



TRAINING ANNOUNCEMENT

28 August 2018

Announcement#: 18-148F

Firefighter I National Certification Exam

**Thursday - November 1st from 18:30 to 22:30 hours – Practical Skills
&**

Thursday – November 8th from 19:00 to 22:00 hours – Written Exam

Prerequisites:

1. NYS Firefighter I Course** (Delmar or IFSTA versions)
2. Current CPR certification and First Aid
3. Live Fire Suppression Verification Form
4. NYS Training Authorization Letter – (05/18 version)

***NOTE:** Completion of the following NYS courses are accepted as equivalent with the Firefighter I course for pre-requisite purposes:

- A. NYS Firefighting Essentials **OR** Basic Firefighter Training Course; **AND**
- B. NYS Initial Fire Attack **OR** Intermediate Firefighter Course; **AND**
- C. NYS Hazardous Material Operations Course

Students MUST complete and submit the National Certification Examination Application in order to sit for the exam. All applications for the Firefighter I Exam need to be accompanied by a signed NYS training authorization letter and proof of completion of required fire service training courses and prerequisites listed above.

ALL APPLICATIONS ARE DUE NO LATER THAN FRIDAY, OCTOBER 5TH.

NOTE: The Exam Application, Live Fire Verification form and Training Authorization Letter are attached to this announcement.

ALL COMPLETE APPLICATIONS MUST BE SUBMITTED WITH PAYMENT OF \$50.00 TO:
(See Exam Application for payment information)

**Brian McGowan, Training Technician
Westchester County DES
4 Dana Road
Valhalla, NY 10595**

FULL PPE IS REQUIRED ON NOVEMBER 1ST

Venue: Westchester County DES Training Center, 4 Dana Rd. – Grasslands Campus, Valhalla, New York. All students are to park in the lot adjacent to the Support Services Building located at 35 Walker Road. (There is a stairway linking the parking lot directly to the training campus.) For questions or concerns regarding weather or course cancellation call (914) 231 – 1615.

Check out our Website at <http://emergencyservices.westchestergov.com/> for the most current information on training



Fire Prevention and Control

National Certification Examination Application

New York State Office of Fire Prevention and Control
State Office Campus • Building 7A, 2nd Floor
1220 Washington Avenue • Albany, NY 12226

(518) 474-6746; Fax: (518) 474-3240; Email: ofpc-standards@dhses.ny.gov

Personal Information

Last Name _____ First Name _____ MI _____ NYID Training # _____ NY _____ SS# _____
Last 4 Digits of SSN
 Street, PO Box _____ City _____ ST _____ Zip _____
 Daytime Phone _____ Cell Phone _____ Fax _____
 E-MAIL ADDRESS _____ DOB _____ MALE FEMALE

Fire Department Information

SPONSORING ORGANIZATION _____ FIRE DEPT ID _____ COUNTY _____
 Street, PO Box _____ City _____ ST _____ Zip _____
 FD PHONE # _____ FD FAX # _____
 FD E-MAIL ADDRESS _____

Testing Accommodation Request

I am requesting the following reasonable accommodation for written testing

EXAM NUMBER (SEE BACK)

Indicate the scheduled examination you would like to participate in:

____ - ____ - ____ - ____

Academy of Fire Science, Montour Falls, NY, Date: _____

Check if applying to take retest.

Other Location: _____, Date: _____

Original exam date: _____

(complete exam # field above)

NOTE: ALL EXAM APPLICATIONS MUST BE RECEIVED 20 DAYS PRIOR TO THE EXAM DATE. FOR INFORMATION AND SCHEDULED EXAMS, CONTACT OFPC STANDARDS UNIT 518-474-6746.

EXAM REGISTRATION

Payment must accompany this registration form.

Registration Fee - NONREFUNDABLE

- Written Exam Only - \$25
- Written/Practical Exam - \$50
- Make-up Exam (if applicable) - \$25

Proof of all required prerequisites MUST accompany this registration form. For required prerequisites, go to

www.dhses.ny.gov/ofpc/training/fire-academy/national-certifications.cfm

ACADEMY ACCOMMODATIONS

Accommodations fees may be paid on arrival

- Resident – includes meals & lodging - \$40/day
- Commuter – includes breakfast & lunch - \$8/day
- Commuter dinner - \$9/day (optional)

PAYMENT METHOD

Make checks, money orders & vouchers payable to:

Academy of Fire Science

- Check Money Order
- Signed Voucher Signed Purchase Order
- Other (specify) _____

VISA MasterCard Total Charge: \$ _____

Card # _____

Expiration Date ____/____ Security Code _____

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed. This form is on the web at www.dhses.ny.gov/ofpc

EMAIL, MAIL, OR FAX APPLICATION TO OFPC (ALBANY OFFICE)

Office Use Only

Prerequisite Met Candidate Not Eligible Other:

Exam Numbers -

Written and Practical Exams \$50

- Firefighter I - 75-5001 *
- Firefighter II - 75-5002 **
- Fire Officer I - 75-5005
- Hazardous Materials First Responder Operations - 75-5111 ***
- Hazardous Materials Technician - 75-5112 ***
- Airport Firefighter - 75-5009 + ***

Written Exams Only \$25

- Fire Service Instructor I - 75-5003
- Fire Service Instructor II - 75-5004
- Fire Officer II - 75-5006
- Fire Officer III - 75-5007
- Fire Investigator I - 75-5050
- Fire and Life Safety Educator I - 75-5040
- Incident Safety Officer - 75-5011
- Fire Inspector I - 75-5020

PHOTO ID REQUIRED FOR ADMISSION TO ALL EXAMS

* REQUIRES:

1. TRAINING AUTHORIZATION FORM
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. LIVE FIRE SUPPRESSION FORM FF I
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1883.pdf>)
3. CURRENT CPR CARD / AND CURRENT OR NONCURRENT FIRST AID CARD
4. BRING PPE/SCBA

** REQUIRES:

1. TRAINING AUTHORIZATION FORM
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. LIVE FIRE SUPPRESSION FORM FF II
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1884.pdf>)
3. BRING PPE/SCBA

*** REQUIRES:

1. TRAINING AUTHORIZATION FORM
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. BRING PPE/SCBA

+ CONTACT THE ALBANY OFFICE REGARDING EXAM FEE

Required Prerequisites

Online, go to:

www.dhSES.ny.gov/ofpc/training/fire-academy/national-certifications.cfm

NOTE: ANY CANDIDATE NOT MEETING PREREQUISITE REQUIREMENT WILL BE DENIED

Reminders

Did you remember to:

1. Fully complete this form
2. Attach all pre-requisite documentation required for desired certification
3. Provide all appropriate signatures
4. Make payment

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED



Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information table with fields: Course Name, Course Number, Location

Agency Authorization table with fields: Agency Name, FDID #, Date, Print Name of Authorized Rep., Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW table with checkboxes for training authorization and SCBA clearance, and an INITIAL column

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC

Student Information table with fields: Last Name, First Name, MI, Address, City, State, New York Training ID, Primary Phone, Zip

I, _____, have read, fully understand and agree with the above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF STUDENT DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of _____ consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN DATE



Fire Prevention and Control

Firefighter I Certification Live Fire Suppression Verification Form

This is to attest that:

| | |
|---------------------------|------------------|
| Printed Name of Candidate | NYS Student ID # |
| Name of Department | NYS FDID # |

Has successfully completed the following NFPA 1001 Live Fire Suppression Evolution (either in actual suppression activities OR during formal training conducted in accordance with the applicable portions of NFPA Standard 1403, Standard on Live Fire Training Evolutions, 2012 edition). Completion of the evolution shall have addressed all requirements of the specified Job Performance Requirements. See back for Job Performance Requirements. **(To be valid for satisfaction of Certification Requirements, the initials of the MTO/SFI or Chief Fire Officer must be in the specified box)**

| Objective # | Job Performance Requirement | Date Completed in Course # | MTO/SFI # | MTO/SFI Initials |
|-------------|--------------------------------|----------------------------|-----------|------------------|
| JPR# 5.3.10 | Interior Structure Fire Attack | | | |

OR

Actual Fire Incident / Department Training

| Objective # | Job Performance Requirement | Date of Incident or Training | NYS Incident # | FDID | FD Chief Officer Initials |
|-------------|--------------------------------|------------------------------|----------------|------|---------------------------|
| JPR# 5.3.10 | Interior Structure Fire Attack | | | | |

AND

Has successfully completed **one or more** of the four NFPA 1001 Firefighter I Live Fire Evolutions (either in actual suppression activities OR during formal training conducted in accordance with the applicable portions of NFPA Standard 1403, Standard on Live Fire Training Evolutions, 2012 edition). Completion of the evolution shall have addressed all requirements of the specified Job Performance Requirement. See back for Job Performance Requirements.

| Objective # | Job Performance Requirement | Date Completed in Course # | MTO/SFI # | MTO/SFI Initials |
|-------------|--|----------------------------|-----------|------------------|
| JPR# 5.3.7 | Passenger Vehicle Fire Attack | | | |
| JPR#5.3.8 | Exterior Class A Fire Attack | | | |
| JPR# 5.3.16 | Portable Fire Extinguisher Suppression | | | |
| JPR# 5.3.19 | Ground Cover Fire Attack | | | |

OR

Actual Fire Incident / Department Training

| Objective # | Job Performance Requirement | Date of Incident or Training | NYS Incident # | FDID | FD Chief Officer Initials |
|-------------|--|------------------------------|----------------|------|---------------------------|
| JPR# 5.3.7 | Passenger Vehicle Fire Attack | | | | |
| JPR#5.3.8 | Exterior Class A Fire Attack | | | | |
| JPR# 5.3.16 | Portable Fire Extinguisher Suppression | | | | |
| JPR# 5.3.19 | Ground Cover Fire Attack | | | | |

This form is **NOT** valid without signature below:
 Formal Training Instructor Verification

| | |
|---------------------------|------------------------|
| Printed Name of MTO / SFI | Signature of MTO / SFI |
| Initials | Date |

AND / OR

Actual Fire Incident / Department Training Chief Fire Officer Verification

| | | |
|------------------------------------|------------------------------|----------|
| Printed Name of Chief Fire Officer | Signature Chief Fire Officer | Initials |
| Fire Department Name | FDID # | Date |

| | |
|--------------------|---|
| Objective # | Firefighter I - Job Performance Requirement - NFPA 1001 |
| 5.3.10 | <p>Interior Structural Fire Attack Attack an interior structure fire operating as a member of a team, given an attack line, ladder when needed, personal protective equipment, tools, and an assignment so that team integrity is maintained, the attack line is deployed for advancement, ladders are correctly placed when used, access is gained into the fire area, effective water application practices are used, the fire is approached correctly, attack techniques facilitate suppression given the level of the fire, hidden fires are located and controlled, the correct body posture is maintained, hazards are recognized and managed, and the fire is brought under control.</p> |

| | |
|--------|---|
| 5.3.7 | <p>Passenger Vehicle Fire Attack Attack a passenger vehicle fire operating as a member of a team, given personal protective equipment, attack line, and hand tools, so that hazards are avoided, leaking flammable liquids are identified and controlled, protection from flash fires is maintained, all vehicle compartments are overhauled, and the fire is extinguished.</p> |
| 5.3.8 | <p>Exterior Class A Fire Attack Extinguish fires in exterior Class A materials, given fires in stacked or piled and small unattached structures or storage containers that can be fought from the exterior, attack lines, hand tools and master stream devices, and an assignment, so that exposures are protected, the spread of fire is stopped, collapse hazards are avoided, water application is effective, the fire is extinguished, and signs of the origin area(s) and arson are preserved.</p> |
| 5.3.16 | <p>Portable Fire Extinguisher Suppression Extinguish incipient Class A, Class B, and Class C fires, given a selection of portable fire extinguishers, so that the correct extinguisher is chosen, the fire is completely extinguished, and correct extinguisher-handling techniques are followed.</p> |
| 5.3.19 | <p>Ground Cover Fire Attack Combat a ground cover fire operating as a member of a team, given protective clothing, SCBA if needed, hose lines, extinguishers or hand tools, and an assignment, so that threats to property are reported, threats to personal safety are recognized, retreat is quickly accomplished when warranted, and the assignment is completed.</p> |