

Johnston Community College Fire/Rescue Training

Departmental Training Request

Date of Request: _____ Requesting Department: _____

Name of person making Request: _____ Contact Number: _____

Name of Class: _____ Dates: _____ Start Time: _____ End Time: _____

Instructor (if specific): _____ Class Location: _____

Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

Name of Class: _____ Dates: _____ Start Time: _____ End Time: _____

Instructor (if specific): _____ Class Location: _____

Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

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Instructor (if specific): _____ Class Location: _____

Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

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Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

Name of Class: _____ Dates: _____ Start Time: _____ End Time: _____

Instructor (if specific): _____ Class Location: _____

Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

Name of Class: _____ Dates: _____ Start Time: _____ End Time: _____

Instructor (if specific): _____ Class Location: _____

Is this class for State Certification? Yes No (check one) Number of Hours: _____

Comments: _____

Note: All class requests must be submitted at least 30 days prior to the start date of the class. Specific instructor requests may take longer to schedule, due to availability of that instructor. If you have scheduled the instructor, please indicate on request. All classes will be posted on the JCC website, unless otherwise specified. Fax to: Starr Webster Beal 919-464-2350.