



State Fire Marshal – Training Division

Emergency Medical Care Pre-Requisite Form



Candidate Pre-Requisite Verification Form

This form will verify to the Nebraska State Fire Marshal – Training Division that the following individual 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 the competency listed below has been met.

Instructions to the Candidate

The candidate shall verify his/her competency of the **NFPA 1001 Standard, 2019 Edition, Fire Fighter I Level**, by filling in the blanks with his/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/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 & last 4 letters of the last name and your date of birth. Ex: John Brown 04/06/1964 would be JBrow04061964 _____

and a member of the (organization/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, 2019 Edition, Fire Fighter I Level**, for the competency topic **1.3.11.3.1 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 SFM-TD website (<https://nebraskasfmdt.ne.gov>), or will explain the Fire 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