



# "MAKE-UP" CLASS FORM



*(To be used when attending a class other than the program you originally started)*

*This form is to be filled out in ink and must be returned to the original instructing agency for credit to be applied to the student. Please PRINT all information.*

## YOUR INFORMATION

LAST, FIRST, M.I. NAME	
ADDRESS (Street, City, State, Zipcode)	
PHONE NUMBER	

## ORIGINAL CLASS INFORMATION

ORIGINAL CLASS LOCATION AND START DATE	
AGENCY THAT PROVIDED ORIGINAL TRAINING	
ORIGINAL INSTRUCTORS NAME(S)	

## "MAKE-UP" CLASS INFORMATION

CLASS/SESSION BEING MADE UP	
DATE/TIME OF MAKE-UP TRAINING	
LOCATION OF MAKE-UP TRAINING	
AGENCY PROVIDING THE MAKE-UP TRAINING	
NAME AND PHONE NUMBER OF THE MAKE-UP CLASS INSTRUCTOR	
SIGNATURE OF THE MAKE-UP CLASS INSTRUCTOR	

REMINDER: NOT ALL CERT PROGRAMS ARE FEMA COMPLIANT. It is the responsibility of the original training organization to either accept or deny this make-up class.

ALL STUDENTS ARE RESPONSIBLE FOR CORRECTLY FILLING OUT THE MAKE-UP FORM AND EITHER MAILING OR FAXING DIRECTLY TO THE LA VERNE CERT.

MAIL TO: La VerneCERT  
2061 Third Street  
La Verne, CA 91750

FAX TO:(909)596-8774  
E-MAIL: [lavernecert@gmail.com](mailto:lavernecert@gmail.com)