



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



19 Sewall Street, Building No. 150
Brunswick, ME 04011
Website: MFSI.ME.EDU
Phone: 207-844-2070
Fax: 207-844-2082
Email: mfsiinfo@smccme.edu



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 MFST'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 MFST.
- ___ Develop schedule and request props and equipment online (mfsi.me.edu).

PROGRAM DELIVERY

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

SCHEDULING CERTIFICATION TESTING

- ___ Contact MFST Certification Office for written and skill testing.
- ___ Submit Progress Charts and Affidavit to Certification Office two weeks prior to testing.
MFST 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, MFST will only accept the MFST-supplied progress charts for documenting program completion prior to testing. *All sections of the progress charts must be completed, legible and signed. Electronic versions are preferred.*
- ___ 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 45 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 acknowledgment.



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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 Permission to Participate
- Sign-In Rosters
- Affidavit of Completion Form



NOTICE OF FIRE TRAINING PROGRAM

Training Level: ☐ Fire Fighter I & II ☐ Basic Pumps Operator Course (BPOC)
☐ Basic Fire School ☐ Emergency Vehicle Driver Training (EVDI)

Approximate Program Start Date: _____

Approximate Program End Date: _____

Fire Department: _____

Program Coordinator: _____

Chief: _____

Affiliation: _____

Address: _____

Address: _____

Daytime Phone #: _____

Daytime Phone #: _____

Evening Phone #: _____

Evening Phone #: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Nearest Location for Practical Skills Exam:

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

PROGRAM COORDINATORS MUST SUBMIT THE FOLLOWING TO MFSI

- ☐ This *Notice of Fire Training Program form*
- ☐ A **roster** of all instructors and all candidates. Include the following information: *Name, Street Address, Primary Phone Number, Last Four (4) Digits of SSN, and Email Address*
- ☐ A **tentative schedule** including potential written and end test dates

EMAIL MFSI CERTIFICATION: jroy@maineccc.edu and dklemanski@maineccc.edu

Date Submitted: _____

For MFSI Office Use Only:

Received by: _____ Date: _____

Last updated September 2025



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
BLACK OR AFRICAN AMERICAN
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
ASIAN
WHITE

*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.



Maine Fire Service Institute & Southern Maine Community College

CERTIFICATION MANUAL

Revised February 2, 2024

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.**



*A department of SMCC with statewide
responsibility for firefighting training and
the legislative authority to issue certification*

Maine Fire Service Institute
19 Sewall St. Brunswick, ME 04011
Phone: 207-844-2070 Fax: 207-844-2082



AFFIDAVIT OF TRAINING COMPLETION

Training Program Name: _____

Training Program Location: _____

Program Start Date: _____ Program Completion Date: _____

I certify that the information and statements submitted in the attached progress charts, its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

I understand that any information, misinformation or misrepresentation may result in the dismissal of certification program from any and/or all program candidates.

The following candidates have successfully completed all aspects of the program listed above.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Program Coordinator Signature: _____

Program Coordinator Name: _____

Date: _____

For MFSI Office Use Only:

Received by: _____ Date: _____