# APPLICATION & TEST REQUEST FORM

## Arizona Center for Fire Service Excellence

DO NOT USE THIS FORM FOR FIREFIGHTER PROGRAMS! USE THIS FORM FOR ALL OTHER PROGRAMS.

**TEST REQUESTS MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE TEST DATE. TEST DATES ARE NOT GUARANTEED.**

**PLEASE PRINT CLEARLY OR TYPE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF PROGRAM REQUESTED:**  **(i.e. Fire Instructor, Hazmat, etc.)** | | | | | **DATE SUBMITTED:** | |
| **SPONSORING DEPARTMENT:** | | | | | | |
| **NFPA standards:** | | **Text(s):** | | | **Total Program Hours:** | |
| **# OF STUDENTS:** | **PROGRAM START DATE:** | | | | **END DATE:** | |
| **PROGRAM MAILING ADDRESS:** | | | | | | |
| **CITY:** | | | | **ZIP:** | | |
| **PHONE:** | | | | **FAX:** | | |
| **REQUESTED DATE(S) FOR WRITTEN EXAM:**  **(dates are pending proctor availability)** | | | | **EXAM START TIME:**  **(FFI&II Requires 2.5 hours)** | | |
| **REQUESTED DATE(S) FOR PRACTICAL EXAM:**  **(Firefighter I&II and Hazmat Programs)** | | | | **EXAM START TIME:** | | |
| **TEST LOCATION (Facility name):** | | | | | | |
| **STREET ADDRESS:** | | | | | | |
| **CITY:** | | | **ZIP:** | | | |
| **LEAD ADJUNCT INSTRUCTOR:**  **(authorized by AZCFSE)** | | | **EMAIL ADDRESS:**  **(required)** | | | |
| **AUHORIZED INSTRUCTOR EIN #:** | | | **PHONE:** | | | **CELL:** |
| **COURSE COORDINATOR:**  **(if different)** | | | **EMAIL ADDRESS:**  **(required)** | | | |
| **Best contact # for Test Proctor to call: (name and phone #)** | | | | | | |
| **Alternate # for Test Proctor:** | | | | | | |
| **\*\*\*The Lead Adjunct Instructor must be available at the start of each Certification Exam in case there are any questions\*\*\*** | | | | | | |
| **The Program Lead Adjunct Instructor acknowledges that the following documents are complete and attached**  **to this application: *(initial)*** | | | 1. Course syllabus 2. Training Schedule | | | |
| ***Important: The document “Preparing for Certification Testing” must be accessible to all test candidates so they are aware of the information in it.*** | | | | | | |

**OFFICE USE ONLY**

|  |  |
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| **REVIEWED/ APPROVED BY:** | **DATE APPROVED:** |
| **CONFIRMED DATE FOR WRITTEN EXAM:** | **START TIME:** |
| **WRITTEN PROCTOR:** | |
| **CONFIRMED DATE FOR PRACTICAL EXAM:** | **START TIME:**  (Proctor should arrive early for briefing) |
| **PRACTICAL PROCTOR:** | |
| **AZCFSE PROGRAM #:** | **ENTERED:**  ERMA   Tracking Worksheet |

# For Certification Programs & Workshops

## Arizona Center for Fire Service Excellence

This completed and signed form is required as part of the Program or Workshop Application Package—it is required to receive approval from the Arizona Center for Fire Service Excellence.

The purpose of this form is to provide documentation that:

* **For Certification Programs: Testing on all (100%) of the AZCFSE practical skills required as part of this program will be possible at the test site selected for the certification examination. Equipment and facilities will be available to test any of the required skills. (Note: a random selection of skills will be tested during the certification exam).**
* **For Certification Programs and Workshops**: **The facilities and equipment used during the program or workshop, and for certification testing, ensures the health and safety of participants by providing facilities and equipment that meets or exceeds NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.**
* **The facilities used for classroom and manipulative skill testing for the program provides adequate space for testing. Adequate space is required to deter cheating during any written certification exams and to ensure privacy and safety during manipulative skills testing. The testing sites must also provide for the health and safety of participants.**
* **Personal protective equipment (PPE), apparatus, and equipment to be used during skill testing meet or exceed applicable NFPA standards.**
* **Classroom and skills training sessions for programs and workshops must be conducted at Fire Department facilities, other Emergency Services Department facilities, or recognized college facilities in Arizona in order to receive certificates from AZCFSE, unless there is a valid reason for the training to be conducted at an offsite location. Approval for any offsite training locations must be obtained on a case by case basis prior to issuance of certificates.**

**PLEASE PRINT OR TYPE**

|  |  |
| --- | --- |
| **Type of program or workshop: (i.e. program or workshop title)** | |
| **Program Sponsor:** | |
| **Physical address:** | |
| **Mailing address:** | |
| **City:** | **Zip:** |
| **Classroom Testing Location:**  *(if applicable)* | |
| **Practical Skills Testing Location:**  *(if applicable)* | |

I hereby verify that the facilities, personal protective equipment, apparatus, and other equipment used during this Program or Workshop, and for certification examinations, ensures the health and safety of the participants, and meets the requirements of all applicable NFPA standards, and meets other requirements as stated above. I further verify that the classroom facilities and testing sites used for certification testing will provide adequate space for classroom and manipulative skills testing. I verify that the facilities and equipment used for certification testing are adequate to allow testing on any AZCFSE skill sheet selected for the examination (if applicable).

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| --- | --- |
| **Authorized Lead Adjunct Instructor:** | |
| **Program Coordinator:** | |
| **Instructor or Coordinator Signature:** | **Date:** |