety during a practical training evolution or conducting a Post Incident Analysis. One (1) CEU will be awarded for every hour of classroom or practical training and Post Incident Analysis.

Directions: What did you teach or what type of training did you serve as the ISO or Assistant ISO? Please print the course title, classroom hours and a brief course description. Please indicate if you served as ISO or Assistant ISO.

Course Title _____ **Classroom Hours** _____

Course Description _____

I certify all information contained herein is accurate and truthful to the best of my knowledge.

Supervisor or Chief Officers Signature

Applicant Signature

Date

For Office Use Only
CEUs Awarded _____