

Certification Level # _____

TEST DATE: _____

Signature _____

MARYLAND VOLUNTARY FIRE SERVICE CERTIFICATION SYSTEM

Maryland Fire Service Personnel Qualifications Board, Inc. c/o Maryland Fire and Rescue Institute University of Maryland Building 199 College Park, Maryland 20742-6811 1-800-ASK-MFRI



PREVIOUS EDITION CERTIFICATION APPLICATION **Applicant Information** Name: Middle Last Address: Street Route/PO Box County State Zip Social Security: # - -Date of Birth: Phone: # Area Code Affiliation: Fire Department Company Secondary Affiliation: Company Please complete all of the attached (pages) and ascertain what documentation must be submitted with this application. All documentation used to support certification requirements must be original if not on record with the MFSPQB certifying agency. This will include but is not limited to transcripts, certificates, diplomas and cards from other state, federal and local agencies, the NFSPQB, the IFSAC, or any accredited entity of the IFSAC, or the USDOD, colleges, and NFA. It is the responsibility of the applicant to maintain a copy of all materials and documentation submitted. I hereby apply for Certification in the following area: **Emergency Medical Services Officer I** (EMSO-1, 2011 ed.) THE FEE MUST BE PAID WITH A CHECK OR MONEY ORDER MADE PAYABLE TO MFSPQB IN-STATE APPLICANT (either affiliated with a Maryland emergency services organization, Maryland resident, or affiliated with an out-of-state emergency services that responds into Maryland routinely): ____MFSPQB - \$20.00 **OUT-OF-STATE APPLICANT:** NOT AVAILABLE. Return check policy: Applicant will be charged \$10.00 for each returned check. Additionally, if the application has been processed, certificates produced and then revoked because of the bad check, the applicant will have to satisfy the first application fees plus returned check fees and then reapply at full cost(s). I, the undersigned, certify by my signature that I fully understand that my significant misstatement in or omission from this application or any future application constitutes cause for denial of certification. All information submitted by me in this application is true to the best of my knowledge and belief. Signature:_ Date: Return completed application with check to the agency ATRA that sponsored the training completed or to the above address. Do Not Write Below This Line For ATRA and MFSPQB Official Use Only ATRA Name: _____ Approval ______ Date _____ 2 Rejected _____ Date ____ 3

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MFSPQB Rep. Signature:_____

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION EMERGENCY MEDICAL SERVICES OFFICER I

Prerequisites:	
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire Service Instructor I (1041-1) Certification.
()	Current Emergency Medical Technician (EMT) Certification or higher.
AND	the following:
()	2011 Edition, MFSPQB EMS Officer I, Section 2. Successful completion of COURSE: a. MFRI Emergency Medical Servcies Officer I (prior to October 1, 2017).

ATTACH <u>ALL</u> SOURCE DOCUMENTATION TO <u>EACH</u> APPLICATION FORWARD APPLICATION TO THE SPONSORING AGENCY ATRA

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