

UNIVERSAL TRAINING REQUEST

Instructions:

Anyone requesting training that is to be certified by the NMFTA must complete the first section.

Course Title: self-explanatory.

Requestors Name and email address are required!

Training Site Location: This is the location where your students will report for training. Not your home or department address.

Primary Phone Numbers are required. Secondary and FAX are helpful but optional.

Selection of only one category is required!

Definitions of Class/Course

Cadet Course: This is a departments training program where the candidates are in full time training capacity at least 40 hrs. Per week. This is not to include OJT (On the Job Training). **(Note: Your students must have passed all pre-requisites prior to test date for the primary course or they will not be allowed to test and will not receive any certification from the NMFTA for this class.) Use Section A for this request.**

In-House Class: This is a class that your department wants to teach and is taught by your staff. Adjunct Instructors from the NMFTA are not needed and will not be hired by NMFTA. The NMFTA will test and certify successful candidates. If your department has space and wants to open this class to the public, you must use instructors who are in the NMFTA Adjunct Program. **Use Section B for this request.**

NMFTA Course: This class must adhere to NMFTA policy in both Instructor qualifications and minimum numbers met. While we expect to use Adjunct Instructors from you department (if available), NMFTA will hire necessary additional adjuncts to teach the course. The requesting department may fill the entire class but if there is space available it will be opened to the public. **Use Section C for this request.**

College Cadet Program: This is a class or combination of classes such as Firefighter I or II which runs for a semester (8 weeks minimum). The Hazmat A & O may be embedded in the class. For this class, you are only requesting test dates and possibly the use of the NMFTA Facilities for required burns or other JPR's. If you are requesting to teach a **(Note: Your students must have passed all pre-requisites prior to test date for the primary course or they will not be allowed to test and will not receive any certification from the NMFTA for this class.) Use Section A for this request.**

For Sections A, B and C, only fill in one section.

Section A:

This section is specifically for program courses like Cadet Programs or College Fire I or Fire II courses. Select all items that apply and be sure to provide requested test dates for each test. Check Yes or No to indicate if you plan to utilize NMFTA Facilities (Burn Pads, etc.). If you select yes, be sure to include requested date/dates. **Note: Dates are tentative pending previously scheduled training.**

Section B:

If your department wishes to teach a class and receive IFSAC or NMFTA certification for the training, use this section. NMFTA will not supply the instructor for this class. You may use anyone to teach the class but if the instructor does not meet the NMFTA IFSAC instructor criteria, you can only offer the class to your own department. If you wish to open this class to neighboring departments, you must use instructors who are within the NMFTA Adjunct Program and adhere to the NMFTA Adjunct Policy book. **If your department does not have capable instructors for the requested class, use Section C.**

Section C:

This section is for classes where the NMFTA supplies the instructor. Due to the cost involved, the NMFTA would like to see these classes fill up so if your department cannot fill the class, it will be open for public enrollment. These classes are subject to minimum numbers. The NMFTA will make every effort to accommodate your first choice but you need to list three dates potential start dates so that the NMFTA will be able to locate and schedule qualified instructors.

Section D:

This section is for College Courses. Be sure to fill all pertinent information prior to submission. Primarily, the NMFTA will only provide testing and certification for this class. All required paperwork must be submitted prior to issuance of certification. **Note: Any college offering a course less than 8 weeks in length and not embedded in a semester course, should use Section B.**

For any further questions, please contact the NMFTA at (505)835-7500



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NEW MEXICO FIREFIGHTERS TRAINING ACADEMY
600 Aspen Road
Socorro, NM 87801
In-State Toll-Free: 1-800-734-6553
Phone: (575) 835-7500 Fax: (575) 835-7506

Course Title: _____

Requestors Name: _____ E-Mail Address: _____

Training Site Location: _____

Phone Numbers: Primary: _____ Secondary: _____ Fax: _____

This request is for a: *Check the Appropriate Box (One Box Only)*

- Cadet Course Fill out section (A)

- In House Class Instructors provided by requesting Department Fill out section (B)

- NMFTA Course Instructors provided by NMFTA. Fill out section (C)

- College Course Minimum of 8 Weeks Fill out section (D)

- College Cadet Program Fill out section (A)

Section A: *Cadet Program / or College Cadet Program*

Please check the appropriate box for each separate test that your program requires and fill-in the desired date and time of testing. Please select only ONE Firefighter I&II option; either (2) stand-alone tests (100 questions ea.) with (2) separate test dates, or (1) combination test (150 questions total).

Required:

<input type="checkbox"/> Hazardous Materials: Awareness & Operations	Date:	Time:
<input type="checkbox"/> Firefighter I&II - Separate Tests FFI:	Date:	Time:
<i>(2 stand-alone tests, 100 questions ea.)</i> FFII:	Date:	Time:
<input type="checkbox"/> Firefighter I&II Combo. <i>(1 Combo. test, 150 questions)</i>	Date:	Time:

Additional:

<input type="checkbox"/> Hose & Hydrant Testing	Date:	Time:
<input type="checkbox"/> Rope: Awareness & Operations	Date:	Time:
<input type="checkbox"/> Driver/Operator	Date:	Time:
<input type="checkbox"/> Pump Operations	Date:	Time:
<input type="checkbox"/> Vehicle Extrication	Date:	Time:
<input type="checkbox"/> Other <i>(Specify)</i>	Date:	Time:

Will you need to use NMFTA Burn Facilities? YES NO
Type of Burns: Structural LPG Flammable Liquids

Requested date of Burns: _____

Please attach the projected Course Schedule listing Subject, Instructor, Date, and Hours; and the number of students enrolled in the course.

Section B *In-House Training Request (Instructor to be supplied by requesting department)*

Estimated number of students? _____ Do you want this course open to Public? YES NO If yes, Instructor must be NMFTA Adjunct
Check One

Lead Instructor: _____

Assistant Instructors: _____

Scheduled Course Dates: Beginning: _____ Ending: _____

Scheduled Course Times: _____

Course Test Date: _____ Time: _____

Section C *NMFTA Course (NMFTA will provide Instructors)*

Three Proposed Course Dates:

1) First Choice: Beginning: _____ Ending: _____

2) Second Choice: Beginning: _____ Ending: _____

3) Third Choice: Beginning: _____ Ending: _____

Section D *College Courses (Minimum of 8 Weeks)*

_____ Start Date: ___/___/___ End Date: ___/___/___
Course Name

Requested Test Time: _____ Lead Instructor: _____

Will this course require use of NMFTA facilities? Yes No

Date/s Facility Needed: _____ Alternative Dates: _____

Projected Start Time: _____ AM / PM Projected End Time: _____ AM / PM

Estimated Number of Students: _____ Estimated Number of Instructors: _____

Burns: Check all that apply Structural LPG Flammable Liquids

Non Fire Activity: _____ Location: (i.e. Drill Tower) _____

Brief description of this activity/training: _____

Signature *(This must be completed for any request)*

By my signature affixed below, I, _____, do attest that all students selected for this Course meets all criteria as set forth by the New Mexico Firefighters Training Academy. I further understand that all paperwork associated with the completion of this course must be received by the New Mexico Firefighters Training Academy for processing no later than 10 days from the last scheduled date of the course.

Signature

Date

***** **For Academy Use Only** *****

Approved: Yes No Course Number: _____

Approved by _____

Signature

Date