

# Application for Certification of an Approved Training Course Relating to the Required Training for Fire District Commissioners

## Part I: TRAINING PROVIDER GENERAL INFORMATION

1. Provider's Name:
2. Address:
3. City:  State:  Zip:
4. Phone:  FAX:
5. Provider's Email:
6. Contact Person's Name (if different than above):
7. Email:
8. Phone:  FAX:
9. Describe your products/services (short narrative):
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10. Does your company have a web site(s)? If yes, please list:
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## PART II: TRAINING COURSE PROPOSAL

1. The training course must address the following areas of financial oversight, as directed in the regulations, relating to the responsibilities of the board of fire commissioners: fire district management; financial administration; travel procedures and policies, procurements and disposition of fire district assets; internal controls and detection of fraud and abuse; and conflicts of interest and ethics. Briefly describe your company's familiarity with each of these subjects.
2. Indicate the curriculum method your company will use to deliver this training by checking all that apply:
- Instructor-led classroom
  - Video conference
  - Web-based or on-line
  - Other, please specify:

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3. Describe your design for the course content by:
  - a. Attaching a detailed outline of the course, including the title of the course and the amount of time devoted to each topic area.
  - b. Specifying the number of sessions you will offer to complete one course. For example, you may offer all of the topics in one 6-hour session, or you may subdivide the topics and offer them in 2- or 3-hour sessions over time.
  - c. Explaining how you will assure the learners will be engaged in the training, including the kinds of adult learning methodologies you will employ.
  - d. Illustrating how you will assure that your training materials and delivery will be accessible to, and useable by, persons with disabilities.
  - e. Describing how you will evaluate the effectiveness of the training you perform.
4. Identify the geographic region(s) where your company will offer this training. Include the name of location(s) in which the training is expected to be offered.
5. Identify how often you expect to offer the course annually, and approximate dates (if known).
6. Within forty-five days of a fire commissioner successfully completing the training course, the approved course provider must mail to the fire commissioner a document(s) evidencing the date on which the fire commissioner successfully completed the training course or a part thereof. The approved course provider must also maintain records documenting attendance, modules successfully completed, and date of the training for a period of at least six years following the training. [Recordkeeping forms](#) are provided by the Office of the State Comptroller. All records must be made available to the Office of the State Comptroller upon request. Describe your capacity to comply with these reporting requirements.

I certify that the information contained in this application is accurate and complete.

Signature of course provider representative

Date:

(If submitting electronically, please type your name and date)

Interested parties must complete the application on the forms provided and submit it with the required attachments. Please send your submission by mail to Local Official Training Unit, Office of the State Comptroller, Training Unit, 110 State Street, 12th Floor, Albany, NY 12236. If submitting electronically, please email to [localtraining@osc.ny.gov](mailto:localtraining@osc.ny.gov)

**Reminder--delivery confirmation is recommended for all methods of mailing, including electronic.**

Within 45 days of receiving a completed application, the Office of the State Comptroller will approve or disapprove the application. Those applicants whose course is approved will receive written confirmation of certification. Unsuccessful applicants will receive written notice that their course was not approved. After receiving the notice of non-certification, applicants may reapply by submitting a new application.

*Please direct any questions to Local Official Training Unit at (518) 473-0005 or by email to [localtraining@osc.ny.gov](mailto:localtraining@osc.ny.gov)*