



**ELIGIBILITY FOR CERTIFICATION TESTING
SELF-ASSESSMENT PACKET**
(NFPA Standard 1000, 2017 Edition)

**Department of Public Safety
Bureau of Fire Accreditation, Standards and Training
5700 E. Tudor Road
Anchorage, Alaska 99507
(907)269-5052**

www.dps.alaska.gov/Fire/BFAST/Home

November 2017

BFAST NEW COURSE TRAINING & TESTING SELF-ASSESSMENT PACKET

THIS PACKET IS FOR USE BY ORGANIZATIONS THAT ARE CURRENTLY ACCREDITED BY THE BUREAU OF FIRE ACCREDITATION, STANDARDS AND TRAINING TO CONDUCT LOCAL TRAINING THAT RESULTS IN ELIGIBILITY TO TEST FOR CERTIFICATION. CONTACT THE [BFAST](#) OFFICE FOR QUESTIONS ABOUT INITIAL ACCREDITATION.

Department/Agency:		
Business Address:	Business Contact Information: Phone: Fax:	
Fire Chief/Director Name:	Email:	
Training Program Manager/Training Officer Name:	Work Phone: Cell Phone:	Email:

Our organization is seeking approval to request fire service certification testing for the following level(s):

<input type="checkbox"/> Firefighter - <i>Select level</i>	<input type="checkbox"/> Hazardous Materials- <i>Select level</i>	<input type="checkbox"/> Fire Officer- <i>Select level</i>
<input type="checkbox"/> Fire Instructor- <i>Select level</i>	<input type="checkbox"/> Driver Apparatus - <i>Select level</i>	<input type="checkbox"/> Land-Based Marine FF
<input type="checkbox"/> Certified Fire Investigator	<input type="checkbox"/> AK Fire Investigator Tech (AKFIT)	<input type="checkbox"/> Airport Firefighter
<input type="checkbox"/> Rapid Intervention Crew	<input type="checkbox"/> Fire Life Safety Educator- <i>Select level</i>	<input type="checkbox"/> Other: _____

*Include the completed AFSC equipment and facility checklists for each level selected (see item 5 below).

Please complete the following checklist.

1.	We understand that a new course approval is dependent on 100% completion of this packet and that the BFAST will not accept a self-assessment packet that contains any “No” response or, that is incomplete or missing required information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			
2.	We have read and understand information contained within the Training Program Accreditation Manual .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			
3.	We affirm that our organization is current in our fire department registration with the State Fire Marshal's Office, OR , has an approved Application for Waiver of Registration on file with the Division of Fire and Life Safety. FOR “NO” RESPONSES- Contact the BFAST office.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

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4.	Our organization is already accredited to conduct previously approved courses (Check IMPACT and list current levels in comments below). FOR “NO” RESPONSES- The BFAST cannot process new accreditation requests at this time. Contact the BFAST before proceeding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List Accredited Levels:

5.	This request is for a new level that is scheduled for delivery <i>and</i> testing no greater than 6-months from the submission date in this packet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

6a.	Our local policy and procedure ensures that our organization shall conduct all training in a safe and responsible manner for each course request in this packet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6b.	We affirm that whenever live fire activities are listed as a job performance requirement (jpr) for training our organization shall comply with the requirements of NFPA 1403 .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

7.	We have attached the training schedule that details the full course schedule for each course level listed in this packet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

8.	We have attached the list of the designated Lead Instructor and Assistant Instructors for each course level listed in this packet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

9a.	We will use local quizzes for evaluating knowledge based jpr’s within each course level listed in this packet (<i>see 9b</i>).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9b. List quiz generation software or explain your quiz question development process:

10.	We have reviewed and understand the AFSC Certification Policy Manual as it pertains to candidate eligibility, preparation before the test date, and our test site responsibilities on the exam date(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

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11.	We have reviewed and understand the AFSC certification directive for the requested level(s) of certification. List the <u>name of the directive</u> and the revision date (listed on 1 st page) for each level requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Directive Name(s): _____ _____ _____		Revision Date(s): _____ _____ _____	

12a.	We have completed and attached the equipment and facility checklist (posted in the back of each skill packet for the requested level[s]); <i>and</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12b.	We verify that our organization can provide adequate space for written and practical skills certification testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment: _____			

13.	Our facility, personnel protective equipment, apparatus, and equipment meet or exceed applicable NFPA standards or their equivalent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment: _____			

14a.	We have reviewed the AFSC certification directive for the level(s) listed on the AFSC <u>Certification Program</u> webpage on the date of this request, and we affirm that personnel will be trained using the *text listed below. <i>*Each AFSC directive includes a list of AFSC approved text.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14b. List Text Publisher/Title/Edition: _____			
Comment: _____			

15.	We understand that the completion of an AFSC training record document(s) is required before each individual is permitted to begin a certification exam. The AFSC Training Record, or equivalent local training records, shall be kept in our organizations record/database and made available upon the request of the BFAST office.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment: _____			

16.	We have reviewed the AFSC <u>Certification Policy Manual</u> and acknowledge our organization is responsible for ensuring local personnel will be available to serve as Evaluators/ Assistants to support the AFSC Certifying Officer during all requested practical testing dates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment: _____			

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17.	We have reviewed the AFSC test policy related to the Americans with Disabilities Act (ADA). We agree to provide notification of a request for individual accommodation to the AFSC each time a Test Notification is submitted in IMPACT for certification testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

18.	We understand that the AFSC is ultimately responsible for determining an individual's eligibility for certification and that test fees apply to every individual who initiates a certification exam, regardless of his or her final eligibility for certification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comment:

Application is hereby made to request approval to submit a Test Notification request through IMPACT for the Bureau of Fire Accreditation, Standards and Training in order to perform fire service training for eligibility to complete certification examinations of fire service personnel.

Our organization understands that such approval entails adherence to the criteria as established by the Alaska Fire Standards Council and administered by the Bureau of Fire Accreditation, Standards and Training. The completion of this self-assessment document is affirmation that my organization will provide the training, equipment, facilities, and staff resources required for certification testing and is in accordance with the aforementioned criteria.

We confirm that the statements and information contained in this form are, to the best of our knowledge, truthful and accurate, and that where statements of intent are given we undertake to fulfill this intent.

We further verify that the certification examination policies and procedures were made available through the Bureau of Fire Accreditation, Standards and Training and were locally reviewed. The conditions contained therein are acceptable and do not present any conflict with applicable statute or law.

_____ Date: _____
Fire Chief/Director Signature

_____ Date: _____
Training Program Manager/Training Officer Signature

BUREAU OF FIRE ACCREDITATION, STANDARDS AND TRAINING OFFICE USE ONLY

BFAST Approval and Date:	BFAST Notes:
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