FIRE FIGHTER I and II
CERTIFICATION EXAMINATION

Conducted by the
Delaware State Fire School

Accredited by the
National Board on Fire Service Professional Qualifications

(Written only)
November 28, 2017 - NCD
November 29, 2017 - SCD
November 30, 2017 - KCD
7:00 – 10:00 p.m.

December 2, 2017 (Practicals)
9:00 a.m. - 4:00 p.m. – Kent Only

Cost: $150.00

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

Friday, November 10, 2017

Applications and/or documentation received after the above date will not be processed.

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

Content

The written examination for FF I & II certification consists of multiple-choice questions. Test questions and required skill evolutions, are based on the NFPA 1001-2013 Standard for Firefighter I & II, also IFSTA Essentials of Fire Fighting and Fire Department Operations, 6th Edition.

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 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.

Personal Protective Equipment

Firefighter I 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.

NOTICE

If meeting all pre-requisites for both Fire Fighter I and Fire Fighter II testing, a combined certification test for both levels is available. Please note the pre-requisites in order to be eligible upon applying. Students will need to perform both sets of skills in order to complete skills testing. Arrangements must be setup in advance, and will be accommodated as much as possible. A second day of skills evaluation may still be required. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Candidates already holding Fire Fighter I National Certification may challenge only Fire Fighter II for a $100 fee. Please select that option listed on the application.

NOTE: Applicants will receive a confirmation by mail or email upon acceptance. Applicant must bring a copy of the confirmation email and photo ID on test day to be admitted.
Prerequisites

The individual requesting certification testing must include with their application package COPIES OF ALL OF THE FOLLOWING:

Fire Fighter I & II Certification

Pre-requisite requirements and training

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

☐ Provide a copy of Driver’s License (To prove at least 18 years of age)
☐ Signed “Fire Chief’s Declaration” stating the candidate knows operational guidelines, command structure and equipment of the Fire Department.
☐ “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)
☐ Attended and completed the following training (or equivalent under reciprocity policy for out-of-state training)
  o Basic Fire Fighting Skills
  o Structural Fire Fighting Skills
  o Hazardous Materials Response Skills
  o Vehicle Rescue
☐ Copy of current First Aid Certification Card, EMR (First Responder), EMT, or Paramedic license
☐ Copy of current CPR/AED certification card
☐ Copy of Hazardous Materials Awareness Pro Board or IFSAC Certificate
☐ Copy of Hazardous Materials Operations Pro Board or IFSAC Certificate

Suggested Reference Books:

<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Prep:</td>
<td>IFSTA Essentials of Fire Fighting &amp; Fire Dept Operations Exam Prep, 6th Edition</td>
<td>$34.00</td>
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</tbody>
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Reference Books are available for purchase through the Delaware State Fire School and must be picked up at the Dover Division. Books may be shipped to candidates for a $20 shipping and handling fee for the first book and $10 each additional book per student. Books may be requested with this application, and the cost of the Reference Book(s) requested, and shipping and handling if applicable, must be added to the total cost.

For Out-of-State company candidates, payment MUST accompany application.
FIRE FIGHTER I and II
CERTIFICATION EXAMINATION APPLICATION
(Type or Print)

Name: ___________________________ SS#: ___________________________

Address: ____________________________

City: __________________ State: ___________ Zip: ___________

DOB: ___________ Age: _______ Cell #: _______________________

Tel.: __________________ (home) ___________________ (work)

E-Mail: ____________________________

Fire Department/Company: ________________________________

Training Center where I will be taking the Written Test: (Only one test date)

(Check one) □ New Castle (11/28) □ Sussex (11/29) □ Kent (11/30)
 □ I will be testing at only the Firefighter II Level ($100 testing fee)

I would like the following reference books: (Picked up at DSFS. May be shipped for a S&H fee)

(Check all requested) □ Text Book □ Exam Prep □ Workbook
(Check one) □ Pick Up at DSFS Dover □ Please Ship for the Extra S&H fee

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.

Date: _________________ ___________________ Signature of Applicant

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, November 10, 2017
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: ________
Fire Chief’s Declaration
of Applicant’s Ability to Perform Fire Company Tasks and Procedures

As Fire Chief of the ________________________ Fire Company, I have observed the performance of ________________________ and affirm that this applicant for certification is thoroughly familiar with the Standard Operating Procedures, Guidelines and equipment of this Fire Company and has demonstrated proficiency in compliance in all areas listed and checked below. (Check each circle as applicant properly performs task)

⇒ Operation of Company communications equipment (5.2.1B):
   o Portable radio
   o Mobile radio in apparatus

⇒ Station phone system policy and procedure to properly answer and respond to (5.2.2 B):
   o Emergency calls
   o Non-emergency calls
   o Operation of the station intercom if available.

⇒ Operation of safety equipment required for riding fire equipment (5.3.2.B):
   o Seat belt
   o Mansaver bar or cab door

⇒ Location of all tools located on Company apparatus (5.3.2 B) & (5.5.1 B):

   (Cross out if your Company does not have a piece of equipment)
   o Hydraulic rescue tools
   o Halligan bars
   o Pike poles
   o Plaster hooks
   o Axes
   o Ventilation Saws
   o Salvage covers
   o Debris bags
   o Water vacs / dewatering equipment
   o SCBA
   o Ground ladders
   o Portable lights
   o Cord reels
   o Generators
   o Portable pumps
   o Portable / specialty tool kits

⇒ Policy and procedure for maintaining all hand tools located on your apparatus (5.5.1 B):
   o Explain how each tool listed above are put back as “ready for service” after they are used at an emergency

⇒ Ability to complete forms / records necessary to document emergency response (6.5.1 B):
   o Company emergency response form
   o Incident attendance report form
Fire Chief’s Declaration
of Applicant’s Ability to Perform Local Company Tasks and Procedures
(Cont.)

⇒ Ability to complete company daily forms (6.5.1 B):
  o Function attendance form
  o Maintenance / equipment out of service form
  o Phone message form

⇒ Ability to operate in established work areas at emergency scenes (5.3.3 B)
  o Knowledge of potential hazards involved in operating at emergency scenes
  o Knowledge of protective equipment used at emergency scenes
  o Ability to use personal protective equipment and traffic control devices at emergency scenes

⇒ Ability to preserve evidence for use by the Fire Marshal (6.3.4 B).
  o Explain circumstances under which evidence should be preserved
  o List types of items that could be evidence
  o Explain the preservation process that should be used

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

__________________________________________________________
Fire Chief    (Print)

__________________________________________________________
Fire Chief    (Signature)        Date
Firefighter I & 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 I 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
