



FDSOA 5yr Completed Education Form

100 CEU's over a 5 year period – 20 per year recommended.

Fire Department Safety Officer Association

5967 Bedford Pl., Ann Arbor, MI 48105 - fdsoa@fdsoa.org

Applicant's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Department: _____

ISO or HSO (Circle one)

Applicant's last four of SS#: _____

Cost: \$50 for FDSOA member, \$150 for non-FDSOA member

Email membership@fdsoa.org to inquire about membership status.

Please send check or include credit card information (last page) with form to the FDSOA office.

Justification of 5yr FDSOA CEU Certification

CEU Classes completed (Please list):

Course Title	CEUs earned	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an extra sheet for more classes if necessary)

Work Experience (1 CEU for each Hour of contact)

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.

Year	Number of Responses	CEU Hours Earned
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

Instruction, Practical Training or Post Incident Analysis

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.

What did you teach, or what type of training did you serve, or what Post Incident Analysis did you facilitate as the ISO or Assistant ISO?

Course or Event Title	CEUs earned	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an extra sheet for more courses/events if necessary)

TOTAL yearly CEU's earned

Year	Total CEU's
20__	_____
20__	_____
20__	_____
20__	_____
20__	_____
TOTAL CEU's	_____

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

 Supervisor or Chief Officer Signature

 Supervisor or Chief Officer Name Printed

 Supervisor or Chief Officer Rank or Title

If paying with Credit Card: US Mail, fax, or, scan and email, form to the FDSOA office.

Provide following information:

Name on Card: _____

Credit card #: _____

Expiration Date: Month _____ Year _____

Security Code: _____

Zip Code Affiliated with billing address of the Card: _____

If paying by check – include check with completed form and mail to the FDSOA office.