



Remedial Training Form

STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL

Candidate Name: _____ Initial Test Date: _____

Address: _____
Street/P.O. Box City State Zip Code

Candidate Contact Phone: _____

Certification Test/Level: _____ Skill Station: _____

Test Site Location/Department: _____

As the authorized Certifying Officer for the this test site, I have verified that the above candidate **has not** sufficiently demonstrated competency in accordance with the established job performance requirement for this level of certification. The candidate requires remedial training to address the following job performance requirements:

AFSC Evaluation Skill Sheet: _____ NFPA Standard/Section: _____

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Detailed Comments: _____

Certifying Officer: _____ Date: _____
Name Signature

As a certified Fire Service Instructor, I verify that this candidate has received remedial training for the above referenced skills. I endorse this candidate and believe that he or she is competent to perform skills indicated above.

Instructor: _____ Date: _____
Name Signature

As an authorized Certifying Officer, I verify that:

- this individual has **SUCCESSFULLY COMPLETED** the above skills and has demonstrated competency in accordance with the established job performance requirement.
- this individual **REQUIRES ADDITIONAL TRAINING** and has **not** demonstrated competency in accordance with the established job performance requirement.

Certifying Officer: _____ Date: _____
Name Signature