



**Student Request for Credit for Prior Learning
Public Safety Division**

Note: Submit the completed form to the Program Coordinator for evaluation of Continuing Education Courses for Curriculum Credit.

Name: _____ Phone: _____
 First Middle Last

Student ID Number: _____ Date: _____

I have attached my NCOSFM Education Transcript and/or certificate(s)

Note: Continuing education units for curriculum credit evaluation will be reviewed for advanced standing credit.

Please Check All That Apply:

Continuing Education Course for Evaluation

Curriculum Course Equivalent

***All Courses/Certifications/Licenses must be current, active, in good standing and non-expired**

- | | |
|--|--|
| <input type="checkbox"/> Firefighter 1&2 | <input type="checkbox"/> FIP 120 |
| <input type="checkbox"/> NC Fire Investigation Technician (FIT) | <input type="checkbox"/> FIP 128 |
| <input type="checkbox"/> HAZMAT Awareness Levels 1&2 OR
Responder Level 1 | <input type="checkbox"/> FIP 176 |
| <input type="checkbox"/> Fire Officer 1&2 | <input type="checkbox"/> FIP 228 & FIP 276 |
| <input type="checkbox"/> FEMA Certifications IS-29 and E0105 | <input type="checkbox"/> FIP 256 |
| <input type="checkbox"/> NIMS 100, 200, 300, 400, 700, 800 | <input type="checkbox"/> CJC 170 |

Emergency Management Program Coordinator Signature: _____

Date:

Department Chair/Dean Signature: _____ Date: _____



Retain a copy and forward form and original transcript/certificates/Licensures to Emergency Management Coordinator/Instructor/Dean of Public Safety.

Send approved request and original transcript/certificates to Curriculum Registrar.

FOR ADMISSION & RECORDS USE ONLY:

Form Received – Date _____

Date CU credits awarded _____

Total CU Credits awarded _____