

**MISSISSIPPI FIRE PERSONNEL
MINIMUM STANDARDS AND CERTIFICATION BOARD**

Personnel Change in Status Form

The following form must be completed and forwarded to the MSCB within (30) days after the termination/resignation of the fire personnel.

Please Print or Type

Employee First Name:		M.I.		Last Name:	
Social Security #:		Date of Birth:			
Date of Employment:		Date of Resignation/ Termination:			
Fire Department Serving:					

Is this employee certified Fire Fighter I-II by the MS Fire Personnel Minimum Standards and Certification Board? () Yes () No

If Yes, MSCB Fire Fighter I-II Certification Number(s), if known: _____

Did this employee complete Fire Fighter I-II minimum standards training in Mississippi? () Yes () No

If NO, name of entity where employee's Fire Fighter I-II training was received and date issued.

Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.

_____	_____	Accreditation (Check One)	_____	_____	_____
Name of Training Entity	Date Certif. Issued		IFSAC	ProBd	Other

Was the employee eligible for certification through reciprocal agreement or approved equivalent training program? () Yes () No Was the eligibility approved by the MSCB? () Yes () No

(Signature of Fire Chief or Designee)

(Date)

Mississippi Code as Annotated 45-11-253 empowers the Board to require the submission of reports and information by fire service agencies for the administration of 45-11-251 and 45-11-253.