



**ELIGIBILITY FOR CERTIFICATION TESTING
SELF ASSESSMENT PACKET
(NFPA Standard 1000, 2011 Edition)**

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

www.firestandards.alaska.gov

December 2014

V11-4

AFSC ELIGIBILITY FOR CERTIFICATION TESTING SELF ASSESSMENT PACKET

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

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

| | | |
|--|--|---|
| <input type="checkbox"/> Firefighter - | <input type="checkbox"/> Hazardous Materials- | <input type="checkbox"/> Fire Officer- |
| <input type="checkbox"/> Fire Instructor- | <input type="checkbox"/> Driver Apparatus - | <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- | <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. Check “Yes” or “No” for all numbered items. “No” responses must include an explanation in the comment box below the question.

| | | | |
|-----------|---|------------------------------|-----------------------------|
| 1. | We have read and understand information contained within the Training and Education Bureau Fire Training Program Accreditation Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------|---|------------------------------|-----------------------------|

Comment:

| | | | |
|-----------|---|-----|-----------------------------|
| 2. | Our organization is already accredited to conduct previously approved courses (list levels in comments below). “Yes” responses skip to question 4. “No” responses must include an Application for Accreditation & Fire Training Course Approval submittal to the Training and Education Bureau before the AFSC will accept this self-assessment packet (see # 3) | Yes | <input type="checkbox"/> No |
|-----------|---|-----|-----------------------------|

Comment:

| | | | |
|-----------|---|-----|-----------------------------|
| 3. | Our department has completed an Application for Accreditation & Fire Training Course Approval with the Training and Education Bureau. <i>If “No” for question 2 and 3 the AFSC WILL NOT accept this packet.</i> | Yes | <input type="checkbox"/> No |
|-----------|---|-----|-----------------------------|

Comment:

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| | | | |
|-----------|---|-----|----|
| 4. | 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). | Yes | No |
|-----------|---|-----|----|

Comment:

| | | | |
|-----------|---|-----|----|
| 5. | We have reviewed and understand the AFSC certification directive for the requested level(s) of certification. List the name of the directive and the revision date (listed on 1 st page) for each level requested. | Yes | No |
|-----------|---|-----|----|

Directive Name(s):

_____.

_____.

_____.

Revision Date(s):

_____.

_____.

_____.

| | | | |
|------------|--|-----|----|
| 6.a | 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> | Yes | No |
| b | We verify that our organization can provide adequate space for written and practical skills certification testing. | Yes | No |

Comment:

| | | | |
|-----------|--|-----|----|
| 7. | Our facility, personnel protective equipment, apparatus, and equipment meet or exceed applicable NFPA standards or their equivalent. | Yes | No |
|-----------|--|-----|----|

Comment:

| | | | |
|-----------|---|-----|----|
| 8. | We have reviewed the AFSC certification directive for the level(s) listed on the AFSC Certifications 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> | Yes | No |
|-----------|---|-----|----|

List Text Publisher/Title/Edition:

Comment:

| | | | |
|-----------|--|-----|----|
| 9. | 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 AFSC or TEB offices. | Yes | No |
|-----------|--|-----|----|

Comment:

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| | | | |
|------------|--|-----|----|
| 10. | We have reviewed the AFSC Certification Policy Manual and acknowledge that our organization is responsible for ensuring that local personnel will be available to serve as Evaluators/Assistants to support the AFSC Certifying Officer during all practical testing dates we request. | Yes | No |
|------------|--|-----|----|

Comment:

| | | | |
|------------|---|-----|----|
| 11. | 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 Form is submitted for certification testing. | Yes | No |
|------------|---|-----|----|

Comment:

| | | | |
|------------|---|-----|----|
| 12. | 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 | Yes | No |
|------------|---|-----|----|

Comment:

Application is hereby made to gain approval to submit a [Test Notification Form](#) through the Alaska Fire Standards Council in order to perform fire service training for eligibility to complete certification examinations of fire service personnel.

It is understood that such approval entails the adherence to the criteria as established by the Alaska Fire Standards Council and this self-assessment document is submitted to verify the training, equipment, facilities, and staff resources required for certification testing of said entity is in accordance with the aforementioned criteria.

It is further certified 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 certify that the certification examination policies and procedures were made available by the Alask Fire Standards Council have been received and studied. 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

ALASKA FIRE STANDARDS COUNCIL OFFICE USE ONLY

| | |
|-------------------------|-------------|
| AFSC Approval and Date: | AFSC Notes: |
|-------------------------|-------------|