



**Notice of Course Completion and/or Inter-Department Training**

Name: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Hours of Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Description of Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COURSE/TRAINING COMPLETION:**

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

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Instructor's Printed Name

OFSOA Accreditation Committee  
Forward to:  
Rebecca Hollenbeck  
Springfield Fire & Life Safety  
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Springfield OR 97477  
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