



CERT "MAKE-UP CLASS" FORM

(to be used when attending a class other than the program you originally started)

This form is to be filled out in ink and must be returned to the original instructing agency for credit to be applied to the student. Please PRINT all information.

YOUR INFORMATION

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|---|--|
| LAST NAME, FIRST NAME, M.I. | |
| ADDRESS (Street, City, State, Zip Code) | |
| PHONE NUMBER | |

ORIGINAL CLASS

| | |
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| ORIGINAL CLASS LOCATION AND START DATE | |
| AGENCY THAT PROVIDED ORIGINAL TRAINING | |
| NAME OF ORIGINAL CLASS INSTRUCTOR | |

MAKE-UP CLASS

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|---|--|
| CLASS SESSION BEING MADE UP | |
| DATE/TIME OF THE MAKE-UP TRAINING | |
| LOCATION OF THE MAKE-UP TRAINING | |
| AGENCY PROVIDING MAKE-UP TRAINING | |
| NAME AND PHONE NUMBER OF THE MAKE-UP CLASS INSTRUCTOR | |
| SIGNATURE OF THE MAKE-UP CLASS INSTRUCTOR | |

REMINDER: NOT ALL CERT PROGRAMS ARE FEMA-COMPLIANT. It is the responsibility of the original training organization to either accept or deny this make-up class.