

The Fiber Optic Association, Inc.

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Application for FOA's OJT-To-Cert Program

Organization sponsoring the OJT-To-Cert Program:

Date: _____ Corporate Member? Y. N

Contact Name _____ Title _____

Company _____

Street _____

City _____ State _____ Zip _____

Phone _____ email _____

Name of the candidate participating in the OJT-To-Cert Program (submit an application for each individual participating):

Name _____ Current employee New Hire

Phone _____ email _____

Name of the OJT supervisor participating in the OJT-To-Cert Program:

Name _____ Title _____

Phone _____ email _____

With this application please submit:

- The Basics of Fiber Certificate of Completion
- Outline of the job the applicant is preparing for (page 2)

Job Description for Proposed FOA OJT Program

Supervisor Name: _____

Trainee Name: _____

Company _____

Job Title:	
Job Description:	Fiber Optic Technician ie: installing and testing fiber optic networks including:
	Describe job responsibilities (choose the categories that apply):
Cable installation/pulling	
Cable preparation	
Splicing	
Termination	
Testing	
Other	
List installation and test equip. to be used:	
Other comments:	