

**Vehicle Rescue Technician – Level I NFPA 1006
Pennsylvania Voluntary Fire Service Certification Program**



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 herby 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 (Please Print)

Candidate Signature

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 1 of this application. Participation approved by:

Signature of Chief Officer	Officer Title	Date
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Chief Officer Name (Print or Type)	Officer Title
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SECTION V

REQUIREMENT: NFPA 1006 – 2013 Edition 4.2 Hazardous Materials Incident and Contact

Candidates **MUST** be trained or certified (as a minimum requirement) at the First Responder Operations Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 5 (Core Competencies for Operations Level Responders) and Chapter 6, section 6.6 (Mission specific Competencies: Product Control).

Attach a copy of one of the following recognized certificates (Delmar or Jones & Bartlett curriculums).

_____ HAZARDOUS MATERIALS OPERATIONS LEVEL **OR**

_____ HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER

NOTE: The certificate (training, refresher training or certification) must be current (i.e., within one (1) year of the firefighter certification test date and must meet the requirements of NFPA 472 2013 edition).

REQUIREMENT: NFPA 1006 – 2013 4.3 Rescue Technician General Requirements.

For qualification, as a Confined Space Rescue Technician candidate must be certified and shall perform all of the job performance requirements in Chapter 5 of the NFPA 1006 standard.

_____ Certification (state or training agency issued Pro-Board or IFSAC) Certificate

_____ Official Transcript from approved educational training agency showing successful completion of certification

_____ Rescue Technician (Specialty) National (IFSAC or Pro Board) certification.

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REQUIREMENT: NFPA 1006 – 2013 Edition 4.2 Emergency Medical Care

The following is a listing of approved training courses which meet the requirements of this section. Each candidate must show as a minimum an approved CPR card/certificate **and** an approved Emergency Medical Training card/certificate.

Please assure the following:

- Check the EMS certification/medical training AND CPR training you possess;
- Indicate issue/expiration dates in the boxes provided;
- *Attach a copy of your certificate(s) or both side(s) of your SIGNED certification cards*

APPROVED EMS CERTIFICATIONS/MEDICAL TRAINING COURSES					
AHA – Heartsaver First Aid		Issue Date:		Expiration Date:	
ARC – Emergency Responder		Issue Date:		Expiration Date:	
<i>ARC – First Aid Responding to Emergencies</i>		Issue Date:		Expiration Date:	
ASHI – Emergency Medical Response		Issue Date:		Expiration Date:	
ASHI - First Responder		Issue Date:		Expiration Date:	
NSC –Basic Life Support: Healthcare & Professional Rescuers		Issue Date:		Expiration Date:	
NSC – First Aid Taking Action – Advanced Training		Issue Date:		Expiration Date:	
<i>AAOS – Standard First Aid</i>		Issue Date:		Expiration Date:	
PA DOH – First Responder		Issue Date:		Expiration Date:	
PA DOH – EMT		Issue Date:		Expiration Date:	
PA DOH – EMT Paramedic		Issue Date:		Expiration Date:	
PA DOH – Healthcare Professional		Issue Date:		Expiration Date:	

APPROVED CPR COURSES					
AHA – Heartsaver CPR (Adult/Child/Infant)	_____	Issue Date:	_____	Expiration Date:	_____
AHA – Healthcare Professional	_____	Issue Date:	_____	Expiration Date:	_____
ARC – Adult CPR & Infant/Child CPR	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR Professional Rescuer (Preferred)	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR for the Professional Rescuer and Healthcare Provider	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR/AED for the Healthcare Provider	_____	Issue Date:	_____	Expiration Date:	_____
ASHI – CPR Pro for Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____
NSC – Basic Life Support Healthcare & Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____
AAOS – Emergency Care & Safety Institute Health-Care Provider CPR	_____	Issue Date:	_____	Expiration Date:	_____

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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, Vehicle Rescue Technician Level I 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 in the required items in Section IV of this application;
- _____ I have attached a copy of an approved current Hazardous Materials Operations Course, or Operations Refresher;
- _____ I have attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements;
- _____ I have attached proof of General Requirements Certification

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 Signature

Date