PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2013 Edition



Please clearly indicate which level(s) you are testing for by marking your selection with an "X":

Structural Co	ollapse Level I Struct	ural Collapse Level II	Stru	ıctural Collap	ose Level I & II	
Last Name	First Name		M.I.	Suffix	SSN# (last 4 di	gits required)
Mailing Address	City		State	Zip Code	County	
Date of Birth	Primary Phone	Alternate Phone			Email Address	
Affiliation (Fire Dep	ot./Organization)	City/S	tate		County	
Please Read and Ch	eck One:					
I read (or had extended to the functions and take to the function and t	ification test. I have no asks (practical skills and with the skills and the skills are skills are skills are skills and the skills are skills and with the skills are skills and with the skills and with the skills are skills and with the skills are skills and with the skills are skills	stand the job perform t a request for accommodation Program Manager to required. Your so and Act 168 of 200 2, subsection (h) (se numbers only for to uired to do so for and	ance required an	I am seeking uirements for a for the writter than twent ter than twent ter than twent ter than trity number ded Title 18 to Office of processing old, bartered,	r the Structural ten national centry days prior  is being solic [Crimes and the State Fire f certifications, rented or otherwards]	Cation.  Collapse Rescurtification test. to the schedule cited pursuant to Offenses] of the Commissioner, and verification wise distributed.
attachments is accordance with the	urate and complete to OSFC/PSFA certifications to unsworn falsification	the best of my kn on testing policy and	owledge	and subm	itted as true	and correct in
Signature of Candid	date			]	Date	-
	Use Only: Test Site:  Received at Test Site  Written Example: Written Example:		Applicatio	n Approved: _	Site Number:	

January 2019 Page **1** of **7** 

# PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



#### **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

January 2019 Page 2 of 7

### PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



### **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.

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
<u>Liability Waiver</u>
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

Page 3 of 7 January 2019

# PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



### **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 Materia	als Incident and Contact
	ion), Chapter 5 (Core Competenc	erations Level in accordance with NFPA 472 ies) and Chapter 6, (Mission-Specific) section
Attach a copy of one of the following rec Jones & Bartlett curriculum.	ognized certificates. Training cer	tificates MUST be from the PSFA approved
Hazardous Materials Oper	ations Level training <b>OR</b>	
Hazardous Materials Oper	ations Level Annual Refresher tra	nining OR
Hazardous Materials Oper	ations Level Responder National	Certification (ProBoard or IFSAC)
<b>NOTE:</b> The certificate (training, refresher the certification application and <b>MUST</b> me		Γ be current and dated within one (1) year of (2013) <b>OR</b> NFPA 1072 (2017).
REQUIREMENT: NFPA 1006 (2013 Ed	l) Section 4.3 Rescue Technician	n General Requirements
To qualify at the Structural Collapse Rescu job performance requirements in Chapter 5		e MUST be certified and shall perform all
Certification (state or training agen	cy issued Pro-Board or IFSAC) C	Certificate <b>OR</b>
Official Transcript from approved	educational training agency show	ing successful completion of certification OR
Rescue Technician (Specialty) Nat	ional (IFSAC or Pro Board) certif	ication.

January 2019 Page **4** of **7** 

# PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



#### 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 card/certificate **AND** an approved emergency medical training 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 <b>OR</b> 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 <b>OR</b> 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	

January 2019 Page 5 of 7

# PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



NOTE: If you are testing for Structural Collapse Rescue Technician Level II independent of Level I, please provide the following information.

#### REQUIREMENT: Structural Collapse Rescue Technician Level I NFPA 1006 (2013 Ed), JPR 8.2

To certify at the Structural Collapse Rescue Technician Level II, the candidate must be certified at the General Requirements Level *and* the Structural Collapse Rescue Technician Level I.

Please provide your certification number *and* attach a copy of your Structural Collapse Rescue Technician I certification certificate.

Structural Collapse Rescue Technician I Certificate Number (2008 or 2013 edition): \_\_\_\_\_

January 2019 Page 6 of 7

PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



## **Prerequisite Verification Form**

• •	below indicates that I read and understand the requirements of this program, S	•
Technician Le Jurisdiction.	evel I and/or II; furthermore, I meet the prerequisites established by the Stan	idard or the Authority Having
	I am 18 years of age or older;	
	I signed the Act 168 form or have provided an official criminal history record to Chapter 91;	d check obtained pursuant
	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 certin NFPA 472 (2013) OR NFPA 102 (2017), Ch. 5 and Ch. 6 sections 6.2 and 6.	
	I attached a current, signed cards or certificates that fulfill the CPR and Medical Requirements;	ical Training
	I attached proof of General Requirements Certification;	
	I attached a copy of my Structural Collapse Rescue Technician Level I Cer	tification (if applicable).
	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 <u>will not</u> be submitting a request for accommodation for National Certificati	on exam;
	OR	
	I <u>will</u> be submitting a request for accommodation for the National Certification that I <b>MUST</b> contact the Certification Program Manager no later than two we certification exam.	
Candidata	Name (please type) Signature of Candidate	 Date

January 2019 Page **7** of **7**