



# CERTIFICATION EXAM SCHEDULING REQUEST FORM Fire Fighter 1 and 2 (2024)

## Overview

The Fire Fighter 1 and 2 (2024) Certification Exam Scheduling Request Form is used to request certification exam deliveries for Fire Fighter 1 (2024) and Fire Fighter 2 (2024). Certification Exams can only be requested by an Accredited Regional Training Program (ARTP) or Accredited Local Academy (ALA).

## Certification Exam Delivery

Only ARTPs or ALAs can administer SFT certification exams, following the procedures and guidelines set by State Fire Training (SFT). They must operate under the supervision of a registered Lead Evaluator and registered Skills Evaluator(s). The procedure for exam administration is outlined in Chapter 11 of the State Fire Training Procedures Manual.

ARTPs or ALAs must provide the necessary facilities and equipment for the program. All equipment, including computers, apparatus, tools, simulations, supplies, and so on, must be relevant and ample in quantity and quality.

The ARTP or ALA must submit a Certification Exam Scheduling Request Form and academy roster to SFT at least six weeks before the exam. All sections of the SFT Certification Exam must be scheduled simultaneously. SFT will not approve an exam after it has been delivered, and candidates will not receive credit for the exam if SFT approval isn't obtained.

Violations of procedures, rules, or regulations by a registered Lead Evaluator or Skills Evaluator could lead to disciplinary action, including status revocation. In such cases, SFT may invalidate the exam and any issued seals or certificates.

The Fire Fighter 1 Certification Exam consists of three testing modules: Fire Fighter 1A: Structure, Fire Fighter 1B: Hazardous Materials/WMD, and Fire Fighter 1C: Wildland FF 1. Each module can be delivered after its respective training or at the end of the entire Fire Fighter 1 academic training.

The Fire Fighter 2 Certification Exam contains one module: Fire Fighter 2A: Structure, which can be delivered after the respective training is completed.

## Application Process

1. Download and complete the Certification Exam Scheduling Request Form and FF Academy Roster from the SFT website.
2. Upload and submit completed documents through the SFT User portal via the *FF Cert. Exam Request web form*. Remember that all Certification Exam requests must be submitted at least six (6) weeks prior to the first day of the scheduled exam period.
3. State Fire Training reviews the submitted exam request and roster.

- If the exam request is approved, an email containing the approval documentation, a master roster with SFT ID numbers, the randomly selected skills, and certification exam access codes will be sent.
  - If the exam request and supplemental documents do not meet the eligibility requirements, SFT issues a denial.
4. At the conclusion of all certification exam modules, the Registered Lead Evaluator uploads all required exam documents via the *FF Cert. Exam Results web form* in the SFT User Portal. Documents should include:
- Approval documentation confirming which exam is being returned
  - Skills Results Roster
    - Include a list of registered Skills Evaluators used (sheet #2 of the Results Roster)
  - CSTI/IAFF Documentation (if applicable)
5. State Fire Training reviews and processes all exam results
- Candidates who meet the eligibility requirements for certification will be issued the appropriate digital certification(s) through each candidate's SFT User Portal.



## Fire Fighter 1 & 2 (2024) Certification Exam Scheduling Request

(REV. 06/25)

### Certification Exam Host Information

Host Agency Name (ALA/ARTP): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email & Phone: \_\_\_\_\_

Website Address  
(if advertising): \_\_\_\_\_

### Exam Requests

Indicate the certification exam(s) that you are requesting and the date of exam delivery. If testing FF1A, FF1B, and /or FF1C modularly throughout the academy (rather than together on the same date), then list the dates for each module within the appropriate date field.

When scheduling a Fire Fighter 1 exam, indicate if the exam will be delivered by CSTI or IAFF Hazardous Material Training (with Pro Board certification) instead of the SFT FF 1B: ☐ **CSTI** ☐ **IAFF** ☐ **Neither**

Module ( <i>SFT use only</i> )	Specific Cognitive Date(s)	Specific Skills Date(s)	Approval Code
<b>Fire Fighter 1:</b> IFSTA <input type="checkbox"/> Jones and Bartlett <input type="checkbox"/>			
<b>Fire Fighter 2:</b> IFSTA <input type="checkbox"/> Jones and Bartlett <input type="checkbox"/>			

### Billing Information

Billing Contact Name: \_\_\_\_\_

Bill to **Individual** or **Agency**: \_\_\_\_\_

Billing Information: \_\_\_\_\_

### Invoice Information - SFT Use Only

Type	Fee	Number of Candidates	Total Price	Approval Code
Fire Fighter 1	\$150		\$	
Fire Fighter 2	\$150		\$	

(CAL FIRE Account Code: 0198-XXXX-413500-413500007-35405902-59210)

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## Lead Evaluators

List the Registered Lead Evaluator(s) to indicate who will deliver each **requested** exam module. Registered Skill Evaluators are recorded on the second page of the FF Cert Exam Results Roster.

#	SFT ID	Lead Evaluator Name	Cognitive or Skills*	FF1A	FF1B	FF1C	FF2A
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Some agencies use a different Registered Lead Evaluator for the cognitive and skill exams. If this is the case, indicate accordingly within this column.

## Exam Location

List the location of the certification exams. If using multiple sites, please detail in the notes section on page 2.

**Cognitive Facility Name:**

**Cognitive Facility Address:****Skills Facility Name:****Skills Facility Address:**

### Additional Scheduling Notes