# Rope Rescue Technician Level II Application

PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM

**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 (A): Please Read and Check One**: 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.

□ l have read (or have had explained to me) and understand the job performance requirements for the Rope Rescue Technician 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.

□ | have read and/or have been explained and understand the job performance requirements for the Rope Rescue Technician 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.

lf you are not participating as a member of an emergency service organization, are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in cause of injury? YES___ NO____

If YES, you will be required to show proof of insurance coverage with this application. lf NO, you will be required to sign a release Waiver prior to taking any portion of the Certification exam.

**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**

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 I (A)** of this application. Participation approved by:

_____

**Signature of Chief Officer** **Officer Title** **Date**

_____

**Chief Officer Name (Print or Type)** **Officer Title**

**SECTION III**

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 IV

**REQUIREMENT per Chapter 4 - 4.2(6) NFPA # 1006, 2008 Edition: Minimum Requirements for 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) and section 6.2 (Personal Protective Equipment). ***Attach a copy*** of one of the following recognized certificates. Training certificates and/or Annual Refresher Training Certificates must be within one (1) year of the date of testing.

_____ Hazardous Materials Operations Level **OR**

_____ Hazardous Materials Operations Level Annual Refresher **OR**

_____ Hazardous Materials Technician Level, **OR**

_____ Professional Qualification Hazardous Materials Operations Level (IFSAC) **OR**

_____ Professional Qualification Hazardous Materials Operations Level (Pro Board)

**REQUIREMENT per Chapter 4 - 4.2(4)& (5) NFPA # 1006, 2008 Edition: Minimum Requirements for Education and Emergency Medical Care.**

The following documents may be submitted (along with the application), to prove pre-existing competency. Certificates submitted must be current and will be verified

Please assure the following:

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

| | | | | | |
|---|---|---|---|---|---|
| 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: | _____ |
| ARC – Emergency Responder | | Issue Date: | | Expiration Date: | |
| AHA – Healthcare Professional (Preferred) | _____ | 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: | _____ |
| 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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**REQUIREMENT:** RESCUE TECHNICIAN GENERAL REQUIREMENTS COMPLETE
In order to be certified as a Rope Rescue Technician candidate must be certified at the General Requirements level. Attach a copy of certificate.

_____Certificate of Completion
_____Letter of Completion Attached
_____Rescue Technician (Specialty) Attached (IFSAC or Pro Board)

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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, Rope Rescue Technician 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 in the required items in Section II of this application;

_____ I have attached a copy of an approved 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 First Aid/Medical Training Requirements;

_____ I have attached proof of completion of General Core Requirements.

**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.

_____ _____

Signature Date