



Jackson Hole Fire/EMS



Continuing Education Application Form

Date: _____

Name: _____

Continuing Education Requested:

Costs Associated with the Training

Yes No

If Yes, Complete a Reimbursement Form.

Choose One of the Following that Best Describes the Continuing Education:

Certification/Recertification Course

If Yes, the Certification is:

Required per my Job Description

Desired Career Path

Current Certification Level: _____

Conference

Other Training Opportunity

Description & Overview of Program (**Attach a Brochure**) with Approximate Number of Hours: _____

Explain how this training will benefit both you and the organization: _____

By completing this form, I am indicating the desire to attend the continuing education as a representative of Jackson Hole Fire/EMS. *I may be asked to present at a future training on important issues I learned.* Registration can only take place after approval from the Battalion Chief of Training. By signing, I agree to adhere to the above statements.

JHFEMS Member Signature: _____

Station/Shift Officer Signature: _____

Office Use Only

Approved: Yes No

Approved (Needed for Paid Ops Staff): Yes No

Battalion Chief of Training Signature

Battalion Chief of EMS Signature

Approved with the following condition(s):

Reason(s) for Denial: