



Department of Emergency Services and Public Protection
COMMISSION ON FIRE PREVENTION AND CONTROL

**FIRE SERVICE INSTRUCTOR II
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		Cell ()
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
Check if applicable <input type="checkbox"/> State of Connecticut Certified Fire Service Instructor I				

EXAMINATION DATA

Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit must receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted or processed.	
Written Examination ____ Date _____	Practical Examination ____ Date _____
Examination Location	Examination Location

\$30.00 application fee required with application. Please check type of payment below:

Check (please indicate check # and date)	Purchase order	In-service or Calendar Class (fee included in tuition)
DO NOT SEND CASH		

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

FIRE SERVICE INSTRUCTOR II – NFPA Standard 1041 Compliance

All objectives of NFPA Standard 1041, Fire Service Instructor II, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Practical Skills Evaluation Sheets

Each candidate for Fire Service Instructor II Certification must be provided with, exposed to, and evaluated on all Fire Service Instructor II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Fire Service Instructor II Skills Evaluation Sheets.

I hereby acknowledge receipt of the Fire Service Instructor II Practical Skills Evaluation Sheets.	Candidate Initials:
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- | | |
|--------------------------|---|
| <input type="checkbox"/> | Compliance Method 1 - Successful completion of the Connecticut Fire Academy Fire Instructor II training program |
| <input type="checkbox"/> | Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Service Instructor II accredited certification |
| <input type="checkbox"/> | Compliance Method 3 - Examination Challenge – Director of Certification approval required |

Local Fire Department Skills Evaluation

Certain Job Performance Requirements (JPRs) cannot be effectively examined in a classroom setting. The following JPR **must be performed and evaluated locally by a certified Fire Service Instructor II or Fire Service Instructor III**. Failure to complete the JPR will prevent entry into the Certification Examination process.

		Local Fire Department Instructor Signature	Date Completed
Skill Sheet 5.4.3A	Supervise Other Instructors and Students During Training JPR 5.4.3, 5.4.3(A)(B)		
		Instructor Printed Name	

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1041 Chapter 5, 2012 edition, *Standard for Fire Service Instructor Professional Qualifications*, Fire Service Instructor II. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date