EMERGENCY MEDICAL CARE PRE-REQUISITE FORM

CANDIDATE PRE-REQUISITE VERFICATION FORM

This form will verify to the Certifying Agency (State Fire Marshal Training Division) that the following individuals has been deemed competent in the subject matter as listed. It shall also serve as a document that will hold any and all parties accountable for verifying that the candidate is competent and that he/she has verified by some physical means that competency listed below has been met.

INSTRUCTIONS TO THE CANDIDATE:

The candidate shall verify his or her competency of the **NFPA 1001 Standard, 2002 Edition, Fire Fighter I Level**, by filling in the blanks with his or her name. An officer or official of the respective organization in which the candidate is a member or a candidate for membership shall also sign the document.

OPTIONAL: The candidate may list at the bottom of the document the class or classes that he or she has participated in and the date that the training was received. This will assist the officer or official who is verifying your competency. A copy of the class certificate may be attached.

CANDIDATE VERIFICATION STATEMENT

I (name), _____

from (full mailing address) _____

Student ID# Student ID is the 1st letter of your first name and first 4 letters of the last name and your date of birth example: John Brown 04/06/1962 would be JBrow04061962 _____

and a member of the (organization or facility) _____

do hereby verify that I have either attended a training class or have sufficient organizational or facility training in the following **NFPA 1001 Standard, 2002 Edition, Fire Fighter I Level**, for the competency topic **4.3 Emergency Medical Care** performance capabilities. Therefore, the organization listed below and myself consider me competent in the above listed subject matter. I understand that this competency is not part of the certification process as tested by the State Fire Marshal Training Division, but is required as an Entrance Requirement for Fire Fighter I. Minimum training topics are listed on the EMC page on the SFMTD website (www.nebraskasfmtd.org), or will explain the First Aid and CPR/AED courses along with the content of those courses. I also understand that if I attended another course delivered by another organization or party, I must still verify my competency for this topic to the Certifying Agency before I am allowed to take the certification test. (Exception: Prerequisite Waiver Policy)

Candidate Signature _____ Date _____

Officer/Official Signature _____ Date _____

OPTIONAL LISTING OF CLASSES:

CLASS: _____ DATE: _____

CLASS: _____ DATE: _____

CLASS: _____ DATE: _____

THIS FORM MUST BE SENT WITH APPLICATION FOR CANDIDACY.

SFMTD
10-26-09

Print Form