

NORTHAMPTON COUNTY FIRE SERVICE CREDENTIALING

(Required signature/initials MUST be those of the Fire Chief Only. Forms with typed names/initials will not be accepted.)

Station #: _____

Last Name: _____

First Name: _____

MI: _____

DOB: __/__/_____

INSTRUCTIONS: Check **ONLY ONE** for the Primary Certification. Under "OTHER," number the certifications 1 through 7 as they should appear on the card. If you hold a certification listed under "MEDICAL," it will be listed in the 8th position and the "OTHER" certifications should only be numbered 1 through 6.

Last 4 of SSN: _____

Primary Certification	Cert. No.
<input type="checkbox"/> Jr. Member	
<input type="checkbox"/> Support	
<input type="checkbox"/> Delmar-ELFG	
<input type="checkbox"/> Delmar-ELEF	
<input type="checkbox"/> Delmar-ELIF	
<input type="checkbox"/> Essentials (EBM)	
<input type="checkbox"/> PA Fire Fighter I	_____
<input type="checkbox"/> NBFSPQ Fire Fighter I	_____
<input type="checkbox"/> PA Fire Fighter II	_____
<input type="checkbox"/> NBFSPQ Fire Fighter II	_____

Other Certifications	Cert. No.
<input type="checkbox"/> Bus Rescue	_____
<input type="checkbox"/> Cave Rescue	_____
<input type="checkbox"/> Confined Space Rescue	_____
<input type="checkbox"/> Diver	_____
<input type="checkbox"/> Fire Marshal (Must provide PA State ID Number)	_____
<input type="checkbox"/> Fire Police (PA Fire Academy Certified)	_____
<input type="checkbox"/> Hazamat Operations	_____
<input type="checkbox"/> Hazamat Technician	_____
<input type="checkbox"/> PA Airport Fire Fighter	_____
<input type="checkbox"/> PA Basic Veh Rescue Operations	_____
<input type="checkbox"/> PA Basic Veh Rescue Technician	_____
<input type="checkbox"/> PA Fire Officer I	_____
<input type="checkbox"/> PA Fire Officer II	_____
<input type="checkbox"/> PFBC-Boat Operations & Rescue	_____
<input type="checkbox"/> PFBC-Ice Rescue	_____
<input type="checkbox"/> PFBC-Water Rescue & Emergency Response	_____
<input type="checkbox"/> RIT (PA Fire Academy Certified)	_____
<input type="checkbox"/> Rope High Angle Rescue I	_____
<input type="checkbox"/> Rope High Angle Rescue II	_____
<input type="checkbox"/> Safety Officer (PA Fire Academy Certified)	_____
<input type="checkbox"/> Structural Collapse I	_____
<input type="checkbox"/> Structural Collapse II	_____
<input type="checkbox"/> Wilderness Grid Team	_____
<input type="checkbox"/> Wilderness SAR/Response	_____
<input type="checkbox"/> Wildland Fire Fighter PA 130	_____

Medical Certification	Cert. No.
<input type="checkbox"/> First Responder	_____
<input type="checkbox"/> E.M.T.	_____
<input type="checkbox"/> Paramedic	_____
<input type="checkbox"/> PHRN	_____

**CERTIFICATIONS ARE *ONLY* TO BE CHECKED OFF IF
VALID CERTIFICATES ARE HELD FROM ONE OF THE
FOLLOWING:**
 PA DEPT. OF HEALTH, PA FIRE ACADEMY, PA FISH & BOAT
COMMISSION, NBFSPQ, FSCAC, DCNR

**CERTIFICATION NUMBERS MUST BE LISTED WHERE
APPLICABLE, OR THE CERTIFICATION WILL NOT BE LISTED.**

1) PHOTO ID & FORM MUST BE PRESENTED WHEN PHOTO IS TAKEN.

2) Information **MUST** be submitted using this form. No mass lists or altered forms will be accepted.

3) It is the responsibility of the Fire Chief to surrender the ID cards to the County if the individual is no longer a member of the agency.

4) All credentials issued remain the property of Northampton County and must be surrendered upon request.

PRINTED NAME, DATE, & INITIALS OF INDIVIDUAL RECEIVING THE CARDS

NAME: _____ DATE: _____

INITIALS: _____

*TO BE COMPLETED AT THE TIME CARDS ARE RECEIVED.

I CERTIFY THE INDIVIDUAL LISTED IS A MEMBER OF MY AGENCY AND HAS COMPLETED IS-100 AND IS-700 .

Chief's Initials: _____

Fire Chief's Signature: _____

Date: _____

As indicated by my signature, I attest the certifications, including levels, listed by the individual are true and correct.