



GUIDE FOR PROGRAM COORDINATORS

The mission of the Maine Fire Service Institute is to assist in the development of skills and abilities in support of Maine's Fire Service at the local, regional and state level in collaboration with the fire chiefs of Maine.



Revised January 2024



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GUIDE FOR PROGRAM COORDINATORS

GOAL OF CERTIFICATION PROCESS

The guidelines for the certification program are designed to ensure the following: accountability, consistency, and credibility of instruction, testing, and certification of firefighters in the State of Maine.

1. To raise the level of fire protection for the State of Maine.
2. To improve training and education for the fire service of Maine.
3. Issuance of certificates to persons who complete requirements for certification and pass the required written and skills examinations.
4. To maintain records of persons who have attained certification.

Fire Fighter Certification is provided through the Maine Fire Service Institute. The Maine Fire Service shall certify firefighters based on a combination of requirements and qualifications. Entry level qualifications are reviewed to ensure that each applicant meets the specified requirements.

WRITTEN TESTING

MFSI's written testing procedures for assessing knowledge base objectives consist of 'online' multiple choice questions. We use approved testing computer labs and schedule each candidate before the testing so pre-registering is a must. Students need to pass each test with a 70%.

Candidates who complete a Firefighter I/II program but do not receive a passing grade on written test can request issuance of a Provision Firefighter I. See the Certification Manual for more details about written testing policies, or call the MFSI Certification Office at 207-844-2074.

PRACTICAL SKILLS TESTING

Fire Fighter I & II – MFSI strives to schedule test dates and locations in advance to make it easier for program coordinators to schedule and plan for program completion. Tested skills may include any of the skill objectives listed in the current Jones & Bartlett curriculum and are based on skill sheets that are available in the Fire Fighter I & II course syllabus. Candidates who complete a Firefighter I/II program but do not successfully complete a skills test can request issuance of a Basic Fire School Equivalency certificate.

Fire & Emergency Services Instructor I & II – Skills are evaluated during the 20-minute presentation at course completion as well as the work product submitted during the presentation. All skill objectives must be met for certification.

Fire Officer I & II – Skills are evaluated during the final simulation steps at course completion as well as a review of submitted written projects. All skills objectives must be met for certification.

Fire & Life Safety Educator – There are no skills evaluated for this program.

The Southern Maine Community College and Maine Fire Service Institute subscribes to the policy of nondiscrimination in areas of race, color, religion, sex, age, national origin, and the handicapped.



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CHECKLIST FOR PROGRAM COORDINATORS

Please refer to MFSI's Certification Manual for skills and written testing policies and procedures.

PLANNING

- ___ Organize your community, staff, and support systems.
- ___ Submit a Notification of Training form to MFSI.
- ___ Develop calendar and request props and equipment online (mfsi.me.edu).

PROGRAM DELIVERY

- ___ Collect SMCC Registration Forms from each candidate and submit to MFSI.
- ___ Track student progress on MFSI Progress Charts.

SCHEDULING CERTIFICATION TESTING

- ___ Contact MFSI Certification Office for written and skill testing.
- ___ Submit Progress Charts and Affidavit to Certification Office.
MFSI provides progress charts based on the Jones & Bartlett knowledge and skill objectives based on the current NFPA standards for professional qualifications. While programs can choose which curriculum to use, MFSI will only accept the MFSI-supplied progress charts for documenting program completion prior to testing. *All sections of the progress charts must be completed and legible. Electronic versions are preferred as Excel spreadsheets can be signed and dated electronically.*
- ___ Provide a separate list of each candidate taking a certification exam. Include first name, last name, and typed email address. *Excel spreadsheets are preferred.*

COURSE COMPLETION AND CERTIFICATION

Once all requirements are met and both written and skill exams are successfully passed, certificates will be issued to candidates within XX days – either by mail or directly to the Program Coordinator. Submission of credentialing to Pro Board is a slower process and may take up to six (6) months to appear on their website database. Successful candidates who choose not to supply the last four digits of their social security number will be issued a State certificate without Pro Board acknowledgement.



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APPENDIX

Necessary forms are available from the Certification Office, Program Managers, and the various online resources. We encourage you to find the most up-to-date forms available and we will strive to get these to you in advance of you needing them. MFSI is working to provide as many PDF fillable forms as possible to make your job and ours as efficient as possible. While copies are available in this packet, we encourage you to get electronic versions when needed.

- Notice of Training Form
- SMCC Registration Form
- Chief's Acknowledgement
- Sign-In Rosters
- Affidavit of Completion Form



Maine Fire Service Institute & Southern Maine Community College

CERTIFICATION MANUAL

Revised February 2, 2024

NOTICE OF FIRE TRAINING PROGRAM

Training Level:

- | | |
|---|---|
| <input type="checkbox"/> Fire Fighter I & II | <input type="checkbox"/> Fire Fighter I & II Upgrade |
| <input type="checkbox"/> Fire Instructor I & II | <input type="checkbox"/> Fire Instructor I & II Upgrade |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Officer I Upgrade |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Fire Officer II Upgrade |
| <input type="checkbox"/> Basic Fire School | <input type="checkbox"/> Basic Fire Officer I |
| <input type="checkbox"/> HazMat | <input type="checkbox"/> BPOC |
| <input type="checkbox"/> EVDT | <input type="checkbox"/> Other _____ |

Date Submitted: _____ Approximate Start Date: _____ Approximate End Date: _____

Fire Department: _____ Program Coordinator: _____

Chief: _____ Address: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Evening Phone #: _____ Email: _____

Email: _____

Signature: _____ Signature: _____

Nearest Location for Practical Skills Exam:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Auburn | <input type="checkbox"/> Caribou | <input type="checkbox"/> Bangor |
| <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Hollis | <input type="checkbox"/> Wiscasset |
| <input type="checkbox"/> Yarmouth | | |

- A. Attach a list of all instructors and all candidates.
Include Name, Home Address, Work & Home Phone Numbers, Complete Social Security #, and Email Address.
- B. Attach a tentative schedule including written and end test dates.
- C. Sign and forward completed form to the MFSI Certification Office.

For MFSI Office Use Only:	
Processed by _____	Date _____



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**SOUTHERN
MAINE
COMMUNITY
COLLEGE**

SMCC/MFSI Registration Form

SMCC ID# _____ TODAY'S DATE _____

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTH/OTHER NAME _____ E-MAIL _____

CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ SOCIAL SECURITY # (last 4 digits) _____

GENDER* FEMALE MALE BIRTHDATE* _____

MINOR RELEASE FORM REQUIRED FOR STUDENTS UNDER 18 YEARS OF AGE

ETHNIC GROUP* (CHOOSE ONE) HISPANIC/LATINO NOT HISPANIC/LATINO

RACE* (CHOOSE ALL THAT APPLY)
 AMERICAN INDIAN OR ALASKA NATIVE ASIAN
 BLACK OR AFRICAN AMERICAN WHITE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING DEGREE OR CERTIFICATE PERSONAL ENRICHMENT
 TRANSFER TO ANOTHER COLLEGE SKILLS FOR EMPLOYMENT OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE _____ (for non-educational purposes)
 MONTH/YEAR

ARE YOU A U.S. CITIZEN? YES NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

REGISTRATION YEAR _____ TERM FALL SPRING SUMMER

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
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STUDENT SIGNATURE _____

Southern Maine Community College is an equal-opportunity institution and employer. If you have a disability and wish to request accommodations, please contact the Director of Disability Services, Heather Jackson, at 207-741-5923 or via email at hjackson@smccme.edu. Appointments are available by Zoom and in person on both the Brunswick and South Portland campuses. Walk-in appointments are welcome. Documentation of your disability is required, but please do not let the absence of documentation prevent you from seeking accommodation.



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FIRE CHIEF'S PERMISSION TO PARTICIPATE

The following listed members of the _____ Fire Department are authorized to participate in the _____ practical skills exam to be conducted at _____ on _____ (date). The following members are covered by the Fire Department's Worker's Compensation Policy; are not presently drawing Worker's Compensation Benefits; meet the requirements of Maine Respiratory Protection Standard (1910.134); and are aware of the physical demands of firefighter training exercises.

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Certifying Official (Print Name) _____

Title / Position (Print) _____

(Signature)_____ Date__/__/____

**THIS FORM MUST BE SUBMITTED TO MFSI
PRIOR TO ATTENDING A SKILLS EXAM.**



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AFFIDAVIT OF TRAINING COMPLETION

Program Name: _____ Date: _____

Training Program Start Date: _____ Training Program Completion Date: _____

Progress Charts Date to be Mailed: _____

This Affidavit **MUST** be submitted by the Program Coordinator two (2) weeks prior to any testing. A list of candidates to test **MUST** be attached. See the Fire Chief's/Program Coordinator's Permission to Participate Form.

I certify that _____ (Candidate Name) has completed the necessary training represented in the attached Progress Charts.

I attest to the best of my knowledge, the information and statements submitted in this document, its attachments and supporting documents are true and correct and that all responses to the questions are full and complete, omitting no material information. I understand that any misinformation or misrepresentation may result in the program candidate's dismissal from the certification process.

Program Coordinator Name: _____

Program Coordinator Signature: _____

Date: _____

For MFSI Office Use Only:

Processed by _____

Date _____



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