CERTIFICATION EXAMINATION

Fire Fighter II

Conducted by the

Delaware State Fire School

Accredited by the National Board on Fire Service Professional Qualifications

Cost: $100.00

June 8, 2016 *(Written)*

7:00-10:00 p.m.

Held at all DSFS Training Centers

June 10, 2016 *(Practicals)*

9:00 a.m.- 4:00 p.m. – Kent Only

The application package with required documentation must be submitted to the Delaware State Fire School by:

Friday, May 23, 2016

Additional application packages can be downloaded from the DSFS web site:
http://statefireschool.delaware.gov

Delaware State Fire School

Firefighter II Certification Examination

Purpose

To allow firefighters who meet the necessary prerequisites to challenge a nationally recognized examination for the purpose of being certified under the National Board on Fire Service Professional Qualifications.

Audience

Any fire department/company member who meets the requirements as specified.

Written Exam

The written examination for FF II certification consists of multiple-choice questions. Test questions and required skill evolutions, are based on the NFPA 1001.

Practical Evaluation

All Practical Testing will be conducted at the Dover Training Center

Only one day is necessary to complete the testing requirements. Applicants will be scheduled to take the written and practical evaluation on either Saturday or Sunday depending on the number of applicants registered. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Study Material

It is suggested that the applicants use the IFSTA Essentials of Fire Fighting and Fire Department Operations, 6th Edition as a study guide for the written tests and practical evaluations.

Personal Protective Equipment

Firefighter II examinations require practical skills evaluations. Individuals must bring full personal protective firefighting gear with them. The DSFS will provide MSA FireHawk SCBAs to be used for the practical evaluations. Applicants may bring their own SCBA for use during the practical evaluations if they normally use SCBAs other than MSA FireHawk.

FF II CERTIFICATION EXAMINATION APPLICATION

Type or Print

Name:_____SS#:_____

Last Four Digits Only

Address:_____

City:_____State:_____Zip:_____

Date of Birth:_____ Age:_____

Telephone:_____(home) _____(work)

E-Mail:_____

Fire Department/Company Affiliation: _____

Training Center where I will be taking the Written Test: ☐ New Castle ☐ Kent ☐ Sussex

Pre-requisite requirements and training for FF II

(Please check off each box indicating that the required item is included with this application)

- ❑ "Medical Approval Form" from a Medical Doctor verifying that the applicant is "physically fit to perform firefighter activities". (**Must be current**, *within 90 days of application being turned in*)
- ❑ Copy of current EMR (First Responder), EMT-B or Paramedic license
- ❑ Copy of current CPR/AED certification card
- ❑ Copy of Fire Fighter I Pro Board Certificate

I have attached the required documentation with this application and understand that if all required documentation is not attached, the application will not be accepted and it will be returned.

_____ _____

Signature of Applicant Date

I approved the request for Certification Testing by the above applicant and attest that all required documentation is attached to this application.

Date:_____ _____

Signature of Fire Chief

The application form with all required documentation must be returned to the Delaware State Fire School by:

Friday, May 23, 2016

Applications received after the above date WILL NOT be processed.

OUT-OF-STATE FIRE DEPARTMENTS/COMPANIES - PAYMENT MUST ACCOMPANY APPLICATION

Check $_____Attached Credit Card (type)_____#_____Exp._____

Refunds will be made for any student not accepted.

OFFICE USE ONLY

Application Received: _____by: ☐ Mail ☐ Fax ☐ In Person

Prerequisites checked by:_____ Date:_____

Application: ☐ Accepted ☐ Rejected ☐ Memo sent: _____ ☐ Email Sent: _____

Delaware State Fire School

Firefighter II Certification
Medical Approval Form

The intent of this medical approval form is to verify to the Delaware State Fire School that the applicant named below is physically capable of performing typical firefighting activities as part of the Firefighter II Certification practical evaluation. This form must be submitted with your application. Please have it completed by a physician of your choice.

Applicant's Name: _____Last 4 # of Social Security Number: _____

Street Address: _____

City: _____State: _____Zip:_____

Examples of Activities to be performed

1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus.
2. Climbing up to five flights of stairs while wearing fire protective ensemble weighing at least 50 lb or more and carrying equipment/tools weighing an additional 20 to 40 lb
3. Wearing fire fighting personal protective equipment which is insulated and may result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature.
4. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing 180 lbs to safety despite hazardous conditions and low visibility
5. Advancing water-filled hose lines up to 2½ in. in diameter from fire apparatus to occupancy (approximately 150 ft), which can involve negotiating multiple flights of stairs, ladders, and other obstacles
6. Raising and climbing portable ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces.

Doctor's Verification

I have examined the above named individual and have found them to be physically capable of performing typical firefighting activities as part of the firefighter I/II certification practical evaluation at the Delaware State Fire School.

Doctor's Name (Type or Print)_____

Street Address: _____

City: _____State: _____Zip: _____

Note any Restrictions: _____

_____

_____

_____

Doctors Signature: _____ Date:_____

Delaware State Fire School