

**FIREFIGHTER & FIREFIGHTER/ PARAMEDIC
CERTIFICATION SUBMISSION COVER SHEET**

INSTRUCTIONS

1. Please review the below list of required/desirable certifications and check off those certifications which you possess.
2. You must upload/attach the required certifications including signed cover sheet to your online application **BEFORE** you submit your application. Expired certifications will **NOT** be accepted.
3. Do **NOT** submit copies of certifications that are **NOT** listed below.
4. It is recommended that you attach each certification as a separate PDF.

Failure to follow the above instructions may disqualify you from further consideration and participation in this recruitment process.

Name: _____

1. Please indicate which education/training you have completed:

**You must submit proof of graduation or completion of an academy or Firefighter I/II certifications.*

- Graduation from a Fire Academy certified by the California State Fire Marshal's Office (list Academy below)
- Completion of a California local academy (320 hours or longer) at a military, federal, state or municipal Fire agency (list Academy below)
- Graduation from an Out of State nationally recognized academy (ex. accredited by IFSAC or Pro Board) (list Academy below)

Academy: _____ Graduation Date: _____

- Firefighter I Certification
- Firefighter II Certification

2. Please indicate which card(s)/license(s)/certification(s) you possess:

**You must submit copies of your cards/licenses/certifications.*

CPR

- Current American Heart Association Basic Life Support for Healthcare Provider card (Expires: _____)
- Current American Red Cross CPR/AED for Public Rescuer Card (Expires: _____)
- Current CPR Card issued by other entity (Expires: _____)

EMT / Paramedic

- Current California EMT certification (Expires: _____)
- Current National Registry EMT certification (Expires: _____)
- Current state issued (other than CA) EMT certification (State: _____ Expires: _____)
- Current California paramedic license (Expires: _____)
- Current National Registry paramedic certification (Expires: _____)
- Current state issued (other than CA) paramedic certification/license (State: _____ Expires: _____)

Please indicate the physical ability examination you have passed:

**The physical examination must have been completed after 09/30/18. You must submit a copy of your card/certification.*

- Biddle Physical Ability Examination (Date of Exam: _____)
- CPAT - Candidate Physical Ability Test (Date of Exam: _____)

I understand that the attached certifications are subject to verification and approval.

Signature

Date