FIRE DEPARTMENT ENDORSEMENT OF MEMBERSHIP FOR NEW YORK STATE FIRE TRAINING STIPEND

As the Fire Chief/Chief Officer of the _____ Fire Department/Company, FDID#_____ I submit the volunteer firefighter(s) listed below have completed one or more of the specific fire training programs eligible for payment of a State Fire training stipend, administered or obtained equivalency by the New York State Office of Fire Prevention and Control (OFPC).

By signing below, I, _____, am endorsing to the following:

• I am currently the Fire Chief/Chief Officer of the _____ Fire Department/ Company.

The firefighter(s) listed on the attached sheet have successfully completed one (or more) of the following courses on or after August 31, 2023.

- 2021 BASIC EXTERIOR FIREFIGHTING OPERATIONS W/HMFRO (01-05-0101)
- 2021 SCBA/INTERIOR FIREFIGHTING OPERATIONS-FF1 (01-05-0102)
- 2021 BEFO W/HMFRO (BLENDED LEARNING) (01-05-0103)
- 2021 BEFO-SCBA/IFO-FF1 (BLENDED LEARNING) (01-05-0104)
- FIRE OFFICER I (NFPA 1021-2020 ED.) w/FSTFAC (01-11-0176)
- FIRE OFFICER I - SUPERVISING FIRE OFFICER MODULE SERIES (01-11-0154)

• The firefighter(s) have not previously completed the same or equivalent training at an earlier date and location with the fire department or another entity.

• The firefighter(s) are not being paid a stipend or other compensation by another Fire Department for the same or equivalent training being submitted on this form.

• The firefighter(s) listed below respond to emergency calls, attend required departmental training drills and exercises, including annual OSHA training, and comply with all fire department criteria for active membership in good standing per the department's rules and by-laws.

Additionally, I confirm that the _____ Fire Department/Company did participate in the National Fire Incident Reporting System (NFIRS) for the previous calendar year and has or will submit annually the Fire Department Demographics form.

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Please submit this form and required documentation to OFPC-Stipend@dhses.ny.gov

Student Completions:

The full legal name of student - *last name, first name, middle initial*	Student ID #								
	N	Y							

❑ Students Signed W-9 Form included   Sponsoring Agency of course:

Select Course(s)	OFFICIAL USE ONLY			
Eligible Course	**Course number**	**Start Date**	**End Date**	**Dates Verified/Initials**
❑ (01-05-0101)				
❑ (01-05-0102)				
❑ (01-05-0103)				
❑ (01-05-0104)				
❑ (01-11-0176)				
❑ (01-11-0154)				
❑ Equivalency: *(above reference course number)*				