

GENERAL REQUIREMENTS RESCUE TECHNICIAN
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2013 Edition



SECTION I

Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits required)
Mailing Address	City	State	Zip Code	County
Date of Birth	Primary Phone	Alternate Phone	Email Address	
Affiliation (Fire Dept./Organization)	City/State		County	

Please Read and Check One:

- I read (or had explained to me) and understand the job performance requirements for the General Requirements Rescue Technician certification test. I have no conditions which preclude me from safely or effectively performing all functions and tasks (practical skills and written test) for the level which I am seeking national certification.
- I read (or had explained to me) and understand the job performance requirements for the General Requirements Rescue Technician certification test. I will submit a request for accommodation for the written national certification test. I understand I **MUST** contact the Certification Program Manager no later than twenty days 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 collects these numbers only for tracking, processing of certifications, and verification purposes; 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*, relating to unsworn falsifications to authorities.

Signature of Candidate

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 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? YES___ NO___

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 type)

Signature of Candidate

Date

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SECTION IV

It is understood that the candidate registered on this form does so with full knowledge, consent and approval of the named organization on Page One of this application; furthermore, the candidate is protected by an insurance carrier or by the organization. Additionally, I attest the candidate meets the requirements as noted in **Section III** of this application. Participation approved by:

Chief Officer Name (please type)

Daytime Phone

Email

Signature of Chief Officer

Title

Date

SECTION V

REQUIREMENT: NFPA 1006 (2013 Ed) Section 4.2 Hazardous Materials Incident and Contact Control

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level in accordance with NFPA 472 (2013 Edition) **OR** NFPA 1072 (2017 Edition), Chapter 5 (Core Competencies) and Chapter 6, (Mission-Specific) section 6.2 (Personal Protective Equipment) and section 6.6 (Product Control).

Attach a copy of one of the following recognized certificates. Training certificates **MUST** be from the PSFA approved Jones & Bartlett curriculum.

_____ Hazardous Materials Operations Level training **OR**

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

_____ Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

NOTE: The certificate (training, refresher training, or certification) **MUST** be current and dated within one (1) year of the certification application and **MUST** meet the requirements of NFPA 472 (2013) **OR** NFPA 1072 (2017).

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REQUIREMENT: NFPA 1006 (2013 Ed) Section 4.2 Emergency Medical Care

The following is a list of approved courses that meet the requirements of Chapter 4, Section 4.2. Each candidate **MUST** show, at minimum, an approved CPR **AND** an approved emergency medical training course card/certificate.

Please assure the following:

- Check the EMS certification / medical training **AND** CPR training you possess;
- Indicate issue and expiration date (i.e., Exp. Date) in the boxes provided;
- **Attach a copy of your course certificate(s) or both side(s) of your SIGNED (if applicable) course certification cards.**

APPROVED EMS CERTIFICATIONS/MEDICAL TRAINING COURSES				
	AHA – Heartsaver First Aid	Issued:		Exp. Date
	ARC – Emergency Medical Response	Issued:		Exp. Date
	ASHI – Emergency Medical Response	Issued:		Exp. Date
	National Ski Patrol – Outdoor Emergency Care	Issued:		Exp. Date
	NSC –Basic Life Support: Healthcare & Professional Rescuers	Issued:		Exp. Date
	NSC – First Aid Taking Action – Advanced Training	Issued:		Exp. Date
	AAOS – Emergency Care & Safety Institute Emergency Medical Responder	Issued:		Exp. Date
	PA DOH – Emergency Medical Responder	Issued:		Exp. Date
	PA DOH – EMT OR Advanced EMT	Issued:		Exp. Date
	PA DOH – EMT Paramedic	Issued:		Exp. Date
	PA DOH – Healthcare Professional	Issued:		Exp. Date

APPROVED CPR COURSES				
	AHA – Heartsaver CPR (Adult/Child/Infant)	Issued:		Exp. Date
	AHA – BLS Provider OR BLS for Healthcare Provider	Issued:		Exp. Date
	ARC – Basic Life Support for Healthcare Providers	Issued:		Exp. Date
	ARC – CPR/AED for Healthcare Providers	Issued:		Exp. Date
	ARC – CPR/AED for Professional Rescuers	Issued:		Exp. Date
	ARC – CPR/AED for Professional Rescuers and Healthcare Providers	Issued:		Exp. Date
	ASHI – Basic Life Support BLS for Healthcare Providers and Professional Rescuers	Issued:		Exp. Date
	NSC – Basic Life Support Healthcare & Professional Rescuer	Issued:		Exp. Date
	AAOS – Emergency Care & Safety Institute Health-Care Provider CPR (Professional)	Issued:		Exp. Date
	EMS Safety Services, Inc. – BLS for Healthcare Providers	Issued:		Exp. Date
	Pro Trainings, LLC – Pro CPR Healthcare Provider CPR	Issued:		Exp. Date
	Geisinger CPR Program	Issued:		Exp. Date
	Military Training Network Resuscitative Medicine & Training Program BLS for Healthcare Providers	Issued:		Exp. Date

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates that I read and understand the requirements of this program, General Requirements Rescue Technician Level I and/or II; furthermore, I meet the prerequisites established by the Standard or the Authority Having Jurisdiction.

_____ I am 18 years of age or older;

_____ I signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;

_____ I signed the application;

_____ I had a chief officer sign Section IV of this application;

_____ I attached a copy of an approved Hazardous Materials Operations Level certificate in accordance with NFPA 472 (2013) OR NFPA 102 (2017), Ch. 5 and Ch. 6 sections 6.2 and 6.6;

_____ I attached a current, signed cards or certificates that fulfill the CPR and Medical Training 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 not*** be submitting a request for accommodation for National Certification exam;

OR

_____ 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.

Candidate Name (please type)

Signature of Candidate

Date