



Department of Emergency Services and Public Protection
COMMISSION ON FIRE PREVENTION AND CONTROL

**YOUTH FIRESETTER INTERVENTION SPECIALIST
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. *Late applications will not be accepted or processed.*

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		
Municipality/Employer:				
Check One: Fire Service <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Educator <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <input type="checkbox"/> _____			Email Address:	
ID Number _____ - _____		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			Applicant Signature _____	

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.
Examination Location _____	

\$35.00 application fee required with application. Please check type of payment below:

Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____
	Card Holder's Name: _____
	Card Holder's Signature _____
	Expiration Date: _____

DO NOT SEND CASH

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
-----------------------	------

Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

YOUTH FIRESETTER INTERVENTION SPECIALIST – NFPA 1035 Compliance

All objectives of NFPA Standard 1035, Juvenile Firesetter Intervention Specialist I, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Practical Skills Evaluation Sheets

Each candidate for Juvenile Firesetter Intervention Specialist I Certification must be provided with, exposed to, and evaluated on all Youth Firesetter Intervention Specialist Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Juvenile Firesetter Intervention Specialist I Skills Evaluation Sheets.

I hereby acknowledge receipt of the Juvenile Firesetter Intervention Specialist I Practical Skills Evaluation Sheets

Candidate Initials:

- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Juvenile Firesetter Intervention Specialist I Program
- Compliance Method 2** - Approved National Fire Academy Juvenile Firesetter Intervention Specialist I curriculum. (Prior CFPC approval required)
- Compliance Method 3** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Juvenile Firesetter Intervention Specialist I accredited certification
- Compliance Method 4** - Examination Challenge – Director of Certification approval required

JUVENILE FIRESETTER INTERVENTION SPECIALIST - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1035, Youth Firesetter Intervention Specialist , must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
8.2.1A	Assemble Forms and Materials			
8.2.2A	Assemble Interview Tools and Materials			
8.2.3A	Utilize Personal Work Schedule			
8.2.4A	Report Case Information to Supervisor			
8.2.5A	Record and Secure Data			
8.4.1A	Review a Case File			
8.4.2A	Initiate Family Contact			
8.4.3A	Conduct an Intake Interview			
8.4.4A	Determine Intervention and Referral Options			
8.4.5A	Implement Interventions			
8.4.6A	Implement a Referral Process			
8.5.1A	Collect and Record Feedback			
8.5.2A	Measure Changes in Behavior			

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1035, 2015 edition, *Youth Firesetter Intervention Specialist*. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies, Section 7-323I*. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date