TINTON FALLS EMS
OFF-SITE TRAINING DOCUMENTATION FORM

This form must be completed for all off-site training for which LOSAP credit is requested. The form must be authorized by the Captain and returned to the LOSAP Coordinator within 30 days of completing the training.

Name:_____ **Date:**_____

Name of Training Course:_____ **Date(s) of Course:**_____

Course Given By:_____ **Length of Course (hours):**_____

Description of the course material (or attach an agenda/outline, etc.):

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Submitted By:

Member's Signature:_____ **Date:**_____

REVIEWED AND APPROVED:

Captain's Signature:_____ **Date:**_____