

SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD

RESCUE TECHNICIAN-CONFINED SPACE TECHNICIAN

Department: _____

Student Name: _____

**SCFA Student I.D.#: _____

NYS Training I.D.#: _____

*****Your Fire Academy I.D. number consists of the first two letters of your last name and the last four digits of your social security number.***

Location	Session	Subject	Date	Instructor Signature
	1	RTB-CST 1		
	2	RTB-CST 2		
	3	RTB-CST 3		
	4	RTB-CST 4		
	5	RTB-CST 5		