



# POLICY AND PROCEDURE

## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

23-05AMII

Page 1 of 4

DATE  
8/15/2012

### COMMAND OFFICER PROFESSIONAL DEVELOPMENT AND IMPROVEMENT

## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

### COMMAND OFFICER PROFESSIONAL DEVELOPMENT AND IMPROVEMENT

Issued by: Fire Chief

Policy No. 23-05AMII

Authority: Montgomery County Code Section 21-2.(d)(2)

Supersedes: FRC Policy No. 23-05AM

Effective Date: August 15, 2012

**Section 1. Purpose:** To improve or maintain the knowledge, skills, and abilities of Montgomery County Fire and Rescue Service Certified Chief Officers.

**Section 2. Applicability:** This policy applies to all MCFRS Certified Chief Officers.

#### Section 3. Definitions.

- a. **Certified Chief Officer.** An MCFRS officer who has achieved the training and experience requirements identified in the *Certification Standards for Training, Experience, and Credentialing Requirements Executive Regulation*, and has been certified at the rank of Battalion Chief or above by the Fire Chief.
- b. **COPDI.** Acronym for **Certified Officer Professional Development and Improvement**, continuing education requirement(s) that must be met by all MCFRS officers who are certified at the rank of Battalion Chief and higher.
- c. **COPDI Program Manager.** Individual assigned by the Fire Chief to develop, administer, and manage COPDI training.
- d. **MCFRS Sponsored Training.** COPDI training, generally offered by the Montgomery County Fire and Rescue Public Service Training Academy, and approved by the Fire Chief.
- e. **Non-Sponsored Training.** Training that meets the National Fire Protection Association Standard 1021, *Fire Officer Professional Qualifications*, and the established COPDI training objectives for the calendar year.



# POLICY AND PROCEDURE

## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

23-05AMII

Page 2 of 4

DATE  
8/15/2012

### COMMAND OFFICER PROFESSIONAL DEVELOPMENT AND IMPROVEMENT

- f. **Personnel.** For the purposes of this policy, this term refers to all career and volunteer (Local Fire and Rescue Department) members of the Montgomery County Fire and Rescue Service.

#### Section 4. Policy.

- a. Except for Section 4.b. below, all **Certified Chief Officers** must successfully complete a minimum of twelve hours of **COPDI** training each calendar year. Six of the twelve required hours must be completed by attending **MCFRS Sponsored Training**. **COPDI** training may also be obtained by attending **Non-MCFRS Sponsored Training**. However, to receive credit, the **Non-MCFRS Sponsored Training** must be approved by the Fire Chief or designee.
- b. An individual who has been promoted to a **Certified Chief Officer** position must complete one hour of **COPDI** training for each full month served as a **Certified Chief Officer**. This requirement also applies to a career Captain who is on the eligibility list for Battalion Chief, if the Fire Chief or designee appoints the Captain to act as a Battalion Chief.
- c. An individual who fails to successfully complete the required **COPDI** training is not qualified to serve as a **Certified Chief Officer**. A **Certified Chief Officer** who is removed from the IECS list for any reason, or who becomes disqualified to serve as a **Certified Chief Officer** because of failure to meet the required training hours described in Section 4. a. above, must fully satisfy the **COPDI** training requirement before being eligible for reappointment to a **Certified Chief Officer** rank.
- d. The MCFRS Training Section must provide at least thirty-six hours of **COPDI** training each calendar year in six different three-hour programs.
- e. Duplicate credit for **COPDI** training is prohibited.

#### Section 5. Procedure.

- a. **COPDI** training opportunities will be announced and appropriately advertised by the **COPDI Program Manager**.
- b. **Personnel** must register for **MCFRS Sponsored Training** in accordance with established procedures.



# POLICY AND PROCEDURE

## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

23-05AMII

Page 3 of 4

DATE  
8/15/2012

### COMMAND OFFICER PROFESSIONAL DEVELOPMENT AND IMPROVEMENT

- c. **Personnel** must submit a completed **COPDI Program Approval Request Form** (attached) to the **COPDI Program Manager** by December 31<sup>st</sup> of each year to obtain **COPDI credit for Non-MCFRS Sponsored Training**.
- d. **Personnel** may request that the **COPDI Program Manager** approve in advance the **Non-MCFRS Sponsored Training** the **personnel** wish to take (see Attachment at **Part C**).

#### Section 6. Appeals.

- a. An individual who is aggrieved by a decision of the **COPDI Program Manager** may appeal the decision to the MCFRS Training Officer.
- b. The MCFRS Training Officer or the Fire Chief may grant exceptions to this policy on a case-by-case basis.

**Section 7. Enforcement.** The Fire Chief is the enforcement authority for all policies and regulations of the Montgomery County Fire and Rescue Service.

**Section 8. Effective Date.** This policy is effective on August 15, 2012.

**Attachment: COPDI Program Approval Request Form for Non-MCFRS Sponsored Training.**

Approved:

  
 Richard R. Bowers, Fire Chief  
 Montgomery County Fire and Rescue Service

7/24/12  
 Date

Copdi program policy 6-14-2012 wp bf

APPROVED AS TO FORM AND LEGALITY.

OFFICE OF COUNTY ATTORNEY

BY Richard H. Melnick

DATE 7/25/2012



# POLICY AND PROCEDURE

## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

23-05AMII

Page 4 of 4

DATE  
8/15/2012

### COMMAND OFFICER PROFESSIONAL DEVELOPMENT AND IMPROVEMENT

### COPDI PROGRAM APPROVAL REQUEST FORM

(To be used for *Non-Montgomery County Fire and Rescue Service Sponsored Classes*)

Part A Name \_\_\_\_\_ Rank \_\_\_\_\_ Dept./ Sta. \_\_\_\_\_

Program Attended:

\_\_\_\_\_

Location:

\_\_\_\_\_

Date(s): \_\_\_\_\_ Length (Contact Hours): \_\_\_\_\_

Sponsoring Agency:

\_\_\_\_\_

NFPA 1021 Fire Officer Professional Qualifications Standards objective(s) covered by the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Part B Attendance Verification

I, \_\_\_\_\_, verify that the individual shown above attended the program indicated.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Position

Part C \_\_\_\_\_ Program approved for \_\_\_\_\_ Hours of Continuing Education  
\_\_\_\_\_ Program NOT approved for Continuing Education

Reason \_\_\_\_\_

\_\_\_\_\_

Signature, COPDI Program Manager

\_\_\_\_\_

Date