



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

**FIRE SERVICE INSTRUCTOR I  
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		
<b>Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite</b>				
Check one <input type="checkbox"/> State of Connecticut Certified Fire Fighter II		<input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1978. Verification must be attached.		
By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			Applicant Signature _____	

**EXAMINATION DATA**

Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. <b>Late applications will not be accepted or processed.</b>	
Written Examination _____ Date _____	Practical Examination _____ Date _____
Examination Location _____	Examination Location _____
\$35.00 application fee required with application. Please check type of payment below:	
Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____ Card Holder's Name: _____ Card Holder's Signature _____ Expiration Date: _____
<b>DO NOT SEND CASH</b>	

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 I – NFPA Standard 1041 Compliance

All objectives of NFPA Standard 1041, Fire Service Instructor I, 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 I Certification must be provided with, exposed to, and evaluated on all Fire Service Instructor I 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 I Skills Evaluation Sheets.

**I hereby acknowledge receipt of the Fire Service Instructor I Practical Skills Evaluation Sheets.** **Candidate Initials:**

**Compliance Method 1** - Successful completion of the Connecticut Fire Academy Fire Service Instructor I training program

**Compliance Method 2** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Service Instructor I accredited certification

**Compliance Method 3** - Educational program. (Prior CFPC approval required)

**Compliance Method 4** - Examination Challenge – Director of Certification approval required

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
4.2.3A	Program Management – Assemble Course Materials/Request resources/Schedule Instruction			
4.2.5A	Program Management – Complete Training Records			
4.3.2A	Instructional Development – Review Instructional Material/Adapt Lesson Plan			
4.4.2A	Instructional Delivery – Organize Classroom			
4.4.5A	Instructional Delivery – Differences in Learning Styles			
4.4.6A	Instructional Delivery – Operate Audiovisual Equipment			
4.4.7A	Instructional Delivery – Utilize Audiovisual Materials			
4.5.2A	Evaluation and Testing – Administer Oral, Written and Performance Tests			
4.5.3A	Evaluation and Testing – Grade Tests, report results, and Provide Feedback			

By signing below, I certify that this candidate completed a training program designed to meet or exceed the requirements of NFPA 1041 Chapter 4, 2012 edition, *Standard for Fire Service Instructor Professional Qualifications*, Fire Service Instructor I. 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