



Oregon Fire Service Office Administrators

Notice of Course Completion and/or Inter-Department Training

Name _____

Agency _____

Title of Training _____

Date of Training _____

Hours of Training _____

Location of Training _____

Description of Training _____

This form should be signed by the instructor of the course/training and given to the student.

Instructor's Signature

Instructor's Printed Name

Forward to:

OFSOA
Attn: Accreditation
1284 Court Street
Salem, OR 97301
Accreditation@ofsoa.com