

FIRE FIGHTER I APPLICATION
 PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
 NFPA 1001-2013 Edition



SECTION I

Last Name	First Name	M.I.	SSN (last 4 digits required)		
Street Address		City	State	Zip Code	County
Date of Birth	Home Phone	Work Phone		Test Date Requested	
Affiliation (Fire Department/Organization)				Candidate Email	
Street Address		City	State	Zip	

Section I: Please Read and Check One:

- I have read (or have had explained to me) and understand the job performance requirements for the Firefighter I 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 Firefighter I 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*, realing to unsworn falsifications to authorities.

Signature of Applicant **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 (Please Print)

Candidate Signature

Date

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SECTION V con't

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:	_____

REQUIREMENT: NFPA 1001 – 2008 Chapter 5, section 5.1 General:

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 2008 edition).

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REQUIREMENT: Chapter 5-3 NFPA # 1001-2008 edition: Job Performance Requirement (JPR) 5-3.10 (Interior Structural Fire Attack)

In order to be certified as a Fire Fighter I, a candidate **must** have demonstrated his/her ability to attack and extinguish an interior structural fire operating as a member of a team. The following courses of instruction have been determined to meet this requirement. **Attach a certificate** showing successful completion of any **one** of the following (check which one applies):

- _____ PA State Fire Academy Local Level *Structural Burn Session (SBS)*
- _____ PA State Fire Academy Resident Course *Engine Company Operations at Residential Fires (ZSFB)* or its predecessor *Structural Fire Fighting I*.
- _____ City of Pittsburgh Bureau of Fire Recruit Training
- _____ City of Philadelphia Fire Department Recruit Training
- _____ Harrisburg Area Community College (HACC) "*Fire Academy*" curriculum
- _____ Pennsylvania Department of Corrections *Fire Emergency Response Team Training*
- _____ *ELIF* Interior Firefighting certificate from the Entry Level curriculum. Interior Firefighting with NO Live Fire is NOT acceptable
- _____ City of Allentown / Bethlehem/ Easton Fire Department Recruit Training
- _____ Bucks County Community College – "Bucks Basic Fire Academy"

OR

Essentials of Fire Fighting Module I (EBM) certificate **ONLY UNDER THE FOLLOWING CONDITIONS, ALL OF WHICH MUST BE MET:**

1. **Certificate MUST be dated prior to January 1, 2007 AND**
2. The EBM course you attended was held at a training facility that is also a Certification Field Test Site; **AND**
3. You are taking your Fire Fighter I practical test at the same facility where you attended your EBM course; **AND**
4. A live interior structure fire exercise was included as part of the course; **AND**
5. You personally participated in an interior structure fire attack while attending the course; **AND**
6. The training facility/test site has records available that confirm your participation in the burn itself.

If any ONE or more of these conditions are NOT met, you may NOT use your EBM certificate to meet the live fire requirement, and must furnish one of the six certificates listed previously.

- _____ My EBM certificate meets all 5 of the qualifications above and I am attaching a copy to meet the live burn requirement of Fire Fighter I. (Test site/training facility must attach a copy of the records referred to in # 5 when processing this application.)

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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 Fighter 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 certificates (Delmar or Jones & Bartlett curriculums) current Hazardous Materials Operations Course, Operations Refresher, or Technician Training Certificate ;
- _____ I have attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements;
- _____ I have attached a copy of a certificate indicating completion of a course/program that fulfills JPR 5.3.10 (Interior Structural Fire Attack);
- _____ I have signed the liability wavier section of the application

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