FIREFIGHTER I/II

Medical First Responder Training Documentation

Name_____ DFS Student ID# _____ Exam date_____

The above named candidate for certification has received an evaluated program of instruction that fulfills the medical first responder training requirements of 105 CMR 171 as established by Massachusetts General Law chapter 111, section 201.

Chief of Dept. or Training Officer Signature* _____ Date_____

This documentation shall be emailed to the following address.

Certification.DFS-TM-Academy@mass.gov

* I understand my signature above is governed by the Fraudulent Misrepresentation Policy of the Massachusetts Fire Training Council.

Failure to provide this Medical First Responder documentation will not allow the candidate to receive their certification in a timely manner.