

Commonwealth of Pennsylvania
Office of the State Fire Commissioner
State Fire Academy

PARTICIPATING



DEPARTMENT

Recognition Program

Participating Department Recognition Program

The voluntary fire fighter certification program is a legislatively mandated system promulgated by Act 1989-112, repealed by Act 1995-61. The Voluntary Fire Fighter Certification Program allows for the certification of any Commonwealth resident, 18 years of age, regardless of religion, gender, or natural origin. Commonwealth emergency responders have an opportunity to participate in and be recognized as a certified fire professional at various levels in accordance with nationally recognized and sanctioned Professional Qualification standards.

Note: Various levels include all levels that the Office of the State Fire Commissioner is accredited for by the National Pro-Board and IFSAC with the exception of the Hazardous Materials Awareness Certification. Five percent (5%) of the active certified personnel certified at the Hazardous Materials Awareness level listed will be accepted toward the total percentage being applied for.

Purpose:

To recognize those organizations that support, promote, and encourage their emergency response personnel to voluntarily certify within the Commonwealth's Certification Program administered by the Office of the State Fire Commissioner.

A. Definitions:

1. Department:

Any public or private fire department, rescue squad, emergency management agency, or emergency services response organization that provides fire and life safety services to the citizens, residents, or employees of the private sector, political subdivisions, or entities within the Commonwealth of Pennsylvania.

2. Participating Department:

Any agency or entity that complies with the intent of the Fire Service Certification Program and that has encouraged their personnel to voluntarily certify within the professional standards programs administered by the Office of the State Fire Commissioner.

3. Active Member:

A duly enrolled member of an emergency response organization that meets the following criteria;

- a) Authorized to respond to fire and emergency calls with the emergency response organization.
- b) Certified by the employer (city, borough, township, etc. at the minimum of Hazardous materials First Responder – Awareness level per the Federal EPA regulations (40 CFR 311)

4. Certified Personnel:

Any individual serving as a member of an applicant fire department who is currently certified within one of the accredited levels of the Office of the State Fire Commissioner Certification Program.

B. Qualifications (minimum):

To be recognized as a Participating Department in the Voluntary Fire Service Certification Program, the Fire Service Certification Advisory Committee has established the following criteria for recognition approved by the Office of the State Fire Commissioner.

1. The organization applying for the departmental recognition award must submit a properly completed application contained herein.
2. The applicant organization will submit the roster of its Active Members as defined in Section A.3.
3. The roster of Active Members must be notarized and signed by the Chief Executive Officer(s) of the employer (city, borough, township, etc.) certifying that the members are hazardous materials response certified in accordance with federal regulation 40 CFR 311.
4. The applicant organization will submit a roster of Certified Personnel within the organization that possesses current certifications.

5. To receive recognition, the minimum number of Certified Personnel must be equal to or greater than ten percent (10%) of the number of members listed on the Active Member Roster. (NOTE: If an organization has 50%, 75%, or 100% participation, a special recognition will be made respectively.)
6. The applicant organization once awarded recognition as a Participating Department will be issued documentation and signage **valid for a period of three years**; after which the applicant organization **must renew** their recognition in the program.

C. Special Recognition:

A bronze, silver and gold border will be placed on the standard certificate and decal to respectively denote 50%, 75%, 100% participation. One decal per apparatus will be issued. You can order additional decals using the order form and sending to PSFA. **Decals shall not be defaced, cropped or cut out; the original decal must be displayed to be valid.**

D. Rescission / Withdrawal:

The Office of the State Fire Commissioner, upon recommendation of the Fire Service Certification Advisory Committee, reserves the right to immediately rescind, for just cause reasons, the recognition given to a Participating Department for noncompliance with established criteria for the Participating Department Recognition Program.

E. Application Instructions:

1. Complete the information requested on Page 1 of the application.
2. Have the Chief Executive Officer, Operating Officer and Secretary sign the application.
3. Complete the Organization Member Roster listing all active members of your organization as defined in section A.3.to include name, function, and whether they are certified. (i.e. first three columns)
 - a. All the requested information on the roster must be listed for members of your organization that are certified as defined in section A.4. Be sure to include the last four (4) digits of the individuals' social security number for verification of the certifications. See example below.

- b. If you are listing certifications numbers for individuals that have obtained their certification from outside the OSFC/PSFA Certification Program then you **must** submit a copy of the certification certificate attached to the application.

EXAMPLE:

Individual Name	Function	Certified Yes / No	SSN# (Last 4-digits)	Certification Level	Certification Number
1. John Doe	Firefighter	Yes	1234	Firefighter I	9876
2. John Doe Sr	Safety Officer	No			
3.					
4.					

4. Copy the roster supplied with the application as many times as needed so that you may submit all the members of your organization.
5. Have the roster signed by an official(s) of the employer from the city, borough, or township. (i.e. mayor, councilman, secretary, manager, etc.)
6. Assemble the application package in the following order;
 - a. Application
 - b. Organization Member Roster
 - c. Attachments (copies of certificates if applicable as noted in Section E.3b above).
7. Submit application packet to:

Pennsylvania State Fire Academy
Attn: Certification Program-Participating Dept.
1150 Riverside Drive
Lewistown, PA 17044

Commonwealth of Pennsylvania
Office of the State Fire Commissioner
Participating Department Recognition Application

Initial Recognition Upgrade Renewal

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

COUNTY: _____

BUSINESS PHONE: (_____) _____ FAX: (_____) _____

CHIEF EXECUTIVE OFFICER: _____ TITLE: _____
 (i.e. PRESIDENT)

DAY TIME CONTACT NUMBER: (_____) _____ EMAIL: _____

CHIEF OPERATING OFFICER: _____ TITLE: _____
 (i.e. CHIEF)

DAY TIME CONTACT NUMBER: (_____) _____ EMAIL: _____

ORGANIZATION IS A: Volunteer Career Combination Other

<input type="checkbox"/> PUBLIC FIRE SERVICE	<input type="checkbox"/> RESCUE SQUAD
<input type="checkbox"/> PRIVATE FIRE SERVICE	<input type="checkbox"/> PUBLIC SAFETY UNIT
<input type="checkbox"/> INDUSTRIAL FIRE BRIGADE	<input type="checkbox"/> EMS PROVIDER
<input type="checkbox"/> INSTITUTION FIRE BRIGADE	<input type="checkbox"/> OTHER: _____

Applying for Recognition at: 10% 50% 75% 100%

Number of Decals Requested: _____ (one per apparatus)

The undersigned officers of the applicant organization have been duly authorized to sign and submit this application for recognition as a Participating Department in the Commonwealth of Pennsylvania Voluntary Fire Service Certification Program. The affixing of their respective signatures attests to the validity of the rosters being submitted and that no false statements are made or contained within the application.

 Chief Executive Officer Date

 Chief Operating Officer Date

 Secretary Date

Date Application Received _____	Date Application Approved _____
Level of Recognition _____	Number of Decals Issued _____
PSFA Staff Signature _____	
Notes/Comments:	

Participating Department Recognition Program Organization Member Roster

List all the members of the organization as outlined in section A.3 and A.4 of the program guidelines.
Copies of this sheet may be made in order to report all members

ORGANIZATION NAME: _____

Individual Name	Function	Certified Yes / No	SSN# (Last 4-digits)	Certification Level	Certification Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

I/We the undersigned, acting as duly **authorized officials of the employer (city, borough, township, etc.)**, by affixing our signatures do attest that the members listed on all pages of this Organization Member Roster are trained at the minimum of hazardous materials first responder - awareness level in accordance with Federal EPA regulations 40 CFR 311.

Employer Name: _____

Official signature(s):

Signature / Title	Date
Signature / Title	Date
Signature / Title	Date

Signed before me on _____ (date)

Notary Name _____

Signature _____

My Commission Expires _____