

YOUTH FIRESETTER PROGRAM MANAGER
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1035 - 2015 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 Youth Firesetter Program Manager 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 Youth Firesetter Program Manager 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____ Please sign the 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 because of the activities engaged in by the undersigned during the Voluntary Certification test 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 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 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 REQUIREMENTS

1. For certification as a Youth Firesetter Program Manager, the candidate shall meet the following requirements:

PLEASE ATTACH A COPY OF ALL CERTIFICATES FOR BELOW REQUIREMENTS.

Successful completion of an approved Juvenile Firesetter Intervention Specialist Training Program:

_____ National Fire Academy Juvenile Firesetter Intervention Specialist I (2-day program) **AND**

_____ National Fire Academy Juvenile Firesetter Intervention Specialist II (2-day program)

OR

_____ National Fire Academy Juvenile Firesetter Intervention Specialist I & II (6-day program)

OR

_____ Pennsylvania Juvenile Firesetting Intervention Training Program – Program Development

OR

_____ Pennsylvania Juvenile Firesetting Intervention Training Program – Advanced
(must have completed both days of advance training)

2. Juvenile Firesetter Intervention Specialist I Certification – NFPA 1035 (2015 Ed) Chapter 8 and JPR 9.1 thru 9.5 (or NFPA 1035 (2010 Ed, Chapter 9 and JPRs10.1 thru 10.5). You must be certified at the Juvenile/Youth Firesetter Intervention Specialist I level. Provide your number and attach a copy of your certification certificate.

Juvenile Firesetter Intervention Specialist I CERTIFICATE NUMBER: _____

NOTE: NFPA 1035 (2010 Edition) established two levels for Juvenile Firesetter Intervention Specialist as either Level I or Level II. NFPA 1035 (2015 Edition) retitled Levels I and II as Youth Firesetter Intervention Specialist and Youth Firesetter Program Manager. Therefore, those trained and certified under the 2015 Edition of NFPA 1035 will have documentation noting the revised title “Youth Firesetter”.

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates I read and understand the requirements of the Youth Firesetter Program Manager certification test; furthermore, I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

_____ I am 18 years of age or older;

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

_____ I signed the application;

_____ I signed the liability wavier section of the application;

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

_____ I attached a copy of an approved Juvenile/Youth Firesetter I and II course certificates;

_____ I attached a copy of the Juvenile/Youth Firesetter I certification certificate.

Testing Assistance

_____ I am physically capable of completing the practical skill exercises.

_____ I can 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