



**FIRE OFFICER II APPLICATION  
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

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(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.**

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Candidate Name (Please Print)

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Candidate Signature

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Date



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Method

**If you are completing the Fire Officer II certification through completion of an approved course please proceed to Section IV. Stop after Section V**

**If you are completing the Fire Officer II certification through the challenge process skip Section V and proceed to Section VI.**

**SECTION VI**

**Fire Officer II Certification via Training: Requirements 5.2 through 5.7.1:**

To certify by this method, you must have successfully completed a Fire Officer II course of instruction approved by the State Fire Academy within one (1) year of the date of this application. Attach a copy of your course completion certification and practical skills packet (student workbook) to your completed application. The certificate must show the Course Accreditation number assigned by the State Fire Academy to the course in question.

**SECTION V**

**JPR 5.7.1 (Health & Safety) and 5.2.1 Human resource Management.**

- \_\_\_\_\_ Candidate **MUST** attach a department policy regarding Infectious Disease (bloodborne pathogens) safety and control. If one does not exist the candidate will have to develop and submit policy with application
  - \_\_\_\_\_ Must attach supporting forms and/or documents
  - \_\_\_\_\_ Final report (memo format) Must be submitted

**NOTE: Use Skill Sheet I to complete. If needed refer to Guide 7 in the candidate handbook for additional assistance in completing this section.**

- \_\_\_\_\_ Candidate **MUST** attach a copy of a certificate showing successful completion of one of the following:

\_\_\_\_\_ NFA “Fire Fighter Safety & Survival: Company Officer's Responsibility”, **OR**

\_\_\_\_\_ NFA Incident Safety Officer, **OR**

\_\_\_\_\_ NFA Health and Safety Officer, **OR**

\_\_\_\_\_ Any formal course of instruction (such as a college-level occupational safety course) which addresses the prerequisite knowledge and prerequisite skills listed under JPR's 4.7.1 and 4.7.2 of the 2003 Edition of NFPA #1021. A certificate **OR** a transcript and course syllabus must be attached which confirms this fact;

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**JPR 5.6.1 Emergency Services Delivery & JPR: 5.2.1 Human Resources Management**

JPR 5.2.1 Initiate actions to maximize member performance and /or correct unacceptable performance, so that the member or unit performance improves or the issue is referred to the next level of supervision.

**NOTE: Use Skill Sheet A to complete. If needed refer to Guide 1 in the candidate handbook for additional assistance in completing this section.**

JPR 5.6.1 Produce operational plans, given a hazardous materials incident and another emergency requiring multi-unit operations, so that required resources and their assignments, and safety considerations for successful control of the incident are identified.

**NOTE: Use Skill Sheet H to complete. If needed refer to Guide 6 in the candidate handbook for additional assistance in completing this section.**

The Candidate **MUST** Attach the following for both incidents:

Haz-Mat      Other Emergency

_____	_____	A site plan of the incident indicating the location of the CP and of all resources.
_____	_____	An operation plan for the incident
_____	_____	A command chart for the incident.
_____	_____	A personnel accountability system.
_____	_____	A written critique of the incident

**JPR 5.5.1: Inspection and Investigation**

JPR 5.5.1 Conduct a fire inspection to identify hazards including hazardous materials and address violations. **NOTE: Use Skill Sheet G as a guide to complete this section.**

\_\_\_\_\_The Candidate **MUST** attach the appropriate forms noting the type of occupancy, required information including hazards and the corrective actions.

Determine the point of origin and preliminary cause of a fire to determine if arson is suspected.

\_\_\_\_\_The Candidate **MUST** attach the fire report with pertinent information including sketches, photographs and diagrams.

\_\_\_\_\_The Candidate **MUST** attach a copy of a certificate showing successful completion of **one** of the following:

\_\_\_\_\_The National Fire Academy course “*Arson Detection for the First Responder*” **OR**

\_\_\_\_\_Its predecessor “*Fire Arson Detection*” **OR**

\_\_\_\_\_Any formal course of instruction presented by an accredited agency (such as a state fire academy) which addresses the prerequisite knowledge and prerequisite skills listed under JPR’s 5.5.1 of the 2009 Edition of NFPA 1021. **A certificate OR a transcript and course syllabus must be attached which confirms this fact.**

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**JPR 5.4.4 Administration:**

JPR 5.4.4 Prepare a news release given an event or topic, so that the information is accurate and formatted correctly. **NOTE: Use Skill Sheet E to complete. If needed refer to Guide 5 in the candidate handbook for additional assistance in completing this section**

\_\_\_\_\_The Candidate **MUST** attach a description of the target audience.

\_\_\_\_\_The Candidate **MUST** attach a news release for the education program.

I hereby attest that \_\_\_\_\_, a candidate for Fire Officer II certification has, as part of his/her duties with this fire department, demonstrated the ability to competently and, where applicable, safely perform the following Job Performance Requirement. JPR 5.4.4 The ability to communicate to the target audience from the 2009 edition of NFPA 1021, *Fire Officer Professional Qualifications*.

\_\_\_\_\_  
Signature of Chief Officer or Other Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Chief Officer or Other Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Day Time Phone Number

**JPR 5.4: Administration**

JPR 5.4.1 Develop a policy or procedure, given an assignment, so that the recommended policy or procedure identifies the problem and proposes a solution. **NOTE: Use Skill Sheet C to complete. If needed refer to Guide 3 in the candidate handbook for additional assistance in completing this section**

JPR 5.4.5 Prepare a concise report to a supervisor supporting the solution using trends, variances, or other related topic. **NOTE: Use Skill Sheet F as a guide to complete this section**

\_\_\_\_\_The Candidate **MUST** attach a copy of the existing policy.

\_\_\_\_\_The Candidate **MUST** attach a memo to a superior officer explaining the problem with the existing policy and solution to the problem. The memo must support the solution using trends, variances, or other related topics

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JPR 5.4.2 & 5.4.3 Develop a project or divisional budget, given schedules and guidelines concerning its preparation, so that capital, operating and personnel costs are determined and justified. **NOTE: Use Skill Sheet D to complete. If needed refer to Guide 4 in the candidate handbook for additional assistance in completing this section**

\_\_\_\_\_The Candidate ***MUST*** attach a copy of a completed budget request form including supportive data.

**JPR 5.2.2: Human Resource Management**

JPR 5.2.2 Evaluate the job performance of a member based on the personnel records so each member's performance is evaluated accurately and reported according to human resource policies and procedures. **NOTE: Use Skill Sheet B to complete. If needed refer to Guide 2 in the candidate handbook for additional assistance in completing this section.**

\_\_\_\_\_The Candidate ***MUST*** attach a copy of a completed evaluation form.

\_\_\_\_\_The Candidate ***MUST*** attach a copy of the policies and / or procedures pertaining to the evaluation.

\_\_\_\_\_The Candidate ***MUST*** attach a copy of the policies and / or procedures establishing the evaluation process.

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**Pre-Requisite Verification Form**

**Challenge Method**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understood the requirements of this program, Fire Officer 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 attached a copy of an approved Incident Command Course
- \_\_\_\_\_ I have attached a copy of my Fire Officer I Certification as defined in NFPA 1021
- \_\_\_\_\_ I have attached a copy of my Fire Service Instructor I Certification as defined in NFPA 1041
- \_\_\_\_\_ I have attached a copy of an approved Hazardous Materials Operations Course in accordance with NFPA 472

**Content submission check list**

- \_\_\_\_\_ I have attached a company-level standard operating procedure regarding infectious disease/bloodborne pathogen safety and control.
- \_\_\_\_\_ I have attached a copy of certificate showing successful completion of one of the following:
  - \_\_\_NFA "Fire Fighter Safety & Survival: Company Officer's Responsibility", OR
  - \_\_\_NFA Incident Safety Officer, OR
  - \_\_\_NFA Health and Safety Officer, OR
  - \_\_\_Any formal course of instruction
- \_\_\_\_\_ I have attached documentation for completion of JPR 5.2.1 Human Resources Management
- \_\_\_\_\_ I have attached documentation for completion of JPR 5.6.1 Operational Plans
- \_\_\_\_\_ I have attached documentation for completion of JPR 5.5.1 Fire Inspection
- \_\_\_\_\_ I have attached documentation for completion of JPR 5.5.2 Fire Investigation

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\_\_\_\_\_ I have attached a copy of certificate showing successful completion of one of the following:

\_\_\_\_\_The National Fire Academy course “*Arson Detection for the First Responder*” **OR**

\_\_\_\_\_Its predecessor “*Fire Arson Detection*” **OR**

\_\_\_\_\_ I have attached documentation for completion of JPR 5.4.4 Administration-News Release for Education Program

\_\_\_\_\_ I have attached documentation for completion of JPR 5.4.1 Administration – Develop Policy or Procedure

\_\_\_\_\_ I have attached documentation for completion of JPR 5.4.5 Administration – Prepare Report

\_\_\_\_\_ **MUST** attach a copy of the existing policy.

\_\_\_\_\_ **MUST** attach a memo to a superior officer

\_\_\_\_\_ I have attached a copy of completed budget request form for completion of JPR 5.4.2 Administration – Develop a Project or divisional budget

\_\_\_\_\_ I have attached documentation for completion of JPR 5.2.2 Human Resources Management – Evaluate Job Performance

\_\_\_\_\_ **MUST** attach a copy of a completed evaluation form.

\_\_\_\_\_ **MUST** attach a copy of the policies and / or procedures pertaining to the evaluation.

\_\_\_\_\_ **MUST** attach a copy of the policies and / or procedures establishing the evaluation process.

**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.

\_\_\_\_\_ I will not be submitting a request for accommodation for National Certification exam.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Pre-Requisite Verification Form**

**Course Completion Method**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understood the requirements of this program, Fire Officer 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 attached a copy of an approved Incident Command Course
- \_\_\_\_\_ I have attached a copy of my Fire Officer I Certification as defined in NFPA 1021
- \_\_\_\_\_ I have attached a copy of my Fire Service Instructor I Certification as defined in NFPA 1041
- \_\_\_\_\_ I have attached a copy of an approved Hazardous Materials Operations Course in accordance with NFPA 472

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date