

**FIRE & EMERGENCY SERVICES INSTRUCTOR I APPLICATION**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**  
NFPA 1041 (2019 Edition)



\*All certification candidates are required to have an established and up to date user portal account in the PA State Fire Academy's Acadis Learning Management System prior to participating in ANY certification testing opportunity. Please log in to your Acadis portal account and update all personal information before submitting your certification application. (Access can be gained through the OSFC website – [Training and Certification Portal](#)).

**SECTION I**

<b>FEMA Student Identification Number (FEMA SID#):</b> To register or view your FEMA SID, go to <a href="https://cdp.dhs.gov/FEMASID">https://cdp.dhs.gov/FEMASID</a>	<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 Fire & Emergency Services Instructor I certification test. I have no conditions which would preclude me from safely or effectively performing all the functions (practical skills and written test) and tasks for the level for which I am seeking national certification.
- ☐ I read (or had explained to me) and understand the job performance requirements for the Fire & Emergency Services Instructor I certification test. I will be submitting a request for accommodation for the written National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks 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 for and is not 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:

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 1580 (2025) Standard for Emergency Responder Occupational Health and Wellness* prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification test, in the event of an 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, 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 the candidate is protected by an insurance carrier or the organization. Furthermore, I attest the candidate meets the requirements as noted in **Section III** of this application. In addition, the candidate has the requisite personnel protective equipment and related equipment to safely participate in the test (JPR 1.3.6). Participation is approved by:

\_\_\_\_\_  
**Chief Officer Name (please type)**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Signature of Chief Officer**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

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**Prerequisite Verification Form**



Candidate Name: \_\_\_\_\_

My signature below indicates that I read and understand the requirements the Fire & Emergency Services Instructor I certification; furthermore, I meet the prerequisites established by the current Standard or the Authority Having Jurisdiction (AHJ).

\_\_\_\_\_ 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 waiver in Section III of this application;

\_\_\_\_\_ I had a chief officer sign Section IV of this application.

**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 the national certification test.

**OR**

\_\_\_\_\_ I **will** be submitting a request for accommodation for the national certification test. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the test date.

\_\_\_\_\_  
Candidate Name (please type)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date