



# STATE CERTIFIED FIRE INSPECTOR CONTINUING EDUCATION PROGRAM OR REAPPROVAL APPLICATION

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Fire Services - Fire Fighter Training Division

Program Approval Number  
(For Bureau Use Only)

**REAPPROVE an unchanged CE program:** (*only programs approved for 2022-2024 cycle and without changes*)

1. Complete only **Applicant Information, Unchanged Program Reapproval and Signature** sections.
2. Submit completed application to: [LARA-CFI@michigan.gov](mailto:LARA-CFI@michigan.gov)
3. Monitor email for approval, denial, etc.

**NEW program application:** (*includes programs that have changed*)

1. Be familiar with the [Fire Inspector Certification Rules](#) (especially Rule 29.506 and 29.506a).
2. Must be submitted **at least 60 days prior** to the start of the program.
3. Must thoroughly complete **ALL sections** of the application, except **Unchanged Program Reapproval**.
4. The application **cannot** be processed without having a thorough curriculum or teaching outline attached.
5. Submit completed application and attachment(s) to: [LARA-CFI@michigan.gov](mailto:LARA-CFI@michigan.gov)
6. Monitor email for approval, denial, etc.

## Applicant Information (*required and will appear on distributed material*)

Contact Person(s)

Contact Phone Number(s)

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Agency / Organization / Association / Educational Institution (*required if applicable*)

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Contact Email(s)

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Address

City

State

Zip Code

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## Program Information

Program Name (*Provide the name of the program as you wish it listed. A separate application is required for each program*)

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Date(s) of Training (*use 'various' if offered repetitively*)

Location (*use 'various' if offered at various locations*)

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Name of Instructor(s)

Instructor(s) Phone Number

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Training Hours **Per Day**\*

**Total Course Training Hours**\*

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\*Record the ACTUAL number of hours of training for this course. (*Actual classroom hours exclude lunches*)

Program Information (Cont.)	Yes	No
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Is this program a Home Study Course? (e.g., video, audio, or correspondence course)	<input type="checkbox"/>	<input type="checkbox"/>
Will this program be offered on a continual basis?	<input type="checkbox"/>	<input type="checkbox"/>

Program purpose and objective as it applies to the continuing education of fire inspectors.  
*A clearly defined statement of purpose and objective **must** be provided. Do **not** refer to the attached documents.*

Provide the basis, code or standards used for the development of the program.

Training Equipment, Teaching Aids, or Instructional Materials to be used:

Identify the criteria to determine participants who successfully complete the program

Identify the process for reporting participants names, certification numbers, and verification of successful program completion to the Bureau of Fire Services.

<input type="checkbox"/> Program Attendance Rosters <i>(Originals only)</i>	<input type="checkbox"/> Other <i>(Explain)</i> _____
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**Unchanged Program Reapproval**    List all programs for reapproval (ex. 1125-23, 1054-24)

I attest that I am a representative for the above listed program(s). I attest the program(s) have not changed since being approved for use in the 2022-2024 cycle.

Signature of Applicant <i>(required for <b>all</b> applications)</i>	Date
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Email this application along with copies of supporting documents (if required) to: [LARA-CFI@michigan.gov](mailto:LARA-CFI@michigan.gov)

Questions may be directed to:

Liam A. Carroll  
**Certification Chief**  
 Phone: (517) 242-1171  
 Email: [CarrollL3@michigan.gov](mailto:CarrollL3@michigan.gov)

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