

Equivalency Review Application

Equivalency Review Information:

The opportunity for an equivalency review exists when an Authorities Having Jurisdiction (AHJ) has a candidate who **does not** satisfy the Idaho Fire Service Training (FST) IFSAC pre-requisites, either from an Idaho IFSAC received certification and/or from another IFSAC certifying state (recognized through Idaho Reciprocity), but who does possess an **equivalent STATE testing certification** from a non-IFSAC certifying state.

An AHJ candidate may request their application to be assessed by a Peer Review Committee in order to confirm that they meet or surpass the requirements set forth by the NFPA for IFSAC Certification testing. The Peer Review Committee consist of one (1) representative from FST and one (1) representative from the Advisory Council voting membership.

When an application is received, all information submitted is reviewed and verified through the state that issued the certification. This may include but is not limited to whether the candidate is still in good standing. Once the information has been verified, it will be presented to the Peer Review Committee. When an equivalency decision is made, the AHJ candidate will be notified via email and postal mail. A copy of the decision will be placed in the candidate's student file.

The applicant shall submit the following requested documentation;

- A completed and signed application by the candidate and AHJ Chief Officer or Training Officer
- Certification of a completed State Issued testing completion (NOT a completion of course certification),
- Supporting documentation of what was taught and tested on (including standard and edition tested on).

EQUIVALENCY REVIEW CRITERIA IS AS FOLLOWS:

(Located in FST Standard Operating Guidelines, Chapter 3, Section I, Option 3)

Hazardous Materials Awareness and Operations

Meet the training and JPR requirements for NFPA 1072, Chapters 4, 5, and Mission Specific 6.2, 6.3, 6.4, and 6.6

Firefighter I

Meet the training and JPR requirements for NFPA 1001, Chapter 4 A minimum of one (1) year at or above the Firefighter I level in the fire service

Firefighter II

Meet the training and JPR requirements for NFPA 1001, Chapter 5 A minimum of two (2) years at or above the Firefighter II level in the fire service

Fire Instructor I

Meet the training and JPR requirements for NFPA 1041, Chapter 4 A minimum of three (3) years as a qualified fire service instructor

Fire Officer I

Meet the training and JPR requirements for NFPA 1021, Chapter 4 A minimum of three (3) years as a qualified Fire Officer I in the fire service

Fire Officer II

Meet the training and JPR requirements for NFPA 1021, Chapter 5 A minimum of three (3) years as a qualified Fire Officer II in the fire service





TO BE COMPLETED BY THE APPLICANT

LAST NAME			FIRST NAME						MIDDLE INITIAL
LIST ANY AKA'S TO INCLUDE MAIDEN NA	ME								1
SSN							DATE OF	BIRTH	
WORK PHONE		HOME PHONE			(ELL F	PHONE		
MAILING ADDRESS	С	TY	STA	ATE	ZIP COUN		TY		
FIRE DEPARTMENT NAME	'			1		•			
FIRE DEPARTMENT ADDRESS		CITY					STATE	ZIP	
IF APPLICABLE, IFSAC LEVEL REQUESTIN	G TO TE	ST*					1		
Certification level prerequisites can be for o be eligible for testing at the							urrent F	ire Ser	vice member

and be fully qualified according to the current requested level NFPA JPRs.

Level Requesting Equival	<u>lency</u>	State received Certification
		<u>from:</u>
Hazardous Materials Awareness/Operations		
Firefighter I		
Firefighter II		
Fire Instructor I		
Fire Officer I		

TO BE COMPLETED BY A CHIEF OFFICER OR TRAINING OFFICER

I confirm that	(Applicant) i	is affiliated with the					
	department and to the best of my kn	owledge, with the attached					
department and to the best of my knowledge, with the attached supporting documents, have met the NFPA standards they are seeking equivalency for through the							
supporting documents, have met the NFPA standards they are seeking equivalency for through the							
	Idaho Fire Service Training program.						
TITLE AND NAME (PLEASE PRINT)							
IIILE AIND NAIVIE (FLEASE FRIINT)							
EMAIL		PHONE					
SIGNAURE		DATE					

Please attach documents in three different PDF files. Application, State Certifications, and Supporting Documents Email completed form to <u>fst@cte.idaho.gov</u> OR Fax to 208-429-5559

