

Surface Water Rescue Technician – Level I Application
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM



SECTION I

Last Name	First Name	M.I.	SSN (last 4 digits required)	
Street Address	City	State	Zip Code	County
Date of Birth	Home Phone	Work Phone	Test Date Requested	
Affiliation (Fire Department/Organization)			Candidate Email	
Street Address	City	State	Zip	

Section I (A): Please Read and Check One: A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

- I have read (or have had explained to me) and understand the job performance requirements for the Surface Water Rescue Technician 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 have read and/or have been explained and understand the job performance requirements for the Surface Water Rescue Technician 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.

If you are not participating as a member of an emergency service organization, are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in cause of injury?
 YES ___ NO ___

If YES, you will be required to show proof of insurance coverage with this application. If NO, you will be required to sign a release Waiver prior to taking any portion of the Certification exam.

By signing and dating of 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.

Signature of Applicant **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

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 meet the requirements as noted in number four in Section I (a) of this application. Participation approved by:

Signature of Chief Officer	Officer Title	Date
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Chief Officer Name (Print or Type)	Officer Title
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SECTION III

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section 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 Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

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 print or type)

Date

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SECTION IV

For certification at the Surface Water Rescue Technician Level, the candidate shall meet the following requirements:

1. Meets the qualifications and age requirements;
2. Candidate must be certified at the General Requirements level. Attach a copy of certificate;
 - ___ Certificate of Completion
 - ___ Letter of Completion Attached
 - ___ Rescue Technician (Specialty) Attached (IFSAC or Pro Board)
3. Candidate must have show successful completion of Water Rescue and Emergency Response Course (PA Fish & Boat WRER course) **OR PA Fish & Boat “Phase I”**
4. Candidate must attach a copy of a certificate showing successful completion of a Basic Boating Course (US Coast Guard **OR PA Fish & Boat Commission** approved)
5. Candidate must show as a minimum an approved CPR card/certificate and approved Emergency Medical Care Training Course card/certificate. As a minimum capabilities will include infection control, CPR *adult/child/infant*, bleeding control and shock management. The following is a listing of FSCAC approved training courses which meet the requirements of this section. Each candidate must show as a minimum an approved CPR card/certificate and an approved Emergency Medical Care Training Course card/certificate.

Please assure the following:

- Check the EMS certification you possess;
- Indicate issue/expiration dates
- Attach a copy of your certificate(s) or both side(s) of your SIGNED certification cards

AHA – Heartsaver First Aid	_____	Issue Date:	_____	Expiration Date:	_____
ARC - Emergency Responder	_____	Issue Date:	_____	Expiration Date:	_____
ASHI - First Aid	_____	Issue Date:	_____	Expiration Date:	_____
NSC - First Aid	_____	Issue Date:	_____	Expiration Date:	_____
AAOS – <i>Standard First Aid</i>	_____				
PA DOH – First Responder	_____	Issue Date:	_____	Expiration Date:	_____
PA DOH – EMT	_____	Issue Date:	_____	Expiration Date:	_____
PA DOH – EMT Paramedic	_____	Issue Date:	_____	Expiration Date:	_____
PA DOH – Healthcare Professional	_____	Issue Date:	_____	Expiration Date:	_____
AHA – Heartsaver CPR (Adult/Child/Infant)	_____	Issue Date:	_____	Expiration Date:	_____
AHA – Healthcare Professional (Preferred)	_____	Issue Date:	_____	Expiration Date:	_____
ARC – Adult CPR & Infant/Child CPR	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR Professional Rescuer (Preferred)	_____	Issue Date:	_____	Expiration Date:	_____
ASHI – CPR Pro for Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____
NSC – Basic Life Support Healthcare & Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____

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Pre-Requisite Verification Form

Candidate Name: _____

My signature below indicates that I have read and understood the requirements of this program, Surface Water Rescue Technician 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 have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91
- _____ I have signed the application
- _____ I have had a chief officer sign in the required items of this application
- _____ I have attached a copy of WRER course certificate or "Phase I"
- _____ I have attached a copy of a Basic Boating course certificate (PA Fish & Boat or US Coast Guard)
- _____ I have attached a copy of signed CPR and Emergency Medical Center Training Cards
- _____ I have attached a copy of a General Requirements Certification Certificate, or letter of completion, or other Rescue Technician Specialty Certification (IFSAC or Pro-Board)

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 be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam.
- _____ I will not be submitting a request for accommodation for National Certification exam.

Signature

Date