

FIRE SERVICE INSTRUCTOR II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1041-2012 Edition



SECTION I

Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits required)
Mailing Address	City	State	Zip Code	County
Date of Birth	Home Phone	Alternate Phone	Email Address	
Affiliation (Fire Dept./Organization)		City/State	County	

Please Read and Check One:

- I have read (or have had explained to me) and understand the job performance requirements for the Fire Service Instructor II certification test. I have no conditions which would preclude me from safely or effectively performing all the functions (practical skills and written test) and tasks for the level for which I am seeking national certification.
- I have read (or have been explained to me) and understand the job performance requirements for the Fire Service Instructor II Certification test. I will be submitting a request for accommodation for the written National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the scheduled certification exam.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code *18 Pa C.S. 4904* and Act 168 of 2006 amended Title 18 [Crimes and Offenses] of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1). The Office of the State Fire Commissioner/Pennsylvania State Fire Academy only collects these numbers for tracking, processing of certifications and verification. Information is only shared where required to do so for and is not sold, bartered, rented or otherwise distributed.

By signing and dating of this document I certify that the information contained in this application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code *18 Pa C.S. 4904*, relating to unsworn falsifications to authorities.

[Click Here to View Candidate Handbook](#)

Signature of Candidate _____
Date

Test Site Official Use Only: Test Site: _____ Test Site Number: _____
Date Application Received at Test Site _____ Date Application Approved: _____
Candidate Number: _____ Written Exam Results ___ PASS ___ FAIL Skills Exam Results ___ PASS ___ FAIL

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SECTION II

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

Signature of Certification Candidate

Name of Certification Candidate (please print or type)

Date

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SECTION III - Please Read and Complete all information:

A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in? YES___ NO___ Please sign waiver below.

Liability Waiver

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

By signing and dating of this document I HEREBY acknowledge THAT I HAVE READ THE CONTENTS OF THIS waiver, and THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.

Candidate Name (Print or Type)

Signature of Candidate

Date

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SECTION IV

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meet the requirements as noted in **Section III** of this application. Participation approved by:

Chief Officer Name (Print or Type)	Daytime Phone	Email
Signature of Chief Officer	Title	Date

SECTION V

REQUIREMENT: Fire Service Instructor I Certification.

You must be certified at the Fire Service Instructor I level. Provide your number and attach a copy of your Fire Service Instructor I certificate.

Fire Service Instructor I Certification Number: _____

[Section V continued on the next page](#)

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REQUIREMENT - Program Management Validation

Instructions to the Candidate:

Please return this document with your practicum packet signed by an authority (such as a fire chief, fire academy official, community college official, etc.) who has *personal knowledge* of your *demonstrated* ability to perform all of the below-listed *Job Performance Requirements (JPR's)* extracted from the above referenced standard.]

To the Attesting Official:

Your signature below attests that you have *personally observed* the candidate's satisfactory performance of all of the below-listed JPR's while he/she was working *under your direct supervision* in an instructional capacity, either currently or in the past.

Candidate's Name (Please Print) _____

JPR 5.2.2: Schedule instructional sessions, given department scheduling policy, instructional resources, staff, facilities, and timeline for delivery, so that the specified lessons are delivered according to department policies.

JPR 5.2.3: Formulate budget needs, given training goals, agency budget policy, and current resources, so that the resources required to meet training goals are identified and documented.

JPR 5.2.4: Acquire training resources, given an identified need, so that the resources are obtained within established timelines, budget constraints, and according to agency policy.

JPR 5.2.5 Coordinate training record keeping, given training forms, department policy, and training activity, so that all agency and legal requirements are met.

Name of Attesting Official (Please print or type) Title

Daytime phone number Email address

Signature of Attesting Official's Date

Name of Organization / Department

Address City State Zip Code:

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Pre-Requisite Verification Form

Candidate Name: _____

My signature below indicates that I have read and understood the requirements of this program, Fire Service Instructor II, and furthermore I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

- _____ I am 18 years of age or older;
- _____ I have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;
- _____ I have signed the application;
- _____ I have had a chief officer sign Section IV of this application;
- _____ I have signed the liability waiver section of the application
- _____ I have had an official sign attesting to the JPR's satisfactory performance list on page 5;
- _____ I have attached a copy of my Fire Service Instructor 1 certification certificate;

Testing Assistance

- _____ I am physically capable of completing the practical skill exercises.
- _____ I am able to read and comprehend the written test and related materials.
- _____ I ***will*** be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam;

OR

- _____ I ***will not*** be submitting a request for accommodation for National Certification exam.

Candidate Name (Print or Type)

Signature of Candidate

Date