



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 to have their application 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, including whether the candidate is still in good standing, is reviewed and verified through the state that issued the certification. Once the information has been verified, it will be presented to the Peer Review Committee. When equivalency decision is made, the AHJ candidate will be notified via mail and postal mail. A copy of the decision will be placed in the candidate's student file.

Documentation requested to submit with 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



IDAHO FIRE SERVICE TRAINING

TO BE COMPLETED BY THE APPLICANT

LAST NAME		FIRST NAME			MIDDLE INITIAL
SSN				DATE OF BIRTH	
WORK PHONE	HOME PHONE		CELL PHONE		
EMAIL ADDRESS					
MAILING ADDRESS	CITY	STATE	ZIP	COUNTY	
FIRE DEPARTMENT NAME					
FIRE DEPARTMENT ADDRESS		CITY		STATE	ZIP
IF APPLICABLE, IFSAC LEVEL REQUESTING TO TEST*					

*Certification level prerequisites can be found in the FST Standard Operating Guidelines and Procedures.

To be eligible for testing at the next certification level, the applicant must be a current Fire Service member and be fully qualified according to the current requested level NFPA JPRs.

<u>Level Requesting Equivalency</u>	<u>State received Certification from:</u>
Hazardous Materials Awareness/Operations	
Firefighter I	
Firefighter II	
Driver/Operator - General	
Driver/Operator - Pumper	
Fire Instructor I	
Fire Officer I	
Fire Officer II	

TO BE COMPLETED BY YOUR FIRE CHIEF OR TRAINING OFFICER

I confirm that _____ (Applicant) is affiliated with the _____ 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 Idaho Fire Service Training program.

CHIEF'S NAME (PLEASE PRINT)

CHIEF'S SIGNATURE DATE

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