

## DEPARTMENT OF FINANCIAL SERVICES STATE FIRE MARSHAL

JIMMY PATRONIS CHIEF FINANCIAL OFFICER

TO:	Out-of-State Firefighter Certification Candidates
FROM:	The Bureau of Fire Standards and Training, Challenge Review Board
SUBJECT:	Firefighter Equivalency Examination Requirements

Section 633.35(3), Florida Statutes, states: "The Division of State Fire Marshal may issue a certificate to any person who has received basic employment training for firefighters in another state when the division has determined that such training was at least equivalent to that required by the division for approved firefighter education and training programs in this state and when such person has satisfactorily complied with all other requirements of this section." Florida law requires four hundred and ninety-two (492) hours of training, which must be basic employment training in nature. In-service training and continuing education are not accepted as meeting these criteria.

To determine if you qualify for the Firefighter Minimum Standards Equivalency Examination, please submit the Preliminary Equivalency Application, along with documentation of the basic employment training for firefighters that you have completed. Please include a cover letter on official letterhead signed by the Fire Chief or Training Chief from the training center you attended, attesting to the fact that you successfully completed basic training that meets or exceeds Florida's course content, both in total hours and subject matter, as outlined on the preliminary application.

Your Preliminary Equivalency Application will be reviewed by the Challenge Review Board. If all training requirements are met, you will be mailed an Equivalency Examination Application for Certification as a Firefighter. Please realize that acceptance by the Challenge Review Board is only the first step in achieving a Florida Firefighter Certificate of Compliance. A written and practical examination is required of all qualified persons seeking certification.

If you fail to meet the requirements, for any reason, you will receive written notification explaining the deficiencies found in your documentation. If your application is denied, you will be required to attend a Firefighter Minimum Standards Course, at one of 44 Certified Training Centers located throughout Florida, in order to be certified as a firefighter in this state.

Thank you for your interest in Florida's Firefighter Certification Program.



**DEPARTMENT OF FINANCIAL SERVICES** Division of State Fire Marshal – Bureau of Fire Standards and Training

## PRELIMINARY EQUIVALENCY APPLICATION FIREFIGHTER MINIMUM CURRICULUM REQUIREMENTS

#### Please print requested information legibly.

NAME: LAST		FIRST		MI
HOME ADDRESS	CITY		STATE	ZIP CODE
FCDICE STUDENT ID OR LAST 4 SOCIAL SECURITY			TELEPHO	NE NUMBER
FIRE DEPARTMENT (if employ	yed)		DATE EM	IPLOYED
EMAIL ADDRESS:				

FIREFIGHTER I SUBJECT MATERIAL	MINIMUM *	ACTUAL	FIREFIGHTER I SUBJECT MATERIAL	MINIMUM *	Actual
I-100 and I - 700	6		Fire Streams (Automobile)	5	
Orientation and Fire Service History	3		Fire Streams (Class A Outside Fire / Ground Cover / Inside Fire / Overhaul / Ground Cover	20	
Life Safety Initiatives / Scene Safety / Firefighter Injuries and Fatalities	6		Search and Rescue/Restricted Passages	18	
Protecting Fire Scene Evidence	2		Ventilation (Horizontal / Vertical –hydraulic (positive and negative)	3	
Mental Health and PTSD	4		Property Conservations / Protecting Fire Scene Evidence	3	
Cancer	4		Water Supply	4	
Fire Communications Equipment	1		Fire Extinguishers	3	
PAS / Emergency Evacuation	3		Ropes and Knots (Tying and Hoisting)	6	
Preparedness and Maintenance	4		Building Construction	2	
PPE/SCBA Donning/Doffing/Cylinder Replacement	6		Hose Rolls and Loads	6	
Forcible Entry	8		S-190 / S-130 / L-180	40	
Ladders	6		Testing and Assessment	10	
Basic First Aid (current CPR card)	8		HazMat Awareness / ERG	9	



## **DEPARTMENT OF FINANCIAL SERVICES** Division of State Fire Marshal – Bureau of Fire Standards and Training

FIREFIGHTER II SUBJECT MATERIAL	MINIMUM *	ACTUAL	FIREFIGHTER II SUBJECT MATERIAL	MINIMUM *	Actual
I-200 and I - 800	6		Fire Control / Live Fire	20	
Healthy Lifestyle	12		Fire Streams (Foam Production and Master Streams)	14	
Fire Department Communications – NFIRS / Radio Etiquette / Ordering resources	4		Flammable Gas Control	8	
Rescue / Extrication	29		Ventilation (Horizontal – positive/negative – pressure and natural / Vertical - natural)	6	
Evidence Protection – Area of Origin, Fire Cause and Determination	2		Engine Company Evolutions	8	
Auto Extrication Awareness	16		Combined Evolutions	16	
Fire Detection / Alarm / Suppression	3		Ladder Company Evolutions	8	
Emerging Issues	4		Air Monitoring	4	
Pre-Incident Planning and Documentation	2		Fire Prevention and Public Education	8	
Health and Physical Fitness	14		Firefighter Safety and Survival	36	
Hose Rolls and Loads	3		Select / Maintain / Operate Electric Equipment	4	
Structural Collapse	5		Active Shooter	3	
EMR	40		HazMat Operations	16	
Testing	10				

#### \* MINIMUM HOURS REQUIRED BY FLORIDA STATE STATUTE (492 HOURS) \*

SUBMIT THIS APPLICATION, ALONG WITH YOUR DOCUMENTATION OF TRAINING, TO THE:

BUREAU OF FIRE STANDARDS AND TRAINING ATTENTION: CHALLENGE REVIEW BOARD 11655 NW GAINESVILLE ROAD OCALA, FLORIDA 34482-1486



# **EQUIVALENCY CRITERIA**

- Create an FCDICE account <u>https://www.myfloridacfo.com/division/sfm/fcdice</u>
- Shall have successfully completed firefighter training from another state, territory, providence, country or any branch of the United States military that is equal to or greater than the curriculum requirements in Rule 69A-37.55 of the Florida Administrative Code (F.A.C), <a href="https://www.flrules.org/gateway/ruleno.asp?id=69A-37.055">https://www.flrules.org/gateway/ruleno.asp?id=69A-37.055</a>. The training will require written and practical examination that tests knowledge, skills, and ability.
- Shall possess a current and valid firefighter certificate or license that is in good standing from another state, country, territory, providence, or any branch of the United States Military.
- Shall have successfully completed National Incident Management System (NIMS) training courses IS-100, IS-200, IS-700, IS-800 for Firefighter II. (IS-200 and IS-800 not required for FFI/Volunteer) <a href="https://training.fema.gov/nims/">https://training.fema.gov/emiweb/is/icsresource/</a>
- Shall have successfully completed "Courage to Be Safe: Sixteen Life Safety Initiatives Course". <u>https://www.fireherolearningnetwork.com/Training\_Programs/Courage\_To\_Be\_Safe.aspx</u>
- Shall have successfully completed a Hazardous Materials Awareness and Operations training course consisting of a minimum of 24 hours. (Haz Mat Ops not required for FFI/Volunteer)
- Shall have successfully completed NWCGS-130, S-190, L-180 (L-180 not required for FFI/Volunteer). Second option NWCG: Fire in the Field <u>Fire in the Field (itm-info.com)</u>
- Shall have successfully completed Structural Collapse Awareness <u>https://www.myfloridacfo.com/division/</u> <u>sfm/bfst/training/course-syllabi/structural-collapse-awareness-class</u>
- **NOTE:** The Firefighter Equivalency packet is **NOT** an application for certification. It is a request to be **ELIGIBLE** to challenge the State written and Practical examinations that are required for certification.
  - 1. Please complete and sign all forms.
  - 2. Us the checklist on page \* to make sure all documentation is included with your submission.
  - 3. Return signed forms and all required documentation as one packet to:

#### **BUREAU OF FIRE STANDARDS & TRAINING**

Florida State Fire College Attn: Firefighter Equivalency Review 11655 NW Gainesville Road Ocala, FL 34482-1486

MaryAnn.Benson@MyFloridaCFO.com



## A. FIREFIGHTER EQUIVALENCY PROCESS INSTRUCTION CHECKLIST

Please use this checklist to ensure all documentation is included with your submission

## DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION

- Complete and sign the **Request for Equivalency** form (must be 18 years of age). Complete Part I of the Verification of Firefighter Status for Equivalency form. Send a copy of the Verification of Firefighter Status for Equivalency form with Part I completed and signed to each state/country/territory/providence in which you hold or have previously held certification and/or the military branch credentialing office (where training was conducted) in which you currently are, or previously were, on active duty. Part II is to be completed by the out-of-state certification agency and then returned to the applicant in a sealed envelope. Once returned, the applicant must submit the sealed envelope to the Florida State Bureau of Fire Standards and Training along with the other documents included with this packet and all requested documentation. Submit a copy of your current firefighter certification from another state/country/territory/providence or branch of the military. Submit copies of your NIMS IS/ICS-100 and NIMS IS/ICS-200, NIMS IS/ICS-700 and NIMS IS/ICS-800 training certificates. (IS-200 and IS-800 not required for FFI/Volunteer) Submit a copy of your certificate of completion of firefighter training, showing training dates, and/or copy of Pro Board and/or International Fire Service Accreditation Congress (IFSAC). Submit certificate of completion for "Courage to Be Safe: Sixteen Life Safety Initiatives Course" Submit a copy of certificate of completion of Hazardous Materials Awareness and Operations training or provide proof it was included in your fire training curriculum. The course shall have consisted of a minimum of 24 hours and shall be consistent with the intent of NFPA 1072 and shall meet the course objectives established by the executive director as set forth in rule OAC.4765-20-02. (Haz Mat Awareness Ops is not required for FFI/Volunteer) Submit a copy of firefighter training certificate documenting that your training was completed within the last 48 months or provide proof that you were on active duty with a fire department within the last 48 months via a signed letter from the fire chief verifying active-duty dates. Submit a copy of your S-130, S-190, and L-180 (L-180 not required for FFI/Volunteer) Submit a copy of your Structural Collapse certificate Military candidates must attach a copy of DD-214 if discharged
  - Proof of EMR, EMT, or Paramedic training



#### **B. REQUEST FOR EQUIVALENCY**

#### Incomplete packets WILL NOT be processed

#### **GENERAL INFORMATION**

Last Na	ame	First Name		Middle Initial	
Addres	ss City	County	Zip	Country	
Home	Phone	Work Phone		Cell Phone	
Email	address		Secondar	y email address	
Date o	f Birth				
Please	select the certification you	are applying for.			
	Firefighter I (Volunteer)		Firefighter II		

#### ARMED FORCES INFORMATION - IF YOU ARE IN THE ARMED FORCES, YOU DO NOT need to fill out Part I and Part II

Using the definition of armed forces provided below, check all that apply and provide requested information.

"Armed Forces" means the armed forces of the United States, including Army, Navy, Air Force, Marine Corps, Coast Guard, or any reserve components of those forces; the National Guard of any State; the Commissioned Corps of the United States Public Health Service; the Merchant Marine Service (during wartime; such other service as may be designated by Congress; or when engaged in full-time National Guard duty for a period of more than 30 days.

I am a veteran of the armed forces; discharged/released under honorable conditions.
Year of discharge/release:

□ I am a current member of the armed forces

- □ I am a spouse of a current member of the armed forces or a veteran, discharged/released under honorable conditions. Year of discharge/release: \_\_\_\_\_\_
- I am a surviving spouse of a service member or veteran, discharged/released under honorable conditions.
   Year of discharge/release: \_\_\_\_\_\_\_
- □ None of the above



## EDUCATION AND TRAINING INFORMATION

Last Name

First Name

Middle Initial

List state/territory/country from which you received initial training and/or hold a firefighter certification.

#### TRAINING

State/Country/Territory/Providence	Training Center	Date Received

## CERTIFICATION

Certification Level and Number	Expiration Date	
	Certification Level and Number	

#### CANDIDATE ATTESTATION:

I attest that all information provided is true and accurate to the best of my knowledge. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate as determined by the Bureau of Fire Standards & Training. I further attest that I satisfy all requirements for eligibility to sit for the practical skills and written examinations for a certificate at the level of Firefighter Certificate of Compliance (Firefighter II) in accordance with Florida Administrative Code 69A-37. I affirm that I am solely responsible for my certificate.



## C. VERIFICATION OF FIREFIGHTER STATUS FOR EQUIVALENCY

## DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION

The Verification of Firefighter Status for Equivalency form must be completed to recognize firefighter credentials from another state/territory/country/ military branch, in which the candidate currently holds or has previously held certification.

**Part I** is to be completed by the candidate. A copy of this completed form must be mailed to each state/country/territory/providence/military branch, in which the candidate currently holds or has previously held certification.

**Part II** is to be completed by the out-of-state/country/territory/providence/military branch certification agency and then returned to the candidate in a **sealed envelope** with the signature of the agency official. The candidate must submit the **sealed envelope** to the Bureau of Fire Standards & Training along with the other documentation required.

## If you hold Pro Board and/or IFSAC, you <u>DO NOT</u> need to complete Part I or Part II to verify training hours.

#### PART I – TO BE COMPLETED BY CANDIDATE

Please indicate the level of certification for which you are requesting verification.

 Firefighter I □ Firefighter II □ Other Last Name Middle Initial **First Name** Address City State Zip County Country Home Phone Work Phone Cell Phone Email address Secondary email address Date of Birth Certification/License Number State/Country/Territory/Providence/Branch **Expiration Date** 



## Part II – To be completed by the State/Territory/Country Certifying Agency and returned to candidate.

Certification Number:	E	Expiration Date:	
FIREFIGHTER I	FIREFIGHTER II	OTHER 🗆	]
CERTIFICATION STATUS			
□ CURRENT □ LAPSED	□ INACTIVE □ SUSP	ENDED 🗆	REVOKED
The above certification was i	ssued based upon:		
<ul> <li>Initial training completed</li> <li>Recertification through c</li> </ul>	•	•	<ul><li>Equivalency from state/territory/country)</li><li>Other (please explain)</li></ul>
			st knowledge to provide firefighter services? ce exam to obtain certification at the completion
Test Date:			
$\Box$ Yes $\Box$ No Did the cand			st skills an ability to provide firefighter services? ce practical exam to obtain certification at the
Test Date:			
Was the training recognized Professional Qualification Sy Ves (If yes, please attach No	stem?*	Accreditation Cor	ngress (IFSAC) or Pro Board Fire Service
Has the candidate's certificat			dered, reprimanded, suspended, or revoked?*
To your knowledge, has the of felony? Yes (If yes, please explain No			nor, other than a minor traffic offense, or a
Do you know of any reason v Yes (If yes, please explain No			

<sup>\*</sup>Required fields, as indicated by an asterisk (\*), must be completed.



# THIS PAGE IS FOR REFERENCE ONLY!!!

## FIREFIGHTER I AND II COURSE OBJECTIVES

ΤΟΡΙϹ	NFPA 1001 STANDARD	COGNITIVE HOURS	PRACTICAL HOURS	TOTAL HOURS
Orientation and History of the Fire Service	4.1.1 4.1.2 5.1.1			
Incident Command System	5.1.1 5.1.2 5.2.1 5.2.2			
Firefighter Safety & Health	4.1.1 4.3.2 4.3.3			
Fire Service Communication	4.2.1 4.2.2 4.2.3 5.2.1 5.2.2			
Building Construction	4.3.4 4.3.10 4.3.12 5.3.2			
Fire Behavior	4.3.10 4.3.11 4.3.12 5.3.2			
Personal Protective Equipment and SCBA	4.1.2 4.3.1 4.5.1			
Portable Fire Extinguishers	4.3.16			
Ropes and Knots	4.3.20 4.5.1			
Search and Rescue, Firefighter Survival	4.2.4 4.3.1 4.3.5 4.3.9 5.4.2 5.5.4			
Scene Lighting, Portable Power	4.3.17 5.4.2 5.5.4			
Forcible Entry	4.3.4 4.5.1			
Vehicle Extrication	5.4.1			
Ground Ladders	4.3.6 4.5.1 4.3.12			
Ventilation	4.3.11 4.3.12 4.5.1			
Water Supply	4.3.15			
Fire Hose and Fire Streams	4.3.8 4.3.10 4.3.15 4.5.2 5.3.1 5.5.5			
Fire Suppression, Structure Fires	4.3.8 4.3.10			
Fire Suppression, Coordinate an Interior	4.3.8 4.3.10 5.3.2			
Fire Attack	4.3.0 4.3.10 3.3.2			
Fire Suppression, Vehicle Fires	4.3.7			
Fire Suppression, Wildland/Ground	4.3.19			
Control Building Utilities	4.3.18			
Salvage and Overhaul	5.3.10 5.3.13 5.3.14 5.5.1			
Fire Origin and Cause	5.3.4			
Fire Protection Systems	5.5.3			
Fire Safety	5.5.1 5.5.2 5.5.3			
Foam Operations	5.3.1 5.3.2			
Fire Suppression, Gas Cylinder/Flammable Liquid Fire Attack	5.3.1 5.3.3			
Total Hours				



Candidate Name

## HAZARDOUS MATERIALS (NFPA 1072)

- Awareness Level \_\_\_\_\_Hours Completed
- Operations Level \_\_\_\_\_Hours Completed
  - \_\_\_\_\_Total Hours Completed

## COURAGE TO BE SAFE: 16 Life Safety Initiatives

(National Fallen Firefighters Foundation)

\_\_\_\_\_Total Hours Completed

Print Name of State/Country/Territory/Providence/Military Official completing this form.

Title of State/Country/Territory/Providence/Military Official completing this form.

Phone number of above

Email of above

Signature of official completing this form.

Date

After completing Part I and Part II, please return this form to the candidate in a sealed envelope with your signature across the seal. The candidate will be responsible for mailing the completed package for equivalency, including other required documentation, to the Bureau of Fire Standards & Training.