

Loudoun County Department of Fire, Rescue and Emergency Management

16600 COURAGE COURT – LEESBURG, VIRGINIA 20175

TELEPHONE: (703) 737-8400 FAX: (703) 777-0235 E-MAIL: LCFRTRNG@loudoun.gov

TRAINING REQUEST FORM

PLEASE FILL OUT COMPLETELY

FOR VOLUNTEER APPLICANTS: Please submit the completed form to your Station Chief or Station Training Coordinator.

FOR CAREER APPLICANTS: Please submit the completed form to your Battalion Chief.

Once approved, the Station Chief, Station Training Coordinator, or Battalion Chief will submit the approved application to LCFRTRNG@loudoun.gov.

COURSE INFORMATION

Course Requested: _____

Starting Date of Course: ___ / ___ / ___ Course Previously Requested: YES NO Date of Prior Request: ___ / ___ / ___

Location of Course: Loudoun County Fire-Rescue Training Center: Other: _____

APPLICANT DATA

Full Name: _____ Rank: _____

Male: Female: Date of Birth: ___ / ___ / ___ Last 4 digits of Social Security #: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

E-Mail: _____ Other: _____

Loudoun County system member must use their active directory e-mail

Check One: Volunteer: Career: Non-Fire/Rescue: Jurisdiction/County: _____

Department Name: _____ FDID Number: _____

Comments: _____

***NOTE:** For ALS programs, applicants must be able to provide proof of High School Diploma or equivalency. Also, to enroll in ALS or HTR programs, the applicant must be a minimum of 18 years of age.

NOTICE

IMPORTANT: This Training request form will only be accepted if a training advisory has been issued. Training requests not completely filled out will be returned for re-submittal, which may result in rejection due to limited class size.

Understand that certain segments of this training activity may be physically demanding. If you have any questions on these physical requirements; or, if you may need special accommodation to complete the program's activities, please notify the Course Coordinator immediately.

Furthermore, if accepted into the training program, understand that it is your responsibility to attend all required classes. If for some reason you cannot fulfill the program requirements, you must notify the Course Coordinator immediately. (Failure to notify the Course Coordinator may affect your eligibility to enroll in future programs.)

FOR TRAINING DIVISION USE ONLY

Date Received: _____ Comments: _____

Date Reviewed: _____

Date Denied: _____

Approved Pending Denied Course Coordinator
Training Division _____

PROCEDURE TO COMPLETE THE LCFR ELECTRONIC TRAINING REQUEST FORM

1. Open the electronic “Training Request Form” located on the Loudoun County Fire, Rescue and Emergency Management website (www.loudoun.gov/4116/Fire-Rescue) under the Training section. The site may be accessed from any computer with Internet access.
2. Complete all fields (gray boxes) of the Training Request Form under “Course Information” and “Applicant Data.” Hitting the “Tab” button upon completion of a field will move you to the next field.
3. Save the document to your computer in a place you will be able to locate it (i.e., “Desktop”) using the following format: {COURSE REQUESTED}{space}{YOUR FIRST INITIAL}{YOUR LAST NAME}. For example, if you are applying for Fire Fighter 1 and 2, and your name is John Doe, save as “FF1&2 JDoe and if you are applying for EMT-B and your name is Sally Smith, save as “EMT-B SSmith”.
4. Send an email with the completed Training Request form to your Career Battalion Chief, Volunteer Fire/Rescue Chief, or Station Training Officer, depending on your affiliation. **The Career Battalion Chief, Volunteer Fire/Rescue Chief, or Station Training Officer will send the completed and approved Training Request Form to LCFRTRNG@loudoun.gov.**
5. Copies of pre-requisites (i.e., certifications, proof of age, high school diploma, etc.) listed on the Training Announcement (TA) may be either mailed to the Course Coordinator listed on the TA via the county courier or scanned and attached electronically to the email submission of your Training Request Form.
6. Within three full working days of the registration closing date for each training course, the Course Coordinator or designee shall send an email to those who submitted a Training Request Form indicating whether the student is enrolled in the course, placed in a pending status, or denied entrance into the program. If enrolled, the time, date, and location of the first class, will be included. If enrollment was not granted, the email shall provide an explanation for the denial.
7. ALS programs require approval by the Operational Medical Director; therefore, students applying for ALS classes will receive email notification within the required time period indicating that their “paperwork” will be submitted to the OMD, and will be notified whether they have been endorsed within three business days after approval by the Operational Medical Director.

Chief Officers:

1. Upon review of your member’s/employee’s Training Request Form email, please forward your student’s completed Training Request Form with your endorsement or non-endorsement, to LCFRTRNG@loudoun.gov.
2. You must include in the subject line the name of the applicant and the course they are applying for (i.e., FF1&2 JDoe or EMT-B SSmith). Use this format for all correspondence concerning this student.
3. A separate e-mail for each course and applicant must be submitted to LCFRTRNG@loudoun.gov.

Training Requests will only be accepted after the Training Advisory for the class has been posted!

Any e-mail with multiple requests will be returned for individual submission.