DEPARTMENT OF PUBLIC SAFETY/DIVISION OF EMS
CERTIFICATION OF COMPLETION OF REQUIRED STUDENT TEACHING/EVALUATION
DEPARTMENT OF PUBLIC SAFETY INSTRUCTOR COURSE

DATE: _____ F.F./EMT ID # _____ SSN: _____

STUDENT NAME _____ PHONE #_____

STUDENT ADDRESS: _____
Street Number City Zip Code

FIRE/EMS NAME: _____
Street Number City Zip Code

This document certifies that I have satisfactorily completed the required 10 hours of student teaching and evaluation and am eligible to receive a certificate to teach Fire/EMT (circle one) training in the State of Ohio.

This phase of the training must be completed within one year of last session of the instructor training course.

SIGNATURE OF STUDENT: _____

NAME OF CHARTERED/ACCREDITED INSTITUION: _____
DATE OF LAST CLASS SECTION: _____
(mark in ink)

COMPLETED REQUIREMENTS: Check Box and PRINT CLEARLY on FIRST LINE:

10 Hours of Supervised Teaching □_____ PSS Instructor SSN _____

(SIGNATURE) _____

_____

□_____ PSS Instructor SSN

(SIGNATURE) _____

_____

□_____ PSS Instructor SSN

(SIGNATURE) _____

□PSS Instructor

□_____ SSN□□□□ _____

□

(SIGNATURE) _____

□_____ PSS Instructor SSN _____

_____

INSTRUCTOR NOTE:
1. Please enclose a copy of the student evaluation with this form
2. Return immediately upon completion of the 10 hours of student teaching.
3. All student teaching must be done under direct personal supervision of a certified public safety instructor.

RETURN TO:

Course #	OFA USE ONLY CERTIFICATE SENT FORM: INSTR 1