

FIREFIGHTER I APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1010 – Chapter 6 (2024 edition)



Effective March 1, 2026:

- All certification candidates are required to maintain an active Acadis user portal account. (Acadis portal location = OSFC website/ Training and Certification Portal, or click here: [ENVISAGE Acadis®](#))
- All certification candidates are to be registered with the designated test site and rostered for the certification test.

SECTION I

FEMA Student Identification Number (FEMA SID#): To register or view your FEMA SID, go to https://cdp.dhs.gov/FEMASID	<i>Enter your 10-digit FEMA SID#</i>
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Last Name	First Name	M.I.	Suffix	SSN# (last 4-digits only)
Mailing Address	City	State	Zip Code	County
Date of Birth	Primary Phone	Alternate Phone	Email Address	
Affiliation (Fire Dept./Organization)		Title/Rank	Date Hired/Joined	
Fire Dept/Organization Address	City	State	Zip Code	County

Please Read and Check One:

I read (or had explained to me) and understand the job performance requirements for the Firefighter I 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 at which I am seeking national certification.

I read (or had explained to me) and understand the job performance requirements for the Firefighter I 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 Section 7384 of the Emergency Management Services Code (35 Pa. C.S. §§ 7101 *et seq.* 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 and will not be sold, bartered, rented or otherwise distributed.

By signing and dating 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.

[Click Here to View Candidate Handbook](#)

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

Chapter 77, Section 7713 of Title 35 Health and Safety, Part V of the Pennsylvania Emergency Management Services Code reads:

“A person convicted of violating 18 Pa. C. S. § 3301 (relating to arson and related offenses) 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 Subchapter F of Chapter 73 (relating to State Fire Commissioner).”

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:

- (a) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

- (b) 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”

Name of Certification Candidate (please type)

Signature of Certification Candidate

Date

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SECTION III - Please Read and Complete all information:

A candidate should meet the requirements of *NFPA 1580 (2025) Standard for Emergency Responder Occupational Health and Wellness* prior to physical testing to ensure their 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 ___

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 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 lawsuits 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 (OSFC), 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 noted in Section III of this application. Participation approved by:

Name of Chief Officer (please type)	Daytime Phone	Email
Signature of Chief Officer	Title	Date

SECTION V - Please Read and Complete this Section if you are 17 years of age:

Special Provision: Candidates who are 17 years of age and completed a ELFF1 Course: A candidate 17 years of age who completed the Pennsylvania State Fire Academy (PSFA) accredited Firefighter I (ELFF1) training program, which included an interior firefighting module with live fire exercise(s), may participate in the Firefighter I test conducted through the OSFC/PSFA Certification Program provided (1) the minor meets all requirements and successfully completed the ELFF1 program and (2) has written permission from both their legal parent or guardian and the Fire Chief of their sponsoring Fire Company/Organization. Please complete the following permission and attach a copy of your ELIF training certificate.

I, _____ of _____, give my permission per the
Print Legal Parent or Guardian Name *Name of Minor Candidate*
Child Labor Act Minors Serving on Volunteer Emergency Service Organizations Act of November 3, 2022, P. L. 2152, No. 155, for the candidate named on this application to participate in the Firefighter I National Certification test conducted by OSFC/PSFA Certification Program or affiliated Field Test Site(s).

Signature of Legal Parent or Guardian	Phone Number	Date

As Fire Chief, by the signature below, I attest the following candidate _____ meets all training requirements and is hereby permitted in accord with the Child Labor Act Minors Serving on Volunteer Emergency Service Organizations Act of November 3, 2022, P. L. 2152, No. 155, to participate in the Firefighter I National Certification test conducted by OSFC/PSFA Certification Program or affiliated Field Test Site(s). In addition, I understand if the candidate becomes certified at the Firefighter I level, by law, the candidate shall not participate in any interior live fire suppression operations at an emergency incident until the candidate turns 18 years of age.

Printed Name of Fire Chief	Name of Organization

Signature of Fire Chief	Phone Number	Date

Special Provision for Junior Firefighters Taking ELFF1 Courses: Act 155 of 2022 allows Junior Firefighters to enter burning structures in certain limited situations. See the Child Labor Act, 43 P.S. § 40.7(a)(5).

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SECTION VI

REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 6, Section 6.1 General

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level in accordance with NFPA 470 (2022) *Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders*. Training standards as outlined in Chapters 6 and Chapter 8, Section 8.2 (PPE) and Section 8.6 (Product Control) or in Certification standards as outlined in Chapter 7 and Chapter 9, Section 9.2 (PPE) and Section 9.6 (Product Control)

Attach a copy of one of the following recognized certificates. Training certificates **MUST** be from the PSFA-approved Jones & Bartlett curriculum OR PSFA-approved IFSTA curriculum.

- _____ Hazardous Materials Operations Level training **OR**
- _____ Hazardous Materials Operations Level Annual Refresher training (candidate must have completed an approved operations initial course) **OR**
- _____ Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

NOTE: The certificate (training, refresher training, or certification) **MUST** be current and dated within one (1) year of the certification application and **MUST** meet the requirements of NFPA 470 (2022).

REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 6, JPR 6.1 General (Support Firefighter)

To be certified as a Fire Fighter I in accordance with Chapter 6 of the NFPA 1010 (2024) standard, a candidate **MUST** be certified to NFPA 1010 (2024) Chapter 5 – Support Firefighter.

Support Firefighter Certification Number: _____

REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 6, JPR 6.1 General

To be certified as a Fire Fighter I in accordance with Chapter 6 of the NFPA 1010 (2024) standard, a candidate **MUST** complete an Entry Level Training Program.

- _____ EL26 FFI Course Entry Level Training Program (2026) Firefighter I training Course **OR**
- _____ EL22 ELIF Entry Level Training Program (2022) Interior Firefighter WITH LIVE FIRE **OR**
- _____ EL14 ELIF Entry Level Training Program (2014-2022) Interior Firefighter WITH LIVE FIRE **OR**
- _____ Bucks Basic Fire Academy **AND** PSFA Approved Structural Burn Session **OR**
- _____ PSFA Approved Bridge Program (EL-22 to EL-26).

NOTE: Any candidate who did not take the EL26 series, must ensure their certificates indicate LIVE FIRE. If a certificate is present that does not indicate LIVE FIRE, the candidate **MUST** complete Skill Station Q of the Certification Testing Skills for NFPA 1010 (2024) Chapter 6 Firefighter I.

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REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 4, Section 4.4.6.2 EMERGENCY MEDICAL SERVICES

Each candidate **MUST** show, at minimum, an approved CPR/AED card/certificate **AND** an approved emergency medical training card/certificate. A cognitive and skills assessment for both the CPR and First Aid training courses **MUST** be completed as part of your course, including ALL written exams or optional written exams if applicable. All CPR courses **MUST** include Adult, Child, and Infant CPR.

A list of approved courses that meet the requirements of this section can be found on the OSFC website (Access here: [CPR & First Aid Requirements | Commonwealth of Pennsylvania](#))

Please assure the following:

- Attach copies of your course certificate or card for CPR and Medical Training. Your certificate or card **MUST** be signed where applicable in order to be valid. Copies **MUST** include front and back where applicable.
- If submitting an eCard or eCertificate, the copy provided **MUST** have an interpretable QR code or number, certificate ID, or authorization number.

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates that I have read and understood the requirements of this program, Fire Fighter I, and furthermore I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

- _____ I am 18 years of age or older;
- _____ I am 17 years of age; I had Section V of the application signed and attached my ELFFI training certificate
- _____ I signed the Chapter 77, Section 7713 of Title 35 form or have provided an official criminal history record check obtained pursuant to Chapter 91
- _____ I signed the application (Wet signatures (blue or black ink) OR digital signatures - but they **MUST** Adobe Signatures - **NOT** Freedom Signatures)
- _____ I had a chief officer sign Section IV of this application
- _____ I attached a copy of an approved Hazardous Materials Operations Level certificate in accordance with NFPA 470
- _____ I have attached a copy of my NFPA 1010 (2024) Chapter 5 Certificate – Support Firefighter
- _____ I attached current signed cards or certificates that fulfill the CPR and Medical Training Requirements;
- _____ I attached a copy of a certificate indicating completion of a course/program that fulfills JPR 6.1
- _____ I signed the liability waiver section of the application
- _____ I have registered with the designated test site and rostered for the certification test
- _____ I have created an account with Acadis

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 **will not** be submitting a request for accommodation for the National Certification exam

OR

- _____ I **will** be submitting a request for accommodation for the National Certification exam. I understand I **MUST** contact the Certification Program Manager no later than two weeks before the certification exam

Candidate Name (please type) Signature of Candidate Date