



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER
STATE FIRE MARSHAL
STATE OF FLORIDA

To: DOD Firefighter Certification Candidates
From: The Bureau of Fire Standards and Training Challenge Review Board
Subject: Firefighter Equivalency Examination Requirements

Section 633.408, Florida Statutes states, "The Division shall issue a firefighter certificate of compliance to an individual who does all of the following:

- (a) Satisfactorily completes the minimum standards course or has satisfactorily completed training for firefighters in another state which has been determined by the division to be at least the equivalent of the training required for the minimum standards course
- (b) Passes the minimum standards course examination within 12 months after completing the required courses.
- (c) Possesses the qualification in s. 633.412. Florida law requires four hundred and ninety-two (492) hours of training, which must be basic employment training in nature. In-service training and continuing education are not accepted as meeting the criteria.
- (d) Successfully passes the written and practical examination as required by rule 69A-37.056, F.A.C.

Equivalency may be determined by either option below:

1. To determine if you qualify for the Firefighter Minimum Standards equivalency examination, please submit the Preliminary Equivalency Application, along with documentation of the basic employment training for firefighters that you have completed. Please include a cover letter on official letterhead signed by the Fire Chief or Training Chief from the training center you attended, attesting to the fact that you successfully completed basic training that meets or exceeds Florida's course content, both in total hours and subject matter, as outlined on the preliminary application. If employed, the candidate cannot have a break continuous of 4 years or more.
2. For the consideration of equivalency, the candidate can also submit their ProBoard accreditation certificates along with proof of 5 years active duty employment with a fire department. A break of employment greater than 4 continuous years will constitute an inactive status. Attached to this form, you should include documentation on official letterhead from the Fire Chief for Human Resources stating employment history and a copy of ProBoard certifications.

Your Preliminary Equivalency Application will be reviewed by the Challenge Review Board once all required documentation is provided. **If all training requirements are met, you will be emailed an Equivalency Examination Application Packet for certification as a firefighter.** Please realize that acceptance by the Challenge Review Board is only the first step in achieving a Florida Firefighter Certificate of Compliance. The second step will be to attend a 40-hour class in Ocala at the Florida State Fire College and at the end of the class, participate in the practical examination. You will be required to take your written examination on-site at Pearson Vue.

If you fail to meet the requirements for any reason, you will receive written notification explaining the deficiencies found in your documentation. If your application is denied, you will be required to attend a firefighter minimum standards course at one of the 50 certified training centers located throughout Florida, in order to be certified as a firefighter in this state.

Thank you for your interest in Florida's Firefighter Certification Program.

CHALLENGE REVIEW BOARD
STATE FIRE MARSHAL • BUREAU OF FIRE STANDARDS AND TRAINING
11655 NW GAINESVILLE ROAD • OCALA, FLORIDA 34482-1486 • TEL. 352-369-2824 • FAX 352-732-1433 •
EMAIL • MICHAEL.DRIGGERS@MYFLORIDACFO.COM
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER



FLORIDA BUREAU OF FIRE STANDARDS AND TRAINING FIREFIGHTER EQUIVALENCY PACKET

A candidate seeking firefighter certification through equivalency shall meet all of the following criteria:

- Create a FCDICE account.
- Shall have successfully completed firefighter training from another state, the District of Columbia, a United States territory, another country or any branch of the United States military that is equal to or greater than the curriculum requirements in Rule 69A-37.55 of the Florida Administrative Code (F.A.C.), accessible via the following link: <http://flrules.elaws.us/fac/69a-37.055>. The training will require written and practical examination that tests knowledge, skills, and ability.
- Shall possess a current and valid firefighter certificate, or license, that is in good standing, from another state, the District of Columbia, a United States territory, another country or any branch of the United States military.
- Shall have successfully completed National Incident Management System (NIMS) training courses IS-100, IS-200, IS-700, IS-800 for Firefighter II. (IS-200 and IS-800 not required for FFI/Volunteer)
- Shall have successfully completed "Courage to be Safe: Sixteen Life Safety Initiatives Course." For information, visit <https://www.fireherolearningnetwork.com/> or <https://www.everonegoeshome.com/training/courage-safe-training>.
- Shall have successfully completed a Hazardous Materials Awareness and Operations training course consisting of a minimum of 24 hours. (Haz Mat OPS not required for FFI/Volunteer)
- Shall have successfully completed NWCG S-130, S-190, L-180 for Firefighter II (L-180 not required for FFI/Volunteer Firefighter Certification)
- Second option to NWCG: Fire in the Field.
- Shall have successfully completed Structural Collapse Awareness.
- Upon approval to test, shall successfully pass the Florida practical skills and written certification examinations.
- Shall meet all the requirements as set forth in rules Florida Administrative Code 69A-37
- For NIMS information, please visit: <https://training.fema.gov/nims/> and/or <https://training.fema.gov/emiweb/is/icsresource/>
- Submit a copy of your EMR, EMT, or Paramedic training.

NOTE: An active member of the armed forces or veteran may submit any documentation, evidence, statement or endorsement that may be available or produced for consideration to demonstrate substantial equivalence of education and experience while serving in the armed forces to meet the certification requirements. Applicants should contact the Florida Bureau of Fire Standards and Training regarding substantial equivalence.

Firefighter Equivalency Packet Includes

- A. Firefighter Equivalency Process Instructions/Checklist (1 page)
- B. Request for Equivalency form (2 pages)
- C. Verification of Firefighter Status for Equivalency form (4 pages)

NOTE: The Firefighter Equivalency Packet is not an application for certification. It is a request to be eligible to anticipate in required practical skills and written examinations for certification. Successful completion of required examinations is required for certification.

Firefighter Equivalency Request Process

1. Please complete and sign all forms.
2. Use the checklist (next page) to make sure all documentation is included with your submission.
3. Return signed forms and all required documentation via U.S. Mail to:

FLORIDA BUREAU OF FIRE STANDARDS AND TRAINING
11655 NW Gainesville Road
Ocala, FL. 34482-1486

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

Please contact Michael Driggers at (352-369-2824) or Michael.Driggers@myfloridacfo.com with any questions.



**FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET**

A. FIREFIGHTER EQUIVALENCY PROCESS INSTRUCTIONS/CHECKLIST

Please use this checklist to make sure all documentation is included with your submission.

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

<input type="checkbox"/>	Complete and sign the Request for Equivalency form (must be 18 years of age).
<input type="checkbox"/>	Complete Part I of the Verification of Firefighter Status for Equivalency form, then:
<input type="checkbox"/>	Send a copy of the Verification of Firefighter Status for Equivalency form, with Part I completed and signed, to: Each state/territory/country in which you hold or have previously held certification, AND/OR The military branch credentialing office (where training was conducted) in which you currently are, or previously were, on active duty.
<input type="checkbox"/>	Submit a copy of your current FF certification from another state, another country, the District of Columbia, United States territory, country, or any branch of the United States military.
<input type="checkbox"/>	Submit copies of your NIMS IS/ICS-100 and NIMS IS/ICS-200, NIMS IS/ICS-700 and NIMS IS/ICS 800 training certificates. (IS-200 and IS-800 not required for FF1/ Volunteer)
<input type="checkbox"/>	Submit a copy of your certificate of completion of firefighter training (showing dates of training) and/or copy of Pro Board international fire service accreditation certificates.
<input type="checkbox"/>	Submit certificate(s) of completion for "Courage to be Safe: Sixteen Life Safety Initiatives Course."
<input type="checkbox"/>	Submit a copy of certificate of completion of Hazardous Materials Awareness and Operations training, or provide proof it was included in your fire training curriculum. The course shall have consisted of a minimum of 24 hours, shall be consistent with the intent of "NFPA 1072" and shall meet the course objectives established by the executive director, as set forth in rule OAC. 4765-20-02. (Haz Mat Awareness Ops not required for Volunteer Firefighter certification.)
<input type="checkbox"/>	Submit a copy of your firefighter training certificate documenting that your training was completed within the last 48 months, OR provide proof that you were on active duty with a fire department within the last 48 months <i>via</i> a signed letter from the fire chief showing dates of active duty.
<input type="checkbox"/>	Submit a copy of your S-130, S-190, and L-180. (L-180 not required for FFI/Volunteer)
<input type="checkbox"/>	Submit a copy of your Structural Collapse certificate.
<input type="checkbox"/>	Military candidates must attach a copy of their DD-214, if discharged. Application
<input type="checkbox"/>	EMR, EMT, and Paramedic Training



**FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET**

B. REQUEST FOR EQUIVALENCY

**Incomplete packets WILL NOT be processed. Required fields, denoted by an asterisk (*), must be completed.
(Please print legibly and use black or blue ink.)**

The purpose of this form is to request that an individual's firefighter credentials from another state, the District of Columbia, a United States territory, country, or from any branch of the United States military be recognized as meeting the requirements to sit for the written and practical examinations required to receive a Florida Firefighter Certificate of Competency (FFII). For information on certification requirements, please visit our webpage at .

GENERAL INFORMATION

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MI	ISUFFIX
HOME ADDRESS (STREET)*		P.O. BOX	
CITY*	STATE/TERRITORY/COUNTRY	ZIP CODE*	COUNTY OF RESIDENCE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	
E-MAIL ADDRESS*		I SECONDARY E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER		DATE OF BIRTH*	

CERTIFICATION YOU ARE APPLYING FOR (select one)

- VOLUNTEER FIREFIGHTER / FFI FIREFIGHTER II

ARMED FORCES INFORMATION* **Mark at least one response.**

Using the definition of armed forces provided, check all that apply and provide information requested.

"Armed forces" means the armed forces of the United States, including the Army, Navy, Air Force, Marine Corps, Coast Guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the when engaged in full-time national guard duty for a period of more than thirty days.

I am a veteran of the armed forces, discharged/released under honorable conditions.

Year of discharge/release: _____

I am a current member of the armed forces.

I am a spouse of a current member of the armed forces or a veteran, discharged/released under honorable conditions.

Year of discharge/release: _____

I am a surviving spouse of a service member or veteran, discharged/released under honorable conditions.

Year of discharge/release: _____

None of the above.



FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET

EDUCATION AND TRAINING INFORMATION*

BRANCH OF THE UNITED STATES MILITARY FROM WHICH YOU RECEIVED INITIAL TRAINING OR HELD CERTIFICATION

Military Branch:	Fire Training Certification Level:
Contact Person/Division:	Phone Number

CANDIDATE ATTESTATION: I attest that all information provided is true and accurate to the best of my knowledge. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate, as determined by the Bureau of Fire Standards and Training. I further attest that I satisfy all requirements for eligibility to sit for the practical skills and written examinations for a certificate at the level of Firefighter Certificate of Compliance (Firefighter II) in accordance with Florida Administrative Code 69-37. I affirm that I am solely responsible for my certificate.

Candidate Signature

Date

Return To:
Bureau of Fire Standards and Training
11655 NW Gainesville Road
Ocala, FL 34482



FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET
 For questions, please contact Mike Driggers at (352) 369-2824 or
michael.driggers@myfloridacfo.com

C. VERIFICATION OF FIREFIGHTER STATUS FOR EQUIVALENCY
Incomplete packets WILL NOT be processed.
Required fields, as indicated by an asterisk (*), must be completed.
(Please print legibly and use black or blue ink.)

The Verification of Firefighter Status for Equivalency form must be completed to recognize firefighter credentials from another state, the District of Columbia, United States territory, country or any branch of the United States military.

Part I of this section is to be completed by the candidate. A copy of this form, with Part I completed by the candidate, must be mailed to each state/territory/country in which the candidate currently holds or has previously held certification, or to the military credentialing official in which the candidate currently is, or previously was, on active duty.

PART 1-TO BE COMPLETED BY CANDIDATE

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION: <input type="checkbox"/> FIREFIGHTER I <input type="checkbox"/> FIREFIGHTER II <input type="checkbox"/> OTHER:			
LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)*			P.O. BOX
CITY*	STATE/TERRITOR/COUNTRY*	ZIP CODE*	COUNTY OF RESIDENCE*
HOME PHONE NUMBER*	WORK PHONE NUMBER*		CELL PHONE NUMBER*
E-MAIL ADDRESS*		SECONDARY E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER*			DATE OF BIRTH*
CERTIFICATION/LICENSE NUMBER*	STATE/TERRITORY/COUNTRY*		EXPIRATION DATE*

If training completed at more than one site, forward a copy of this form to each site from which credit for training is sought.



FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET

Part II	
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Please answer all questions below.

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<input type="checkbox"/> Did the candidate pass one or more written examinations that test knowledge to provide firefighter services? *
<input type="checkbox"/> Did the candidate pass a state/territory examination to obtain certification at the completion of the course?*

<input type="checkbox"/> Did the candidate pass one or more practical examinations that test skills and ability to provide firefighter services? *
<input type="checkbox"/> Did the candidate pass a state/territory/country practical examination to obtain certification at the completion of the course?

<input type="checkbox"/> Was the training recognized by the Pro Board Fire Service Professional Qualification System? *

<input type="checkbox"/> Has the candidate incurred any disciplinary proceedings in your state or territory, or are there disciplinary proceedings pending? *

<input type="checkbox"/> To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or a felony? *
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<input type="checkbox"/> Do you know of any reason why certification in Florida should be denied?

Required fields, as indicated by an asterisk(), must be completed.



FLORIDA BUREAU OF FIRESTANDARDS AND TRAINING
FIREFIGHTER EQUIVALENCY PACKET

HAZARDOUS MATERIALS (NFPA 1072)

- Awareness Level _____ Hours Completed
- Operations Level _____ Hours Completed
- Total Hazardous Materials Hours Completed _____

Courage to Be Safe: 16 Life Safety Initiatives
(National Fallen Firefighters Foundation)

Total Courage to Be Safe Hours Completed _ _____

COMMENTS

PRINT NAME OF STATE/TERRITORY/COUNTRY/MILITARY OFFICIAL COMPLETING THIS FORM: •

TITLE OF STATE/TERRITORY/COUNTRY/MILITARY OFFICIAL COMPLETING THIS FORM: •

STATE/TERRITORY//COUNTRY/SERVICE BRANCH'

TELEPHONE NUMBER OF STATE/TERRITORY/COUNTRY/MILITARY OFFICIAL COMPLETING THIS FORM: •

E-MAIL OF STATE/TERRITORY/COUNTRY/MILITARY OFFICIAL COMPLETING THIS FORM: •

SIGNATURE OF CANDIDATE COMPLETING THIS FORM: •
DATE:

The candidate will be responsible for mailing the completed package for equivalency, to include along with the required documentation, to the Bureau of Fire Standards and Training for processing.

Return To:
Bureau of Fire Standards and Training
11655 NW Gainesville Road
Ocala, FL 34482

For questions, please contact Mike Driggers at (352) 369-2824 or michael.driggers@myfloridacfo.com