

California Fire Fighter Joint Apprenticeship Committee
APPRENTICE TRAINING VERIFICATION
 (SEE INSTRUCTIONS ON REVERSE)

TODAY'S DATE:	NAME:	SSN: (Last four digits only or JAC ID#)
MONTH DAY YEAR	LAST FIRST	
HIRING UNIT:	UNIT TRAINING OFFICER / JAC COORDINATOR:	
EFFECTIVE DATE OF HIRE :	CLASSIFICATION: <input type="checkbox"/> FF II <input type="checkbox"/> PERMANENT FAE <input type="checkbox"/> LIMITED TERM FAE	

To guarantee all candidates meet the requirements of training for the Joint Apprenticeship program, the Unit Training Officer/JAC Coordinator must verify courses the apprentice has attended and successfully completed. This information is used to determine any additional required Academy training and the appropriate syllabi the apprentice will be following.

Using the employee's original certificates as verification, check off the boxes below and fill in the dates of completion.

<input checked="" type="checkbox"/>	Certificate	Date
<input type="checkbox"/>	BFC 1A	
<input type="checkbox"/>	BFC 1B	
<input type="checkbox"/>	BFC 2A	
<input type="checkbox"/>	BFC 2B	
<input type="checkbox"/>	FFA/FFC	
<input type="checkbox"/>	COA	

<input checked="" type="checkbox"/>	Certificate	Date
<input type="checkbox"/>	FFM	
<input type="checkbox"/>	DOM	
<input type="checkbox"/>	BFEO	
<input type="checkbox"/>	FIT TEST	
<input type="checkbox"/>	Basic Sawyer	
<input type="checkbox"/>	OSFM FFI	NAME OF ACCREDITED COLLEGE OR REGIONAL ACADEMY

<input checked="" type="checkbox"/>	Certificate	Date
<input type="checkbox"/>	EMS	
<input type="checkbox"/>	CPR/AED	
<input type="checkbox"/>	HAZ MAT	
<input type="checkbox"/>	67 HR (Or equivalent)	
<input type="checkbox"/>	CDL #	

COMMENTS:

TO BE COMPLETED BY CFF JAC:

Progress Notebook: FF II FAE COA **DATE SENT:** _____

REPORT VERIFICATION

EMPLOYEE SIGNATURE *UNIT T.O. / JAC COORDINATOR SIGNATURE* *ADMINISTRATIVE OFFICER SIGNATURE*

DATE ROUTED TO: REGION JAC _____ ACADEMY _____ CFF JAC _____

INSTRUCTIONS

<p>TODAY'S DATE Enter the month, day and year in which the form was completed.</p>
<p>NAME Last Name, First Name.</p>
<p>SSN Enter last four (4) digits of Social Security Number or JAC identification number.</p>
<p>HIRING UNIT Enter Hiring Unit's Three-letter Identifier (i.e. TCU, SHU, etc)</p>
<p>UNIT TRAINING OFFICER / JAC COORDINATOR Print the name of the Unit Training Officer or JAC Coordinator completing the form</p>
<p>EFFECTIVE DATE OF HIRE Enter the effective date of hire, not the date the form was completed.</p>
<p>CLASSIFICATION Check the appropriate box for the apprentice's Firefighter II, permanent or limited term Fire Apparatus Engineer status.</p>
<p>VERIFYING CERTIFICATES: Unit JAC Coordinators must look at the apprentice's original certificates and verify that the certificate is not altered and is a true representation of a recognized training program. Certifications cannot be verified by a photocopy unless the apprentice has back up information to show why they have produced a photocopy. This information is required to identify prerequisites of Academy training, which JAC syllabi to assign to the apprentice, and whether there is additional Academy training needed.</p> <ul style="list-style-type: none"> • BFC 1A, 1B, 2A, 2B, FFA, COA, FFM, and DOM – Enter the date or class number the apprentice attended and successfully complete. • BFEQ – Enter the date the apprentice attended. • FIT TEST – Mark the box if the fit test card is for the MSA ELITE mask ONLY. Do not check the box if the fit test card is for any other SCBA mask. The apprentice must be fit test to the MSA Elite mask prior to attending the Academy. • BASIC SAWYER – If the apprentice has completed a CDF Basic Sawyer course include the date the card was issued. • OSFM FFI – List the name of the accredited College or Regional Academy the apprentice attended. Only Colleges and Regional Academies as listed on the department's supplemental application can be used for equivalency. • EMS, CPR/AED and HAZ MAT – Pre-requisites for attending the BFC. Enter the Expiration Date of the certification. • 67 HOUR certification – CDF Basic Forest Fire Fighter certification, If the apprentice does not possess the CDF 67 hour certificate, enter the name of an equivalent certificate, such as; Basic Forest Fire Fighter 32 hr, or 40 hr. USFS Forest Fire Fighter certification must be verified by the Academy BFC Coordinator. The Training Officer should contact the BFC Coordinator prior to the apprentice's Academy attendance. • CDL # - California Drivers License number.
<p>COMMENTS Comment area or extra space to address any information regarding the certifications listed above.</p>
<p>TO BE COMPLETED BY CFF JAC CFF JAC will assign the correct syllabi for the apprentice based on the information provided above. Only apprentices that have completed a Company Officer Academy (COA) will be assigned the Related and Supplemental COA syllabi.</p>
<p>REPORT VERIFICATION The employee, Unit Training Officer/JAC Coordinator and Administrative Officer's signature is required to verify the completeness and accuracy of training reported and that the training occurred while on duty.</p>
<p>DATE ROUTED TO: Unit Training Officer/JAC Coordinator will forward the form to the Region JAC Coordinator and enter the date the form was sent. The Region JAC Coordinator will forward to the Academy and the CFF JAC for documentation purposes and enter the date the form was sent.</p>