

**Capital Area Fire Chief's Association**  
**Training Class Approval Form**

The City/County Interlocal Agreement provides First Responder Organizations funding that may be used for Training and Supplies from the City of Austin. Further it provides that training may be from sources other than the City of Austin. In accordance with this agreement, the Travis County First Responder Organizations listed in the Interlocal may elect to use this funding for training provided by another vendor (s) if the training class is approved in advance by the Medical Director and the County EMS Manager.

Training Classes listed in the Interlocal have already met the necessary qualifications to be included in the funding reimbursement for the County Funds. Classes not listed in the Interlocal must have vendor information and justification attached to this document that describes the class and the "Medical Efficacy" of the class. Additional information for clarification may be requested prior to class approval. This form with the required documentation attached is submitted to the CAFCA EMS Committee Chair or his designee for the approval process to begin. Submission of this class approval request must occur at such time to allow the Committee ample time to discuss and consider the merits of each request in the view of the Committee Chair.

\_\_\_\_\_ TDSHS # \_\_\_\_\_  
Class Title (if applicable)

Vendor Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Funding for the class (s) is in the form of a reimbursement upon successful completion of the class as defined by the CAFCA Training Form. The reimbursement request must be made to the CAFCA EMS Committee in accordance to the reimbursement process.

Training Class Approval:

\_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
CAFCA EMS Committee Chair or Designee

\_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
CAFCA President or Designee

\_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Medical Director or Designee

\_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Travis County EMS Manager or Designee